

Mrs M Wenlock

# Ashfield House - Leominster

## Inspection report

Bargates  
Leominster  
Herefordshire  
HR6 8QX

Tel: 01568614662

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashfield House is a care home providing personal and nursing care to up to 25 people. The service is registered to support older people, people living with dementia, physical disabilities and sensory impairments. At the time of our inspection there were 21 people using the service.

### People's experience of using this service and what we found

Since our last inspection improvements had been made in how safeguarding concerns were reported to the appropriate authorities. Staff understood safeguarding and described how they would identify and report any concerns of possible abuse. Incidents and accidents were recorded and reviewed, and any measures put in place to prevent these from happening again.

On the day of our inspection the home was experiencing their first COVID-19 outbreak. This was being managed safely. Staff were wearing PPE appropriately for the task being carried out. Infection, control and prevention procedures had improved and helped to protect people from the risk of infection.

People's medicines were managed and administered safely, and regular audits were completed.

People's needs and choices had been assessed. Care provided was personalised and considered people's preferences and wishes.

There was enough staff to meet people's needs. Staff knew what was expected of them. Staff received appropriate training and support to enable them to perform their role safely and effectively.

People were supported to eat and drink enough to maintain a balanced diet. People's dietary needs were met in accordance with their needs and preferences.

Staff recognised changes in people's health, and sought professional advice appropriately.

Systems to assess, monitor and mitigate risks to people's safety and well-being had improved. Improvements of the governance systems ensured better oversight of performance and quality. A range of audits were used to effectively monitor the service. Areas for improvement were identified and responded to so the service was continuously learning and developing.

People and their relatives were encouraged to provide feedback in the form of questionnaires. Information was used to drive through improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 05 September 2019) and there were breaches of regulations. The provider sent us a monthly action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality of care and management of the service. We also wanted assurances the provider had followed their action plan and to confirm they now met legal requirements. As a result, we undertook a focused inspection to review the key questions safe, effective and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfield House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ashfield House - Leominster

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and a specialist advisor in nursing.

#### Service and service type

Ashfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

Due to the COVID-19 outbreak restrictions we observed as much as we could staff interactions with people. We spoke with the registered manager and deputy manager. We spoke by telephone with relatives of six people who used the service about their experience of the care provided. We also spoke with five members of staff including senior care staff, care staff and a domestic member of staff. Additionally, we contacted a Nurse Practitioner who regularly visits the service.

We reviewed a range of records. These included three people's care records, multiple medication records, five staff recruitment files and a variety of records in relation to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Since our last inspection improvements had been made in how potential and actual abuse were reported to the appropriate authorities. We were now assured the registered manager reviewed these concerns and put measures in place to reduce the risk of reoccurrences. Appropriate stakeholders were informed.
- Staff were trained in safeguarding and were able to identify different types of abuse and what to do if they had any concerns. They demonstrated they knew how to report concerns and told us any issues raised would be taken seriously and action would be taken to protect people.
- Relatives told us their family members were safe. One relative said, "It's a very safe environment for [person's name]." Another relative said, "[Person's name] would say if they didn't feel safe and looked after."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- At the time of our inspection the home was experiencing a COVID-19 outbreak. This was the first outbreak since the start of the pandemic. The home was following guidance given and restricted visiting for a period of time. The home continued to support window and designated area visits. A relative confirmed during this time they were able to see their family member through the conservatory window. Visiting restrictions had now been lifted and relatives were able to arrange to visit their loved ones. Relatives confirmed they lateral flow test and were provided with personal protective equipment (PPE).

Learning lessons when things go wrong

- Systems were in place to monitor the service and learn lessons to improve the quality and safety and drive through improvements.
- Lessons had been learnt from the previous inspection and improvements had been made in relation to reviewing concerns and ensuring the appropriate stakeholders were informed.
- Since our last inspection we noted improvements in the cleanliness to the environment, extra cleaning

schedules had been put in place.

- Relatives spoke positively about the communication between themselves and the management team. They told us they always kept informed of any accidents and incidents.

#### Assessing risk, safety monitoring and management

- People's individual risks had been identified. Risk assessments were in place. For example, in relation to nutrition, moving and handling including falls, bedrails, tissue viability and elimination. These were reviewed monthly and any changes made to ensure staff had current information to support people's needs.
- People had a current personal emergency evacuation plan (PEEP) which reflected their current moving and handling needs.
- Environmental checks were carried out to ensure people were safe. During our visit we saw two window restrictors were broken. The registered manager was already aware of this and confirmed they were in the process of being replaced.

#### Staffing and recruitment

- Relatives we spoke with felt there was enough staff on shift to meet people's needs.
- A health professional who regularly visits the home told us, there always seems enough staff to meet people's needs.
- Staff were recruited safely; all pre-employment checks had been completed prior to them commencing in post. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines from staff that were trained and regularly had their competencies assessed. However, the medicines competency assessment does not cover administration and management of controlled drugs. This was brought to the attention of the registered manager who assured us, this would be added to the assessment.
- During the lunchtime medicines round we observed staff followed safe administration of people's medication.
- Where residents being prescribed medication on a "as and when" (PRN) basis there were clear protocols for the administration of these. When these were administered the reason and effectiveness was recorded.
- Regular medicines audits were undertaken. This helped the senior management team identify any shortfalls or risks relating to medicines and to address them promptly.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the home. The service uses the "this is me" document (developed by the Alzheimer's society) which is a tool to help staff get to know the person in detail about all aspects of the person's life, childhood, occupation, hobbies and interests and what is important to them. These were fully completed and incorporated into people's care plans. One relative said, "Staff are extremely good at caring for residents, and putting their needs first."
- Although nobody was harmed, we noted for one person sections of their care plan had contradictory statements. This could be confusing for staff. We raised this with the registered manager who immediately reviewed the information and amended to ensure it contained the most accurate information about the person's assessed needs.
- The provider had an electronic and a paper version handover. The paper version only had the person's name and room number. It did not contain salient information staff may need to access in a timely manner, for example DNAR status, key risks assessments. This was discussed with the registered manager, who told us the local authority had given them a template which had been introduced. The registered manager told us they planned to develop this further and will add key information as suggested.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people's needs. Relatives felt staff were experienced to care for their family member. One relative said, "[Person's name] likes them [staff], they say they [staff] are really good to me." Another relative said, "They [staff] are really good, they take care of [family member]."
- Staff told us they had received sufficient training to enable them to carry out their roles and to meet people's needs and support them effectively. Training included completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet in order to stay healthy and in accordance with their needs and preferences. For example, a relative described how their family member was diabetic, staff ensured sugar free drinks and snacks were available for them.
- Staff monitored people's weight to ensure this remained stable and people remained well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People saw healthcare professionals when needed. This included doctors and regular visits from advanced nurse practitioner and district nurses. Relatives told us their family member's health needs were never left unattended.
- Staff told us they worked effectively with healthcare professionals saying they were able to contact Nurse Practitioner for example for any advice. The ANP confirmed they had built good rapport with staff where they were able to do this.
- The registered manager told us, "There are delays in accessing services particularly mental health services" and "One person has been waiting a long time for access to dentistry despite referral being chased by the home." In addition, the registered explained how they had experienced difficulties accessing transport to assist people to appointments and how they had transported them on occasions.

#### Adapting service, design, decoration to meet people's needs

- The physical environment had been updated and improved. This included boiler systems, bathrooms and replacement of vanity units in all bedrooms.
- People's bedrooms were personalised. When the corridors and bedroom doors were decorated, people were asked to pick the colour of their bedroom doors and a choice of individualised door knockers.
- People had level access to a secure garden. The garden area had handrails around the pathways and there was plenty of natural shade. There were raised flower beds to help people engage in gardening activities. There were bird feeders round the garden to encourage wildlife and for those people who were unable or chose not to access the garden they had bird feeders outside their bedroom windows.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and where appropriate, their relatives, had consented to the care and support they received.
- Staff had received training on MCA and DoLS.
- Where required people had appropriate DoLS in place. Records confirmed this.
- Mental capacity assessments had been completed to determine capacity. Where people lacked capacity best interest processes were followed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection in May 2019 we found the provider's systems to assess, monitor and mitigate risks for people living at the home were ineffective. This was continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider and registered manager had further developed their quality assurance systems so they could be sure people received safe, quality care. For example, a rolling programme of audits was in place. These included daily, weekly and monthly audits of people's plans of care, medicine records and incidents. Records showed where concerns had been identified, required action had been taken appropriately and promptly to drive through improvements in people's care.
- The provider and registered manager had developed their systems to have oversight and monitor any accidents and incidents so lessons could be learnt. These were shared with the staff team.
- Improvements to audit systems had been made to ensure the risk of infections were now monitored and mitigated. The environment was clean and cleaning schedules were in place.
- The provider was displaying their rating in the home as required by law. At the time of our inspection the provider was having technical issues displaying their rating on their website. However, this was resolved following our inspection and their rating is now on the provider's website for people to see.

At our last inspection in May 2019 we found the provider had failed to notify the Care Quality Commission (CQC) of five safeguarding issues involving the people who used the service in line with their registration. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- At this inspection we found the provider had develop their processes and systems to ensure relevant agencies were notified of any significant events as required by law. This included notifying the CQC.

- The registered manager took appropriate action when people living at the home were involved in safeguarding concerns. We saw examples where the registered manager had investigated and appropriately reported safeguarding concerns.
- Systems were in place to ensure any safeguarding concerns were reported appropriately when the registered manager was away from work. The deputy manager undertakes this responsibility when they are absent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoken with were happy with the care and support their family member received. One relative said, "Key thing for us is [family member name] is happy and well cared for." Another relative said, "They [staff team] are incredible, helpful, really good and take care of [family member name]."
- Relatives thought the registered manager was open and approachable. Comments included, "[Registered manager's name] is brilliant, they are hot on information, emails and telephone calls." And, "They [management team] are very approachable, anything we need to know they tell us. They [management and staff] are all very approachable."
- Staff told us they were happy working at the service. One staff said, "[Registered manager's name] is a good boss who cares about the residents...team morale and teamwork is good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest when something goes wrong.
- Relatives told us they were kept updated regarding any incidents and accidents relating to their family members and action taken. For example, one relative described how staff had immediately notified them following a fall. The provider had taken action by providing a sensor mat to help prevent a further occurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved and consulted. People and relatives were asked to complete a customer satisfaction questionnaire annually. The registered manager shared their latest results and they were all positive.
- Staff told us they had regular staff meetings where they could contribute and make suggestions. Staff we spoke to told us they felt supported by management and their opinions valued.

Continuous learning and improving care; Working in partnership with others

- Since our last inspection the provider had made several improvements. For example, the registered manager described how they had enhanced their quality audit system which provided them with greater oversight of the service.
- The registered manager worked openly with the inspection team during the inspection and welcomed feedback. They showed their commitment to continually making improvements. For example, the registered manager agreed to make improvements to staff medication competency assessment to include the management of controlled drugs.
- The provider and registered manager worked closely and were supported by health care professionals such as GPs, district nurse and nurse practitioners to achieve the best outcomes for people living at Ashfield House.
- The registered manager told us they attend a management forum comprising of other care home managers where they share ideas and challenges. For example, recruitment challenges.

