Ashlands NH Limited

Ashlands Nursing Home

Inspection report

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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 an unannounced inspection of Ashlands Nursing Home on 12, 13 and 14 August 2015.

Ashlands Nursing Home provides accommodation, personal care and nursing care for up to 21older people, including people living with dementia and people with mental health needs. There are 13 bedrooms; eight bedrooms are shared and five are single. At the time of the inspection there were 19 people living at the service.

The service is located in the town of Waterfoot in the Rossendale Valley in Lancashire. The building is a detached, grade II listed building and is set in two and a half acres of well-maintained grounds. Bedrooms and facilities are located over two floors and a lift is available. There is a lounge and dining room on the ground and all rooms have wheelchair access. Bedrooms do not have are ensuite facilities however there is access to suitably equipped toilet and bathroom facilities on both floors.

At the time of our inspection the registered manager had been in post at Ashlands Nursing Home since June 2014. A registered manager is a person who has registered with

Summary of findings

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. This was the first inspection that has been carried out at this service.

During our inspection people told us they felt safe. They said, "The staff look after you" and "I always feel safe when staff are helping me". Relatives told us, "The care is excellent. We've never had a problem".

We noted that staff had been recruited safely and received an appropriate induction and training. They had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

Staffing levels were appropriate and sufficient to meet people's needs. People told us, "You can't fault the staff. There are always enough of them" and "We never have to wait long for staff to come". A visiting professional told us there were always enough staff on duty when she visited.

There were appropriate policies and procedures in place for managing medicines and people told us they received their medicines when they needed them.

People living at Ashlands Nursing Home told us staff were able to meet their needs. They said, "The care is fantastic, it couldn't be better**"** and "The staff know what I like and need".

We found that staff were well supported. They received regular supervision and could access a wide variety of training. They told us communication between staff was good at the service and they always felt up to date with people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and understood that mental capacity related to a person's ability to make specific decisions at specific times. We saw evidence that people were involved in decisions about their care and where people lacked capacity to make decisions, their relatives were consulted.

We saw that people at the service were supported with their nutritional needs and they told us they liked the meals. They said, "There's always something you like and too much sometimes. We're not rushed" and "If I don't like what's on the menu, I can have something I like". We saw evidence that people were supported with specialist diets.

People were supported with their healthcare needs and were referred appropriately to health care services. Visiting dieticians told us they received few referrals as staff at Ashlands managed people's nutrition well. They told us staff always sought advice and support as soon as it was needed.

People we spoke with told us that staff were caring. They said, "The staff are very caring. They're respectful and they listen to you". A relative told us, "You can see and hear how caring the staff are. They make sure people are alright".

We saw evidence that people were actively involved in planning their care and they told us they had the freedom to make a variety of choices including what time they got up and went to bed, where they ate their meals and what they were going to wear each day.

People told us staff respected their privacy and promoted their dignity. We observed staff seeking consent before providing care including knocking on people's doors before entering and asking people if they were ready to receive their medicines.

We found that people had been asked about end of life care. The manager had documented whether people wanted to be admitted to hospital or to remain at Ashlands if they were receiving end of life care and there was evidence that relatives had been consulted where people were unable to make this decision.

We observed that people's needs were responded to quickly and saw evidence that their needs were reviewed regularly. Where people were unable to contribute to reviews, we saw evidence that their relatives and friends had been consulted.

People were encouraged to plan and take part in social activities and told us they enjoyed the activities on offer at Ashlands Nursing Home. They said, "There's something on every day. There's always something to do" and "There are plenty of activities. I love the quiz".

We saw evidence that the manager regularly requested comments and suggestions about the service from the

Summary of findings

people living there, their visitors and from staff members. The feedback received was used to develop the service and to contribute to decisions about issues such as activities, menus and staffing levels.

People living at Ashlands and their relatives told us they felt able to raise any concerns. They said,

"If I was unhappy I would talk to the manager or the deputy manager" and "I've had no concerns but I'd tell staff if anything was wrong". We noted there was a complaints policy in place and the manager responded to any concerns and complaints quickly. Prior to this inspection we had not received any concerns or complaints about the service.

The people we spoke with and their relatives felt the service was well managed. They told us,

"The manager makes sure that everything is right" and "Ashlands is managed well, it couldn't be better".

We saw that the service had a clear statement of purpose that was displayed in the entrance and focused on the importance of treating people with dignity and respect.

Staff were clear about their role and what was expected of them and we observed that the registered manager led by example and communicated with people, their visitors and staff members in a polite and respectful manner. The registered manager and staff had a caring and compassionate approach towards the people living at the service and everyone we spoke with told us they were approachable.

The registered manager told us that compassion was important to her and we noted that the service had signed up to a number of initiatives including the Dignity in Care Charter and the Alzheimer's Society Dementia Friends programme. In addition, all staff were completing end of life training which was being provided by Rossendale Hospice.

We saw evidence that the registered manager carried out a variety of regular audits to ensure that appropriate levels of care and safety at the service were maintained and any actions identified were completed in a timely manner.

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.

The manager followed safe recruitment practices and staff received an appropriate induction and training.

Staffing levels were appropriate and enabled the service to meet people's needs and manage their risks.

Medicines were managed safely and people received their medicines when they needed them.

Good

Is the service effective?
The service was effective.

Staff received appropriate training and were able to meet people's needs and preferences.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions.

People were supported well with nutrition and hydration and their healthcare needs were met.

Good

Is the service caring?
The service was caring.

Staff treated people with care and compassion and people living at the service felt listened to.

People living at the service were actively involved in decisions about their care and where they lacked capacity their relatives were consulted.

Staff respected people's privacy and dignity and encouraged them to be independent.

Good

Is the service responsive?
The service was responsive.

People received personalised care and their needs were reviewed regularly.

People were encouraged and supported to plan and take part in social activities.

The registered manager sought feedback regularly from a variety of sources and used the feedback received to develop the service.

Good

Is the service well-led?
The service was well-led.

The service had a clear set of values that were promoted by the registered manager and the staff, and focussed on the importance of treating people with dignity and respect.

The registered manager led by example and staff were clear about what was expected of them.

Good

Summary of findings

The registered manager regularly audited and reviewed the service to ensure that it delivered consistently high quality care.	

Ashlands 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 took place on 12, 13 and 14 August 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information we had received about Ashlands Nursing Home including statutory notifications received from the service. We had not received any concerns or complaints about the service prior to the inspection.

We contacted agencies who were involved with the service for comments including a nurse practitioner, community mental health nurse, pharmacist and GP. We also contacted Lancashire County Council contracts team for information about Ashlands Nursing Home. During the inspection we also spoke with a visiting mental health assistant practitioner and two dieticians who gave us feedback about the service.

During the inspection we spoke with four people who lived at Ashlands Nursing Home, three visitors and five members of staff including two care assistants, a nurse, the cook and the registered manager. We observed care assistants and nurses providing care and support to people over the three days of the inspection and reviewed the care records of three people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

The people living at Ashlands Nursing Home told us that they felt safe. They said, "The staff look after you" and "I always feel safe when staff are helping me". Relatives told us, "The care is excellent. We've never had a problem" and "I'm very happy with the care my mum receives. She's always kept safe. Risks are well managed and we're always kept informed about how she is".

We looked at staff training and found that all except for one new staff member had received training in safeguarding adults from abuse, in the last two years. .

Staff we spoke with understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse and listed the contact details for the local authority. Prior to the inspection we had not received any safeguarding concerns about the service.

We found that most staff had received training in food safety, and dignity and respect training was scheduled for all staff on 19 August 2015.

We looked at how risks were managed in relation to people living at the service. We found that there were detailed risk assessments in place including falls, moving and handling and nutritional assessments. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were completed by the registered manager and were reviewed monthly or sooner if there was a change in the level of risk.

We found that environmental and fire risk assessments were in place and were reviewed regularly. This would help to ensure that the people living at Ashlands Nursing Home were living in a safe environment and were kept safe in an emergency.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, three forms of identification and two written references had been obtained and a medical questionnaire had been completed. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service and found that there were four care assistants on duty each morning, three care assistants in the afternoon and two care assistants on duty at night from 6pm. In addition there was a nurse on duty at all times and during the day the deputy manager or the registered manager, who are both registered nurses, was also on duty. We felt that this was adequate to support the 19 people living at the service, who were accommodated over two floors. The registered manager told us she did not use agency staff as she did not want the people living at Ashlands Nursing Home to be looked after by people who did not know them. She told us any periods of sickness or annual leave were covered by permanent staff, the deputy manager or herself. Staff told us that agency staff were not used at the service and people living at Ashlands told us they were never looked after by staff they did not know. The staff rotas reflected this position.

People living at the service told us there were enough staff to meet their needs. They said, "You can't fault the staff. There are always enough of them" and "We never have to wait long for staff to come". Visitors told us, "There's always adequate staff, they're never short" and "The residents never wait long". The staff we spoke with felt that there were always enough staff on duty to meet people's needs. We observed that call bells were answered quickly and people never waited long if they needed support. A visiting mental health practitioner told us there were always sufficient staff on duty when she visited.

We looked at whether people's medicines were managed safely. We found that medicines were stored securely in locked cupboards in each bedroom and refrigerated items were kept at an appropriate temperature in a separate locked room. There were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. This included controlled drugs, which are medicines that may be at risk of misuse. People were identified by photograph on their medication administration records (MAR) and allergies were recorded on each page, to help avoid errors. Medicines were

Good

Is the service safe?

administered by the nurse on duty and the service used a Biodose tray system, where the medicines for different times of the day were received from the pharmacy in dated and colour coded sealed trays, which helped to avoid error.

We found that MAR sheets provided clear information for staff, medicines were clearly labelled and staff had signed to demonstrate that medication had been administered. Records showed that external medicines such as creams and ointments were stored appropriately and applied by staff as directed.

Medicines policies and procedures were available for staff to refer to including a PRN (as needed) medicines policy and these were reviewed and updated regularly. A homely remedies policy was available but was clearly marked as not being used by the service at thetime of the inspection. The registered manager told us this was because she felt that any medication required should be prescribed, to ensure people's safety.

Records showed the nursing staff had received training in medication administration in April 2014 and the registered manager had completed training in assessing competency of medication administration in March 2014. The manager assessed the competence of each of the nurses to administer medicines over five medication rounds annually and we noted that these had been completed in January and February 2015. We found that a medicines audit was completed by the registered manager monthly and any actions recorded and completed. This included completion of the MAR sheets by the nursing staff and whether the medicines in stock and the information on the MAR sheets was consistent.

We observed that people were given time to take their medicines without being rushed and special arrangements were in place and clearly documented for people who were unable to swallow tablets. We noted there was a covert medicines policy in place. This is when medicines are administered without a person's knowledge, when a person lacks capacity to make a decision about the medication and it is felt to be in their best interests for them to take it. The manager told us that no-one was receiving covert medicines at the time of our inspection.

We looked at the arrangements for keeping the service clean. A member of domestic staff was on duty every day and there were daily and weekly cleaning schedules in place for all areas of the service including the bedrooms, bathrooms, kitchen and communal areas. There was a separate cleaning and maintenance schedule in respect of the grounds. We observed cleaning being carried out by staff and found the home to be clean and odour free throughout our inspection.

Infection control policies and procedures were available. Records showed that all staff had received infection control training and an infection control competence assessment in the last 12 months which included hand hygiene, personal protective equipment, the handling of sharps, urinary catheter care and enteral feeding (nutrition delivered directly into the stomach).

Liquid soap and paper towels were available in all bedrooms and bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing including gloves and aprons were available and was used by staff appropriately, such as when providing personal care or supporting people to eat. There were appropriate arrangements in place for the safe disposal of waste.

We saw evidence that almost all staff had attended fire evacuation training in June this year and all 22 staff members had been trained in fire safety. Staff we spoke with confirmed that they had recently had fire evacuation training and told us that fire safety training took place every October. There was evidence that fire drills had taken place and records showed that the fire alarm was tested once a week. A test took place during our inspection. Staff told us there was an emergency buzzer in each bedroom and all staff knew the sound which was different to the call bell and to attend if it was safe to leave the person they were supporting.

Records showed that equipment at the service including lifts and hoists was safe and had been serviced. Portable appliances and the nurse call system were tested yearly. Legionella and water temperature checks were completed regularly and a fire risk assessment had taken place in October 2014 which included an emergency action plan. The window restraints at the service were checked weekly. These checks would help to ensure that the people living at Ashlands Nursing Home were kept safe.

Good

Is the service effective?

Our findings

People living at Ashlands felt that staff were able to meet their needs. They told us, “The care is fantastic, it couldn’t be better","The staff know what I like and need” and “I feel very lucky to be here”. Relatives told us, “The staff know everything they need to know to meet my mum’s needs”, “The care is excellent” and “My friend has made massive improvements since she came to Ashlands”.

Records showed that all staff had completed a thorough induction which included health and safety, moving and handling and infection control. We saw evidence that new staff completed a self-assessment induction form which was signed by the registered manager or deputy manager when a competence assessment of each task had been completed and this was confirmed by the staff members we spoke with. Staff told us that when they started at Ashlands, as part of the induction they were supervised by a member of staff for the first three days and were then added as an additional member of staff on duty for the following two weeks. This was to ensure that they had time to become familiar with the service and the needs of people living there.

There was a training plan in place which identified training that had been completed by staff and a development plan which detailed when further training was scheduled or due. We noted all staff had received training in fire safety, infection control, moving and handling and nutrition and health. Most staff were trained in first aid, safeguarding, food safety and dementia awareness. In addition, four staff members had attended dealing with challenging behaviour training and nine staff had attended nutrition and swallowing training. Records showed that out of 22 staff, 11 staff were booked to attend refresher Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training at the service on 19 August 2015 and all staff were due to receive dignity and respect training on the same date. All of the training outlined had been completed in the last two years.

During our inspection we noted that as part of their development, staff had been asked to sign to confirm they had watched a DVD entitled, ‘What do you see?’ about a woman who had experienced a stroke, lost her speech and was living in residential care. We reviewed the short film and noted it highlighted issues including the importance of staff being respectful, treating people as individuals and not speaking over or about people when providing care. The manager told us she felt it was a good reminder for staff about how care should be provided.

There was a supervision policy in place and staff records confirmed that supervision took place every two to six months, depending on the staff member’s role and needs, in line with the policy. Supervision addressed issues including time keeping, performance and training needs and staff told us they felt able to raise any concerns. Records showed that appraisals were carried out yearly and staff were asked to complete a self-assessment questionnaire beforehand to identify any training or development needs. Staff confirmed they received regular supervision and training and told us they felt well supported by the registered manager.

The registered manager told us that a handover took place between the nurses three times each day, prior to every shift change, and care staff listened in to ensure that all staff were aware of any changes in people’s risks or needs. We saw handover records which confirmed this. Staff we spoke with told us that handovers were effective and said that a more detailed handover also took place when staff returned from a period of leave. They told us that communication between staff was good at the service and they always felt up to date with people’s needs.

We noted that in addition to the handover information, a daily diary was kept updated by staff, which included people’s medical appointments, when bloods needed to be taken, when people were due to be weighed and dressings changed, reminders about medication such as pain relief patches that needed to be changed and requests for repairs.

We looked at how staff at Ashlands Nursing Home assessed people’s mental capacity. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

Good

Is the service effective?

We found that a MCA and DoLS policy was in place and guidance was available for staff which provided details of how to carry out mental capacity and best interests assessments. It also included information about lawful and unlawful restraint, Lasting Power of Attorney (LPA), IMCAs (Independent mental Capacity Advisors) and contact details for the local authority.

The registered manager demonstrated a thorough understanding of the MCA and DoLS and told us that she completed all mental capacity assessments and was involved in all best interests decisions about people at the service. She told us that she had submitted requests to the local authority in respect of six people, for authorisation to restrict their liberty, and we saw evidence of this in people's care files. No authorisations had yet been received. There was evidence that mental capacity assessments were completed in respect of specific issues and best interests decisions were made in consultation with family members. Care records clearly documented when relatives had Lasting Power of Attorney (LPA) and what decisions this related to. The staff we spoke with understood that mental capacity related to people's ability to make specific decisions at specific times. A visiting mental health practitioner told us that staff at Ashlands had a good understanding of the MCA and DoLS and people's freedom was not over restricted.

The manager told us that restraint was rarely used at Ashlands and staff confirmed this. We noted that where bed rails were in place for a person at the service, an appropriate mental capacity assessment and detailed risk assessment had been completed. A DoLS application had been submitted to the local authority but an outcome had not yet been received. We noted that consent for the use of the bed rails had been received from family members.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people to move from one place to another. People living at the home or their relatives had signed a 'consent to care and treatment form'. We noted that care plans detailed people's needs and how they should be met, as well as their likes and dislikes. Where people had the capacity to be involved in their care plan, they had signed to demonstrate their involvement. Where people lacked the capacity to be involved in decisions about their care, their family members or friends had signed to confirm their involvement. Residents told us they were involved in decisions about their care. They said, "I can have a bath when I want one and eat in the lounge or my room if I want to", "I can go to bed and get up when I want to". During our inspection we observed a member of staff assisting a person to choose her clothes for that day, including jewellery.

A policy was in place in respect of resuscitation (DNACPR-do not attempt cardiopulmonary resuscitation) which had been recently reviewed. It included the key principles for making decisions about CPR and a decision making framework. We noted that some people had DNACPR decisions in their care files which were detailed and reviewed annually or when circumstances changed. We looked at how people living at Ashlands were supported with eating and drinking. The people we spoke with told us, "There's always something you like and too much sometimes. We're not rushed", "If I don't like what's on the menu, I can have something I like" and "The food is very good".

We saw a list of choices for breakfast and during our inspection we saw that people could have what they wanted to eat including cereal, toast or a cooked breakfast. We noted that people got up at different times throughout the morning and were able to have breakfast when they wanted to. There was a four week lunchtime menu available and the menu for lunch was displayed in the lounge every day. People told us that if they did not like what was on offer, they could always have an alternative they liked. We observed the cook speaking with people after lunch to ask what they wanted for their evening meal and people told us this happened every day. The cook knew people's likes and dislikes and was able to tell them what was available. We noted there was plenty of choice including sandwiches and jacket potatoes with a variety of fillings, soup, pies, toast and chips.

We observed lunch being served and saw that each dining table was set with linen table cloths, condiments and a vase of flowers. The meals looked appetising and hot and the portions were ample. We noted that people who could eat independently and people who needed support from staff sat together and had their meals at the same time. The manager told us she felt this was important so that people who needed support did not feel they were being treated differently. The atmosphere in the dining room was relaxed and light hearted and staff interacted with people

throughout the meal. We saw people being sensitively supported and encouraged to eat. People were able to dine in other areas of the home if they preferred, including the lounge or their bedroom. We noted that one visitor came to support his relative with their meal twice each day.

We noted that in November 2014 the Foods Standards Agency had awarded the service a food hygiene rating of 5 (very good).

Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition. Where nutritional needs were identified, nutritional charts were completed throughout the day, detailing the quantity of food and drink consumed and any nutritional supplements taken. A list of people with special dietary requirements and how they should receive their meals and drinks was displayed in the kitchen, including people who required a pureed diet. The cook was able to explain what each person required without looking at the list and it was clear that other staff were also aware of people's dietary needs.

People's weight was recorded monthly and records showed that appropriate professional advice and support was sought when needed. A Malnutrition Universal Screening Tool (MUST) was also completed in respect of every person living at Ashlands and was reviewed monthly. We observed people being offered drinks and snacks throughout the day. During the inspection we spoke with two visiting dieticians who told us they had no concerns about the nutrition of people living at Ashlands. They told us they received few referrals as staff at Ashlands managed people's nutrition well and said staff always sought advice and support as soon as it was needed.

We looked at how people were supported with their health. People living at the service felt staff made sure their health needs were met. We found that care plans and risk assessments included detailed information about people's health needs and were reviewed regularly. Monthly observation charts were completed for everyone living at Ashlands, recording people's temperature, pulse and blood pressure. This would ensure that people's general health was monitored regularly. We found that wound care charts were completed appropriately and included clear instructions for staff about management, and photographs and measurements of wounds to measure the progress of healing. Positional charts were completed where people were at risk of pressures sores and included the time that people were repositioned, how they were positioned, continence information and an assessment of skin integrity on each occasion. Behaviour charts were also completed where people displayed behaviour that could challenge the service and included information about the action staff had taken to support the person on each occasion.

We saw evidence of referrals to a variety of health care agencies including GPs, district nurses, dieticians, dentists, speech and language therapists, opticians and mental health services. We found healthcare appointments and visits were documented and family members had been informed of outcomes. The manager told us that an advanced nurse practitioner attended the service every Tuesday and Friday and provided support with minor ailments, including prescriptions. She also updated the service about any new healthcare guidance. The manager told us that staff at Ashlands had a good relationship with local GPs and pharmacies and she was able to access support from them quickly if she needed to. Relatives told us that they were always updated about any healthcare needs or appointments.

During the inspection we spoke with a visiting mental health assistant practitioner, who told us that the mental health service received few referrals from Ashlands as staff there were usually able to support people with mental health needs effectively. She told us that any referrals received were appropriate and staff contacted the mental health service for advice if they needed it. She said the service avoided using medication to manage people's behaviour and the manager was always keen to ensure that staff were able to meet people's needs so they did not need to a move to a different service. She told us that the manager and staff at Ashlands were welcoming and she had never experienced any concerns about the service.

The manager told us that the service used the Telemedicine service provided by Airedale NHS Foundation Trust, which is a live PC-based medical consultation system. She told us this ensured people received support with their health care needs quickly and efficiently and often prevented the need for a hospital admission.

Good

Is the service caring?

Our findings

People living at Ashlands Nursing Home told us that staff were caring. They said, "The staff are very caring. They're respectful and they listen to you", "They do look after you". Relatives told us, "You can see and hear how caring the staff are. They make sure people are alright", "The staff are very caring and the manager is special. She's so caring".

During the inspection we observed staff supporting people in a kind and respectful way. The atmosphere in the home was relaxed and informal and staff communicated with people in a light hearted and friendly way. It was clear that staff knew the people living at Ashlands well, both in terms of their needs and their preferences. Call bells were answered by staff quickly and assistance was available to people in all areas of the home when they needed it.

People told us they were actively involved in planning and reviewing their care and we noted their signatures on care planning documentation. Where people lacked the capacity to be actively involved in planning their care, family members or friends had signed to demonstrate their involvement and the visitors we spoke with confirmed they were involved.

It was clear from our discussions, observations and from the records we reviewed that people were able to make choices and were involved in decisions about their everyday lives. People told us that they could get up and go to bed when they wanted to and could have a drink or snack whenever they wanted one. People were given lots of choice at mealtimes and we observed the cook taking orders for meals throughout the day. We observed staff supporting people to choose what they wanted to wear that day.

The service had a keyworker system in place and the manager told us keyworkers were chosen two or three weeks after a person moved to the home, so that she was able to identify which member of staff the person favoured. We noted that each bedroom had a lock on the door and doors were generally left unlocked when people were not in their rooms. The manager told us everyone living at Ashlands nursing Home had been offered their own key but all had declined. We saw evidence of this in people's care records.

The manager told us that none of the people living at Ashlands were using an advocacy service as they all had family or friends to represent them if they needed support. The details of Lancashire County Council's advocacy service were available if needed.

People told us they were encouraged to be independent. They said, "We're encouraged to do what we can do and we get support from staff when we need it". We observed staff supporting people who needed help to move around the home and noted that people were encouraged to do as much as they could to maintain their mobility.

The manager told us each person's birthday was celebrated at the home and the keyworker was given money to buy them a present. She told us that the same happened at Christmas. We observed appropriate physical affection between staff and people who lived at the service, particularly when people were unsettled or disorientated, which helped to provide reassurance. Staff told us, "The residents are like our extended family" and "We feel as if we're a family and we treat the residents as family". A visiting mental health practitioner told us, "The service has a family type atmosphere. Staff go the extra mile".

People living at Ashlands Nursing Home told us staff respected their dignity and privacy. We observed that staff knocked on bedroom doors before entering and explained what they were doing when they were providing care or support, such as administering medicines or supporting people with their meals. In shared bedrooms screens were used to ensure people's privacy. Screens were also placed in the doorways of some bedrooms on the ground floor so that people could have privacy but could see and hear staff and knew that they were nearby if they needed them.

Staff told us friends and relatives could visit at any time and residents and visitors confirmed that this was the case. Visitors told us, "I feel very welcome at Ashlands" and, "I can visit my friend anytime I want to. The staff are always welcoming".

We noted people's care records contained advanced care plans which included information about their end of life preferences. Information included whether people wanted to go to hospital or remain at Ashlands if they were receiving end of life care. The manager told us that although this was a difficult issue to address, she discussed it with people shortly after they arrived at the service to ensure she was clear about their wishes. We saw evidence

Good

Is the service caring?

that where people lacked the capacity to make this decision, relatives had been consulted. Where DNACPR orders were in place, they were regularly reviewed. The manager told us she increased the number of staff on duty when the service was providing end of life care to people, to ensure that their needs could be fully met and staff confirmed this to be the case.

The manager told us that end of life care was very important at Ashlands and all staff were completing the Six Steps to Success North West End of Life Care Programme for Care Homes, which was being provided by Rossendale Hospice. Records showed that at the time of our inspection, nine of the 22 staff had completed the training and sessions had been scheduled for the remaining staff. We saw a list of dates on the staff notice board for follow up meetings about the training. The staff members we spoke with confirmed that all staff were completing the training and attended the follow up meetings at the service afterwards.

Good

Is the service responsive?

Our findings

The people we spoke with told us their needs were being met at Ashlands. They said, "The staff know what I like and what I need", "Staff know I'm unsteady and they don't let me walk on my own. They're always there to help me".

The manager told us she completed a thorough assessment of every person before they came to Ashlands, to ensure that staff could meet their needs and we saw evidence of pre-admission assessments in people's care records. We noted that pre-admission documents were detailed and person centred and included information about people's mobility, communication, nutrition and hydration, medication, falls and personal safety and personal hygiene needs. They also included details of people's interests, hobbies and family and social relationships.

People told us they were involved in planning and reviewing their care and we noted they had signed their care plans confirming their involvement. Where people lacked the capacity to take part in planning their care, care plans had been signed by their relatives or friends.

Each person's care record included an 'All about me' document which had a photograph of the person on the front and provided details about what was important to them and how best they could be supported. This was completed by the person's key worker and included information about the person's family, personal history, routines, interests, spiritual needs, mobility, communication, sleep and personal care. Staff confirmed that these documents were completed following communication with family and visitors.

Care plans and risk assessments were completed by the manager and were reviewed monthly. They were person centred and explained people's likes and dislikes as well as their needs and how they should be met. Care plans were signed by the person receiving the care or where the person lacked capacity to be involved in the process, by their relative. The nurse on duty updated care plans and risk assessments whenever there was a change in need and this was recorded on the handover sheet and communicated to staff during the shift handovers that day.

Each care file included a service user's agreement which explained the services that would be provided at Ashlands and each agreement was signed by the resident or their relative. Copies of any Lasting Power of Attorney documents were also kept in each person's care file so it was clear who should be consulted about the person's care.

During our inspection we observed that staff provided support to people when and where they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. Each person had their own chair and table in the lounge area and could choose where they sat in the dining room during mealtimes. People seemed comfortable and relaxed in the home environment.

The manager told us that either she or the deputy manager attended people's medical appointments with them to ensure that they felt appropriately supported. During our inspection we observed the deputy manager accompanying a resident to an appointment and this was extended to include some time for shopping.

A calendar of activities for August was on display at the service and we reviewed the activities for June, July and August 2015. Activities took place every afternoon and included chair aerobics, quizzes, a visiting choir, board games, arts and crafts, hand massage, gardening, a garden party with live music, a trip to Blackpool zoo, birthday celebrations, a visiting piano player, songs and poetry. We saw photographs taken during many of the activities and saw that residents had enjoyed themselves. We noted that visitors attended some of the trips and the manager told us that people who had stayed at Ashlands for respite care were also invited. During the inspection we observed chair aerobics, a quiz and a sing along with a visitor who played the piano. Residents seemed to enjoy the activities. The atmosphere was lively, especially during the aerobics and sing along and many people participated.

The people living at Ashlands we spoke with were happy with the activities and told us, "There's something on every day. There's always something to do" and "There are plenty of activities. I love the quiz". Relatives told us, "The activities are great. I never thought I'd be buying a coat for my mum to go to Blackpool" and "I love the way the people with dementia are involved in everything".

The manager told us the service was about to get a mini bus which has been purchased through local fundraising. She told us it would be housed at Ashlands and shared between Ashlands and the local community. People living

Good

Is the service responsive?

at the service told us that they were looking to forward to more trips and a relative told us that a meeting had already taken place with staff, visitors and people living at the service to make a list of places to visit.

We noted that the activities calendars included religious services and the manager told us that a variety of services took place regularly including Church of England, Roman Catholic and Methodist. Jehovah's Witness ministers also visited regularly. People living at Ashlands and visitors we spoke with confirmed this and told us that people's spiritual needs were being met. The manager told us arrangements were made for priests or ministers to visit when people were at the end of their life if this was wanted the person wanted.

During our inspection we noted that staff were able to communicate effectively with people with a variety of needs. The manager showed us a visual communication aid that had recently been introduced to support people to communicate who had lost their speech. She told us that people sometimes became frustrated if staff did not understand their needs and the tool was proving helpful with communication.

A complaints policy was in place and included timescales for investigation and providing a response. Contact details for the Care Quality Commission (CQC) were included. A staff guide on handling complaints was also available. Information about how to make a complaint or provide comments about the service was displayed in the entrance. The manager kept a record of complaints and concerns received and actions taken, which showed that issues were dealt with quickly and within the timescales of the policy. The manager showed us a collection of thank you cards and letters that had been received by the service.

People living at Ashlands told us they felt able to raise any concerns. They said, "I would tell staff if anything was wrong, especially the manager, I could tell her anything", "If I was unhappy I would talk to the manager or the deputy manager", "I've had no concerns but I'd tell staff if anything was wrong". The visitors we spoke with told us they would feel able to raise concerns. They said, "I've been encouraged to raise any concerns but I haven't had any" and "I'd speak to the staff or the manager if anything was wrong".

Good

Is the service well-led?

Our findings

People living at Ashlands Nursing Home told us the service was well led. They said, "The home is managed very well", "The manager makes sure that everything is right". Relatives told us, "Ashlands is managed well, it couldn't be better" and "Everyone is approachable and caring".

We looked at whether people were involved in the development of the service and noted that regular resident and relative meetings were used to gather feedback and suggestions about the service. We saw notes of residents meetings and residents, visitors and staff confirmed that they took place regularly. Friends and relatives were also invited. During the meetings people and their visitors were asked for feedback and suggestions about a variety of issues including activities and the food at Ashlands. They were asked if they had any concerns they wanted to raise. One relative told us she had met with people at the service the week before to discuss ideas for trips out in the new minibus and these had been forwarded to the manager.

Regular newsletters were also distributed. The manager gave us a copy of the Spring/Summer 2015 newsletter that had been given to people living at Ashlands and their relatives. In addition to providing updates about events, activities and staffing, the newsletter advertised the resident and relatives meetings and asked for any ideas or suggestions about the service

The manager told us she regularly uses questionnaires to gather feedback about the service from the people living at Ashlands Nursing Home and their visitors and showed us the results of a satisfaction survey that took place in November 2014. Questionnaires were received back from two residents and 11 relatives and 89% of people were very satisfied with the care provided. The remaining 11% were satisfied. The manager had carried out a further survey in June this year and we reviewed the 14 questionnaires that had been returned. Twelve people (one resident and 11 relatives) were very satisfied with the care provided and the remaining two people were satisfied. We noted the questionnaires demonstrated a high level of satisfaction with the service and contained many positive comments about the high quality of the care and how caring the staff were.

Staff told us the manager had an open door policy and they could speak with her at any time. We noted that staff meetings took place regularly and separate staff meetings were held with the kitchen staff. We reviewed the notes of the staff meeting held in July 2015 and noted that 18 out of 22 members of staff had attended. The manager told us attendance at the meetings was mandatory to ensure everyone stayed up to date with relevant information. Items discussed included training, rotas, audit results and activities, and staff were encouraged to raise any concerns. The notes included an expression of thanks to the staff for the high quality of care they provided and their continued hard work. One member of staff told us she had made suggestions about increasing staff numbers at meal times and the registered manager had changed the rotas as a result.

We saw staff newsletters the manager issued regularly, which updated staff about issues including training, audit results, activities and service developments. One newsletter reminded staff that it was a condition of their employment at Ashlands that they attended required training and stayed up to date with current practice and legislation. Each newsletter thanked staff for their hard work and asked them for any ideas or comments about the service.

We saw evidence that satisfaction questionnaires had been issued to staff in May this year but only two had been returned. Comments received demonstrated that staff were happy working at Ashlands, they felt listened to and would speak with the registered manager if they had any concerns. Staff told us, "Ashlands is a happy home to work in" and "It's such a relaxed atmosphere. I wouldn't change anything".

A whistleblowing (reporting poor practice) policy was in place and staff felt confident they would be protected if they informed the manager of concerns about the actions of another member of staff. This demonstrated the staff and manager's commitment to ensuring that the standard of care provided at the service remained high.

The staff notice board contained a variety of information for staff including a list of first aiders at the service and the location of the first aid kit, the Skills for Care code of conduct for healthcare support workers and adult social care workers in England, the COSHH (Control of Substances Hazardous to Health) 10 golden rules, meeting dates, guidance from the National Dignity Council and a leaflet

Good

Is the service well-led?

about the National Care Awards 2015. The manager told us she planned to apply for the Care Home of the Year award and had asked for feedback from staff about whether they wanted to apply for any other categories.

The entrance hall displayed a variety of information. This included the service's statement of purpose which focussed on the importance of respecting people's dignity, privacy, independence and choice. We noted information about the Dignity in Care Charter which the service signed up to in June 2014 and the Skills for Care Certificate of Social Care Commitment, a pledge which the registered manager made in May this year to deliver high quality care and invest in staff.

During our inspection we observed that the registered manager was often actively involved in supporting the people living at Ashlands. This included helping with mealtimes, checking that people were alright and taking time to chat with them. We observed that people and their visitors felt able to approach the manager directly and she communicated with them in a friendly, caring and relaxed way. It was clear that the registered manager knew people and was aware of their likes and dislikes as well as their needs.

We observed staff approaching the manager for advice or assistance and noted that she was polite and respectful towards them. Staff told us they had completed a thorough induction and received regular supervision and an annual appraisal. They told us they felt well supported and were encouraged to access training if they needed it. The staff we spoke with told us the registered manager always thanked them for their hard work at the end of a shift and we observed this taking place.

We noted that the registered manager and all staff were wearing, 'Hello my name is…' badges, which gave their first name and their role at Ashlands. The manager explained that she had attended a an event as part of the 'hellomynameis…' campaign started by a terminally ill doctor, about providing more compassionate care to people receiving care and she felt the badges would be helpful to people living at Ashlands and their visitors. We noted that staff had completed the programme run by the Alzheimer's Society, and were Dementia Friends and wore the badge to show this.

The registered manager told us she was committed to providing compassionate care and recently gave a presentation to local health commissioners about this issue. We saw evidence that a health commissioner who attended the presentation had contacted the registered manager afterwards to arrange a visit to Ashlands Nursing Home. The commissioner found people at the service received consistent high quality care which involved individuals and their families. As a result the registered manager has been asked to give a presentation at a regional health conference in September 2015.

We saw that the registered manager and the deputy manager audited different aspects of the service regularly. Monthly audits were completed for medicines administration and storage, and falls and accidents were audited quarterly. Trends were identified and any actions that needed to be taken by staff as a result. Infection control and cleaning audits were also completed monthly and any necessary actions were clearly identified, completed in a timely manner and documented when completed. We noted the manager also completed yearly audits for medicines management which included training needs, ordering, storage, incidents, adverse events, equality and diversity, self-administration and covert medications. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained.

Our records showed that the registered manager had submitted a number of statutory notifications to the commission about people living at the service including deaths and serious injuries, in line with the current regulations. The manager was also aware that she is required to notify us of the outcomes of DoLS applications when these are approved.

We noted the service has received the Investors In People award, which was last reviewed in April 2015. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.