

## Ashmore Nursing Home Limited

# Ashmore Nursing Home

### Inspection report

Barningham Road  
Stanton  
Bury St. Edmunds  
Suffolk  
IP31 2AD  
Tel: 01359 251681  
Website: n/a

Date of inspection visit: 02 April 2015  
Date of publication: 25/06/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this inspection on 02 April 2015. The inspection was unannounced.

Ashmore nursing home provides accommodation for up to 23 people who require nursing care. There were 21 people using the service at the time of the inspection.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to support staff in providing safe care for people who used the service. People's needs were assessed and risk assessments when required were put in place to tell staff how they should provide care to people in a safe manner. Staff received training to help them fulfil their role including how to recognise and

# Summary of findings

report concerns if they suspected a person to be at risk of harm or actual abuse. This helped to keep people safe and people told us they felt safe. There were sufficient skilled staff on duty to meet people's assessed needs.

There were suitable arrangements for the safe storage, management and disposal of medicines which meant people received their medicines safely and according to their needs.

We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection no applications had been made to the local authority in relation to people who lived at Ashmore nursing home.

The manager ensured staff were supported to develop their skills and knowledge to provide effective care and support for the people who used the service. People told us that the staff were caring and were complimentary about the care and support they received.

People were supported to maintain good health and there was a varied menu so people could choose what to eat and drink and have enough for their needs. . People's privacy was respected and people were able to express their views and these were taken into account when providing them a service. This meant the service was responsive to people's needs.

The care provided was needs led and individually focussed. There was a complaints policy which enabled people and others to raise concerns and they knew what to expect once a concern was raised.

The home was led by an effective management team who were committed to providing a good service which was responsive to people's individual needs and had quality assurance systems in place.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People received a service in an environment that was clean and well maintained.

Qualified nurses had maintained their nursing registration and had the skills to administer prescribed medication.

The staff had received training about how to protect people should they suspect them to be at risk of harm or actual abuse. They understood who they should report concerns to.

Risks to people's safety were assessed and a plan of care was in place for staff to follow. The service had sufficient numbers of staff to provide care to the people who lived at the service.

Good



### Is the service effective?

The service was effective.

The staff knew people well and were aware of their individual care needs.

There was a training programme in place for all staff which included Mental Capacity Act Training and Deprivation of Liberty Safeguards.

People were consulted about their choice of food and staff monitored food and fluid intakes appropriately regarding the individuals needs

People were supported to maintain their health by visiting and other professionals such as dentists and GP's.

Good



### Is the service caring?

The service was caring.

Staff were attentive to people needs and respected their privacy and dignity.

People told us that the staff listened to them and treated them with respect.

People were involved in contributing to their own care plan.

Good



### Is the service responsive?

The service was responsive.

People contributed to their assessments and their preferences had been recorded.

There was a complaints policy and procedure in place of which people were aware, so they could use if so required.

Good



### Is the service well-led?

The service was well-led.

The service had built links with the local community.

The staff we spoke with felt they were supported and valued by the service.

Good



# Summary of findings

There was a variety of systems in place to seek the views of people and this information was used for quality monitoring and to make improvements to the service.

# Ashmore Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and carried out by two inspectors on 02 April 2015.

To help in the planning of our inspection, we considered all the information we had about the service. This included

the conclusions from our previous inspections and statutory notifications received by the Care Quality Commission. Statutory notifications include information about important events which the provider is required to send to us by law

At this inspection we talked to six people who used the service, two relatives, one visiting professional and interviewed the registered manager and three staff. We observed medication being administered, looked at ten medication records and reviewed five care plans. We carried out a Short Observations Framework Inspection (SOFI), over the afternoon tea-time period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We spoke with six people who lived at Ashmore Nursing Home and they all considered the service was safe. One person said, “All the staff know me, I do not think they ever use agency staff.” They also said I know the owner, manager and deputy very well and trust them.”

People felt safe because the service consistently protected them as far reasonably possible from harm by having risk assessments in place for each person and the staff had received training in risk assessment and management. The risk assessments were proportionate and centred around the needs of the individual. All of the staff we spoke with were able to explain to us the meaning of the safeguarding, the different types of abuse and how they would report any such matters.

The safeguarding reports raised since our last inspection had been resolved satisfactorily by the appropriate intervention of the manager and working with the local authority. Staff also had access to the whistle blowing policy and the bullying and harassment policy. Training records confirmed that staff had received training in various subjects including safeguarding and infection control.

A member of staff told us, “I know the whistle-blower policy and I would use it if I need to do so, but the staff are very kind and pleasant people.”

Environmental risks had been identified and where possible reduced. The manager explained to us the emergency plans for the service in case of the need to evacuate. As building work was in progression to increase the size of the service, the emergency plans had been reviewed and changed in accordance with regard to fire assembly points. There was fire-fighting equipment in place which staff were shown as part of their induction to the service and reminded of the fire policy at team meetings. The information on the equipment confirmed the fire appliance records that they had been checked and were within date. This meant that the manager was proactive in managing risks and had plans in place to reduce it. The manager recorded incidents and accidents and discussed with members of the staff team what lessons if any could be learnt.

People were not restricted in their movement and could freely move around the two-story building. We saw that there was a passenger lift in place and there were also stair

lifts and handrails, so that people were able to access all areas of the service safely. We saw that the passenger lift and stair lifts had been checked as part of the routine maintenance of the service, ensuring that they would be kept in good working order.

The manager explained to us the recruitment process that was in place and how it was designed to protect people from harm by employing staff that were suitable to work at the service. They explained that the service was a nursing home and it was important to explain this to potential new staff, so they were clear about the complex needs of people. We spoke with a member of staff and they confirmed to us that their references had been checked and the service had also checked with the Disclosure and Barring Service to ensure they did not have a history that would make them unsuitable to work with older people. They told us about their induction and training they received around keeping people safe, which all confirmed the information given to us by the manager. A member of staff told us, “I enjoy working here because of the training and you have time to get to know people.”

There was sufficient staff on duty with the right skill mix to ensure that the practice was safe and staff could respond to events. People who used the service, staff and relatives all considered that there were sufficient staff on duty to meet people’s needs. We looked at the staffing rota for the month ahead and the previous month. The manager explained to us that they constructed the staffing rota depending upon the number of people and their assessed level of need. The manager supported by the deputy regularly reviewed staffing levels and adjusted them accordingly when people’s needs changed.

Medicines were managed by staff in a safe way. One person told us, “The staff are marvellous with my medication, always on time and never forget. “The deputy manager was the lead person in the service for ordering regular medicines which occurred every 28 days.

People were supported to take medication by qualified nurses trained to administer medicines safely. The qualified nursing staff we spoke with told us that all staff had received training in the safe handling and administration of people’s medicines. There were suitable arrangements for the safe storage, management and disposal of people’s medicines, including controlled drugs. We inspected all of the controlled drugs and found that all the records agreed with the balance of medication in stock. Each time a

## Is the service safe?

controlled medicine had been administered this has been recorded with two signature in the controlled drugs book as per the service policy. We spoke to the deputy manager about the medication policy and procedure and we observed the manager providing medication at lunch time

in a safe manner and following the service policy and procedure. The service undertook regular medication audits of medication. We checked eight people's medication records and the stock of medication checked balanced with the records we reviewed.

# Is the service effective?

## Our findings

The service ensured the needs of people were consistently met by competent staff who were sufficiently trained and experienced to meet people's needs effectively. One person told us. "I read the paper each day and feel quite independent; I am still interested in what is happening in the world."

People received care from staff knowledgeable and skilled to carry out their responsibilities. One person told us. "The staff help me or meet my needs I suppose you would say, always answer the call bells quickly."

We spoke with three staff and they confirmed that they had supervision with the manager and a yearly appraisal. They said the training they received was informative and well organised. The manager told us how training was organised and how they planned supervision and yearly appraisal sessions. A member of staff told us. "I have learnt a lot from my supervision, the nurses are experienced and very knowledgeable."

Staff communicated effectively with each other. At the end of each shift there was a handover of information to the staff coming onto duty, consisting of what had happened and any requirements to be fulfilled for the new shift. We observed a handover and found the information exchanged was informative and given in a clear and caring manner. Staff coming onto duty asked questions to clarify situations. A member of staff told us. "Handovers are the chance to sort anything out and be clear about what you are going to do that day." They also told us that they had sufficient time to write in the notes and care plans as required.

We spoke with the manager about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they confirmed that all the senior staff and most of the staff had received training and further training was planned for the remaining staff and refresher training during 2015.

The manager told us that each person at the service had capacity and this had been recorded in their care plan. We saw eight care records and they each confirmed this information as did our conversations with people using the service.

People were supported to have sufficient to eat and drink. Our observations during the lunch time and afternoon tea showed that staff supported people with their needs. One person said. "The meals are lovely, well cooked and nicely presented." People told us that they could choose what to eat and this was supported by the manager and catering staff who said there were at least two main choices of meal per day plus alternatives such as scrambled egg. There were various choices for breakfast, evening meals and at coffee and tea-times. One person told us. "I have never eaten so much cake and biscuits since I have been here." We saw that staff asked people if they wanted tea or coffee and did not assume what drink the person would like to consume. Some people choose to have their meals in their rooms if they so wished, while some others received their care in bed on a permanent basis. One person told us. The staff come ask me what I wish to eat each day and for anything I cannot manage on my own they stay and help me." We saw that for all people receiving their care in bed the service was monitoring their fluid and food intake appropriately. The service was working with South Essex Partnership University regarding a food first trail designed to improve nutrition care in care homes. People were aware of this trail and the staff were enthusiastic about the knowledge and skills they were learning.

People were supported to maintain good health. One person told us. "I am very well, they look after me fine." A relative told us. "They have done a great job looking after my [relative]." Care plans had been written and had been updated regarding people's specific health needs and how to promote wellbeing. Each person was registered with a GP, Dentist, Chiropodist and Optician. We spoke with the visiting Chiropodist. They said. "I have no complaints about the service, people seem very happy here, staff are kind and skilful." The staff we spoke with were clearly able to provide us with information of people's health needs, their preferences and choices and this was confirmed in the respective care plans.



# Is the service caring?

## Our findings

Positive and caring relationships had developed between the people and the staff. One person told us, “The staff are compassionate and kind they take after the manager.”

The care was person centred and needs led. People told us they were happy with the care they received and their views were listened to and considered. One person told us, “I talk with the staff everyday and we have meetings sometimes when we can raise anything we want to.” We saw the staff engage with people throughout the day and there was often laughing and joking to be heard. After lunch some people watched and discussed a television programme and compared events of the day with past events in their life time. We saw that staff did not rush and treated people with dignity and respect, asking them if they wanted to leave the dining table and explaining to them what they were doing in order to assist them.

The manager explained to us that the service had access to a travelling library and books were regularly changed. This was important so that people kept in touch with the community and could express their opinions. We also saw that there were magazines available for people to read. The service had also arranged audio books for people that were experiencing difficulty with reading.

A relative told us, “The staff do a great job and my [relative] knows what is going on in the world so it is nice that we can talk and discuss things when I visit.”

People told us that they were involved with making decisions about their care. “One person told us, “They never do anything that has not been discussed and it is all written down in my care plan.” Staff told us that there was a keyworker system in place. This meant that as well as caring for all the people who lived at the service, they could pay particular attention to build up a relationship with the person for whom they were a designated keyworker. This included being involved in the care review.

People’s dignity was respected and as we observed staff closing peoples doors prior to assisting them with personal care. A person told us, “It is a little difficult really as I need a lot of personal care, but I would say the staff are polite and professional, they know what they are doing, so it does put you at ease.”

A member of staff told us that they knew how a person liked to dress with regard to colour and style of clothing. They told us, “Dresses are preferred to skirts usually, but we check and go from there.” It was also important that they got up at about the same time each day. They were sure that if this was not respected the person would be unhappy as they did not want to rush for breakfast, so hence the importance of knowing this information and caring appropriately. The care plans we examined were written using positive language, focusing upon what people could do and the support they required, instead of stating what the person could not do for themselves. We saw information in the care plans which encouraged independence when and where possible.

# Is the service responsive?

## Our findings

People received care, treatment and support that met their individual preferences and choices. People we spoke with all recalled meeting the manager and discussing with them their needs assessment before coming to the service. One person said. "The manager was friendly, kind and knew what they were doing, so that did it for me, I wanted to go to Ashmore." A relative told us. "The assessment left no stone unturned, so I felt confident."

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. To ensure that people's care was individual to them, the assessment identified how the person liked to be addressed and identified needs and what was important to the person.

We noted in the care plans that time had been taken to record individual preferences such as food and drink. We observed during the inspection that this had been respected. The manager showed us around the service and asked for people's permission if they and we could enter their rooms. We saw that rooms contained people's personal items including photographs, pictures and ornaments. One person told us. "I enjoy the trips out especially to the seaside, not everyone wants to go but it is our individual choice, I would go anywhere because the trips are a change and well organised."

The care plans were presented, clearly indexed and easy to read as you could relate the assessed needs with risk assessments and an action plan of how the care was to be delivered. We saw that the care was regularly reviewed to take account of any changes and this was recorded by the manager on a monthly basis.

People we spoke with told us they did not have any complaints. One person told us "There really is nothing to complain about." A relative said to us. "It is the staff that make it, they are welcoming when I come and I leave with confidence."

The manager told us that they walked around the service whenever they were on duty, so they had regular contact with the people. The manager explained to us that the service did have a complaints process in place, if so required and people were informed of this both verbally and given a service induction pack which included how to complain. They explained to us how they would address people's concerns and would request support from the provider as appropriate. There were no current complaints recorded while we saw seven compliments and thank you cards that had been received.

One person told us that their family visited them often and the staff made them welcome. The manager informed us that they built into the care plan how and when families liked to be contacted about their relative's health and wellbeing.

The service had asked staff, residents and their families to complete survey questionnaires in February 2015. These had not been analysed at the time of our inspection but we looked at a sample of the responses. Those from relatives and residents were positive about the quality of care, although one relative was concerned that there was not always a member of staff in the main lounge. The relative was worried that if someone was taken ill, for example choking, this may not be responded to in a prompt manner. The relative had already mentioned this to the manager. Call bell provision had been increased in response. This showed that the service was responsive to feedback. The manager also explained to us that a member of staff was usually in the lounge and if support was required there were other people in the lounge that could summon assistance.

# Is the service well-led?

## Our findings

The service had clear visions and put compassion and a positive culture into practice. One person told us, “The manager does consult us about things and we have been kept informed about the extension and I think the garden will be good.” Staff told us that they felt the whole team worked together and they had been empowered to develop their knowledge and skills. Each member of staff was encouraged to develop skills in an area of particular interest to them, such as food and fluids and physical care.

The service supported people to express their views. One person told us, “Well to express your view it is nice, when you know the staff and I know them all and can approach anyone of them.” They also told us that it was nice and peaceful, while there was good company from other people. A member of staff told us, “It is a lovely place to work, everybody gets on and the manager is so supportive.”

The service arranged trips out for people as well having visits from the local school and various members of the clergy which supported the service to be part of the local community. One person told us, “We go out for walks sometimes and then coach trips as well.” We saw pictures displayed with people’s permission of various outings and activities in which they had been involved.

Audits were planned on a regular basis to involve both people who lived at the service and families aimed to learn how to improve the service. A member of staff informed us that they had completed a recent audit to discover staff feelings about the service and how it could be improved. A member of staff told us, “We have staff meetings and can talk to the manager at that time about anything, we can also talk to them whenever they are on duty.” They explained to us that the manager and deputy manager were approachable and supportive.

There was an auditing process in place that monitored the cleanliness of the environment. There were cleaning audits in place which showed what staff did each day and the service appeared clean.

The service was well led. A person told us, “The manager is always around and nothing is too much trouble.” A member of staff said, “There is good leadership when you raise something; there is an answer from the manager or deputy so you know what to do.” An example was that a member of staff had raised that a person had lost weight in one month. We saw that part of the monthly monitoring that people’s weight was recorded, as result the service worked with other professional to seek advice regarding how to support anybody who was regularly losing weight. The person’s weight had stabilised the following month. The service arranged for reviews of care to be completed every six months with the person and involving their family or friends as they so wished. The care plans were reviewed monthly and we that any issues identified during the review were addressed appropriately.

There were systems in place to monitor the quality of the service. The management team carried out regular audits for health and safety, infection control and the environment both internally and externally in the grounds of the service.

The manager informed us that they and the senior team received support from the provider. The provider would attend at short notice to support the manager if they asked them to do so. The provider visited the service at least once per month to support the manager and they spoke regularly on the telephone.