North Yorkshire County Council

Ashfield (Skipton) (North Yorkshire County Council)

Inspection report

Carleton Road
Skipton
North Yorkshire
BD23 2BG

Tel: 01756792881
Website: www.northyorks.gov.uk

Date of inspection visit:
26 April 2017
27 April 2017

Date of publication:
26 June 2017

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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 26 and 27 April 2017. Day one of the inspection was unannounced. At the last inspection in February 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Ashfield (Skipton) is a care home without nursing for up to 30 older people, some of whom maybe living with dementia. The home is arranged over two floors which can be accessed via a lift. There is also a separate unit for people living with dementia. The home has a garden which people can access and it is close to local amenities. At the time of our inspection 18 people lived at the service.

We saw the registered provider had worked to develop a new care plan system which would improve the records relating to risk assessment and mental capacity assessment for people. The registered provider displayed a positive attitude towards continuous improvement. We discussed with the registered manager our findings and the areas of improvement still required in relation to medicines, training compliance and the quality assurance system. The registered manager explained the registered provider was keen to make such improvements. People and their families were positive about the leadership of the service.

We saw staff recruitment was safe which ensured candidates were suitable to support vulnerable people. Staff were aware of the signs of potential abuse and how to report their concerns. Staff told us they received appropriate training and support to enable them to perform their role. We saw some records to confirm this.

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

People were happy with the choice of food they received and we observed a positive mealtime experience. People were supported to have access to healthcare support and their health needs were monitored well by staff.

People and their relatives told us they found staff to be caring, kind and friendly. We observed positive and warm interactions between staff and the people who used the service. People were offered choices and were supported to maintain their independence.

People's preferences were recorded in their care plans and staff were aware of them when delivering support. People had access to a wide range of activities, which included their own personal hobbies and access to the community.

People, their families and members of staff had opportunities to provide feedback on the service and their views were listened to and acted upon. This meant the service was run in the best interests of the people who lived there.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? Well Led requires improvement.	**Requires Improvement**

Ashfield (Skipton) (North Yorkshire County Council)

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 checked 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.

We inspected the service on 26 and 27 April 2017. Day one of the inspection was unannounced and the team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We told the registered manager we would be visiting on day two. One adult social care inspector visited on the second day

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We sought feedback from the commissioners of services and Healthwatch prior to our visit. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

At the time of our inspection there were 18 people who used the service. We spoke with seven people and two of their relatives and/ or friends. We spent time in the communal areas and observed how staff interacted with people and some people showed us their rooms. We did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We made general observations to gather this information.

During the visit we spoke with the registered manager, deputy manager, and six members of staff including care workers, senior care workers, the activity coordinator and the cook.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt the home was a very safe environment. People told us, "Oh no I have never seen anything bad happening. I think it is nice here. Everything is ok" and "Yes I feel quite safe, they come in every two hours at night to check you." A relative told us, "I've never seen anything unpleasant. I've always been very impressed. There are a lot of people here who are a bit wobbly with Zimmer's [walking frames] but they are always escorted. There is plenty of equipment here to assist people if they need it."

Members of staff and the registered manager understood their responsibilities around keeping people safe from avoidable harm. All members of staff we spoke with were able to describe each person's needs and any associated risks. Care plans contained risk assessments which highlighted where a person may need support to keep safe. We saw details of how staff should manage risks were not always described. A plan to change this was already in place. The registered provider had designed a new care plan and risk assessment system which was due to be updated following feedback in June 2017.

At the last inspection in February 2015 we made a recommendation that the registered provider improved the heating in the main lounge/ dining area to ensure people were not at risk of being cold. We saw arrangements had been improved at this visit.

Accidents and incidents were recorded and we could see appropriate medical support and/or advice from professionals was sought to prevent a reoccurrence. We saw health and safety was well managed in the home to keep people safe from avoidable harm. We saw records to confirm regular checks and servicing of equipment was completed. Fire evacuation processes were not fully developed and the registered manager had worked with the local fire brigade to support staff to practice evacuations. The registered manager and registered provider had highlighted the need for more frequent evacuation practices and a new system was in place to ensure this happened.

All staff were able to describe what they would do if they suspected or witnessed concerns or abuse. We saw records to confirm the registered manager had reported concerns to the Care Quality Commission (CQC) and local authority as required by law.

We looked at the systems in place to manage people's medicines. We saw the ordering and stock control was completed efficiently. Temperatures of the room medicines were stored in were not taken to ensure the medicines were kept at the required temperatures to prevent them deteriorating. A system to take the room temperature was in place for day two of the inspection.

We looked at the medication administration records (MARs) and saw people received their medicines as prescribed. Any errors which had occurred had been recorded and medical advice sought to ensure the person was not harmed. We observed medicine administration which was completed safely.

People were prescribed 'as and when required' medicines such as pain relief for a head ache. Protocols were

not always in place for 'as and when required' medicines which meant staff did not have the full details around how and when to administer the medicine. We discussed with the registered manager and person delegated to oversee medicines systems how they could develop the medicines process to include all good practice advice such as 'as and when required' protocols. They told us they would work with the registered provider to revise their policy. On day two the senior team had already started to implement changes to incorporate good practice.

We looked at four staff files and saw the staff recruitment process was safe and effective. It included completion of an application form, receipt of a candidate's full work history, a formal interview, references and a Disclosure and Barring Service check (DBS), all of which were carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We saw staffing levels were safe. People and their relatives told us they felt there was sufficient staff on duty. People confirmed staff were prompt to respond to their needs. People told us, "Staff do everything for you, if you want help they come straight away" and "If I press my pendant they come more or less straight away."

The service was running with just over half of its potential occupancy. The registered manager told us recruitment of new staff had been a challenge and they did not have enough staff in post to enable more people to move into the service. The registered manager explained they were aware of each person's needs and they used this information to determine if they had enough staff to allow for more people to move in.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff knew them well and had the skills to meet their needs to a high standard. One person told us, "I'm a worrier but there's nothing to worry about here. They [staff] are very kind. I feel relaxed with them." Another person told us, "They do everything I need and they do it properly."

Staff were able to describe their knowledge and we observed members of staff using their knowledge in practice very well. The registered manager told us staff were mainly up to date with all training. We looked at training records of four randomly selected members of staff on the electronic records system and saw this was the case. The system was difficult to use to determine an overall picture of compliance. The registered manager told us they would discuss this with the registered provider to see if changes could be made to improve access.

A member of staff told us, "Training is very good and I feel it gives me the skills to do my role." We discussed the induction staff had received and we found this included shadowing of more experienced colleagues alongside online training and classroom based training. One person new to the role told us, "I could not do moving and handling until I had completed back care training, I shadowed colleagues which helped my confidence."

Some people who lived at the service had additional needs such as learning disabilities and mental health issues. The registered manager had recognised the staff required additional training to support people well and had worked with the community mental health team to provide support. The registered manager understood they needed to assess training requirements based on people's specific care needs.

Staff told us they felt well supported by their line managers and the registered manager. They felt able to approach managers if they needed advice or support. This had led to an informal support network for members of staff and the registered manager recognised the senior team needed to improve how they recorded such support to evidence the supervision of staff. The registered manager had worked with the senior team to revise how they would provide support for staff in the future. They felt a mixture of formal individual meetings alongside group meetings would be effective. They had devised a matrix to ensure staff received the level of support required. We saw records to confirm this had started to be implemented.

Staff had received annual appraisals which they told us gave them opportunity to discuss their role and progress. This meant the process was effective in ensuring staff received appropriate support to fulfil their role.

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 Act requires 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.

We saw staff worked within the principles of the MCA when they delivered support to people. They demonstrated this by offering choice and they ensured people consented before they acted. Staff respected when people refused their offer of support. One member of staff told us, "We have to assess what capacity a person has and what help they may need from us. We work in people's best interests and if people refuse we explain the consequence, we don't force people to do anything. We always get consent."

We saw that mental capacity assessments and best interest decisions were recorded in people's care plans. The new care plan system included how to use the MCA Code of Practice to ensure people had appropriate records of consent or best interest decisions in place. The registered manager told us this would further embed staff knowledge and practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection three people were authorised to be deprived of their liberty.

People we spoke with were positive about the food provided and they felt there was enough choice, it was appetising and well made. One person told us, "The foods not bad, we have a choice, if I don't like it they will get me something else." A relative said, "My family member has put a lot of weight on, its better food than where they were before."

We saw the dining experience was positive, the dining area was light, airy and homely with people sitting together and chatting at the tables. People who chose to eat in their own room were supported to do so and there was enough staff to cater for all people's needs during the meal service. Nobody was observed to be rushed and support was dignified and at people's own pace. Where people required adapted equipment this was catered for to ensure people maintained their independence. We spoke with the cook who knew people's dietary needs and preferences well. They attended the 'residents meeting' regularly for feedback and this had led to the menu changing at people's requests. For example, one person requested steak and chicken wings for a treat and these were organised. We also saw the cook had done taster days where food people had not tried before was offered and people gave feedback if they did or did not like it. This had led to a new favourite of beetroot soup on the menu.

We made a recommendation when we inspected in February 2015 that the registered provider looked at how risk assessments regarding people's health were recorded to ensure consistency. We saw the new care plan format included specific health sections to identify such health needs and associated risks.

The service works with the Care Home Quality Improvement Service funded by the clinical commissioning group to prevent admissions to hospital and support knowledge of staff in care homes to improve people's health monitoring. The nurse linked to the service told us, "Communication is fantastic, they [staff] follow advice and will call for clarification if needed. They have information ready when I visit and this really helps with GP visits." People and their relatives confirmed if they requested to see a GP or health professional this would be arranged by the staff. They told us this was arranged promptly and with their consent. We saw people's health was monitored in areas such as nutrition and pressure area care. This meant their healthcare needs were managed well.

Good

Is the service caring?

Our findings

Without exception people and their relatives told us staff were kind, caring and friendly. People said, "They are kind and caring, it's nice" and "Oh yes I am happy here, we have a bit of fun and a laugh. They are very kind to me." A relative told us, "The care is really good. I'm content my family member is here and I don't have to worry. The staff are so friendly; make me welcome when I visit. One of our family members is a healthcare professional and they think the place is brilliant."

We saw staff had a caring attitude and they responded with kindness when people asked for support. One care worker told us, "I see my colleagues being good communicators, there is no shouting, staff are not rude to people." We saw warm interactions between staff and people who used the service. On one of the days we visited a person was celebrating a special birthday. Staff were keen to organise the party and welcome family and friends to the service. One staff told us, "We are going to make this day really special for them."

We saw staff ensured people maintained their independence and people were well cared for by the team. A visitor said, "It's wonderful, I'm so happy the person I know is here. The care is very good. They have supported the person I visit with their confidence to speak up. This makes them happy. Everyone is so friendly, even the cleaners talk to the person I visit." A person said, "They enable me to be independent. If I hesitate they encourage me and say, 'You can do it'."

People were treated with dignity and respect. We saw staff speaking quietly to people when offering support, knocking on doors before entering rooms and offering choice. This meant people were respected and afforded dignified support. A visiting professional told us, "They [staff] ensure respect and dignity. They have good knowledge of people and they respond to people's requests."

Staff were able to explain how they treated people as individuals and respected their diverse needs. For example, one person was keen to practice their religion and staff knew their food preferences and habits in relation to this. Staff also supported the ongoing relationships with the local parishioners and ensured the person had the opportunity to receive a visit from their priest where possible.

People and their relatives told us they had been involved in the development of their care plans. A relative told us, "We have discussed my family member's care needs ongoing. I am happy everything is covered." This ensured that how a person preferred to be cared for was described in the care plan for staff to follow.

One person had an advocate to support them to make decisions and to ensure they received the care they required. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Nobody at the time of inspection required end of life care and support. The registered manager explained they worked closely with the GP and community services to ensure people received a dignified and pain free death if they remained living in the service at the end of their life.

We saw each care plan included a life history document which described the person's past and treasured memories. This supported staff to develop meaningful relationships and to get to know a person. All of this showed a commitment to delivering compassionate and caring support.

Good

Is the service responsive?

Our findings

We saw the service was responsive to people's needs. People and their families told us they felt their needs were met very well and that they had opportunities to join in activities. People told us, "Get bored? No! I've got enough to do. I watch TV; do my knitting and puzzles and that is enough" and "I go to the concerts and on some of the trips but I am content to watch the world go by as well from my window." A relative told us, "I've seen some of the activities, dominoes, singers and some days there is a lot going on. My family member enjoys it all."

At our last inspection in February 2015 we made a recommendation that the registered provider improve the support for people to have access to appropriate activities. This specifically related to people living with dementia. At this inspection we saw improvements had been made.

The people living with dementia resided in a small unit separate to the main care home. The maximum number of people living there could be five. Three people were supported when we visited. We saw activities were centred around daily living. People were encouraged to maintain their independence and this was supported in a very homely environment. Staff used the routine and environment to orientate people very well, we observed everyone enjoying watching the young children on their way to school through the window and discussing their memories. We saw staff working closely with people to reminisce using old photographs and objects. Items such as games, knitting and reading were available to occupy people. People were also seen joining in activities in the main care home. In the afternoon they watched a singer. The approach was successful as people remained calm, engaged and relaxed.

In the main care home people told us they were content to pursue their own activities and staff knew people's preferences so were able to offer what they liked. The activities coordinator discussed what people wanted at the 'residents meetings' and they told us they then tried to tailor activities to people's specific hobbies. The activities coordinator told us they also had time to work with people on their own to maybe improve their mobility or confidence. The approach to activities was individual and people led what was on offer.

This approach was further evidenced by the 'Wish tree' in reception which held each person's current wish. This had led to activities such as visits to the local town, shopping centres and boat trips, as well as specific food requests. One person said, "I wished for a barbeque chicken from Morrison's and [name of registered manager] made a special trip to get me it." Staff told us each time a wish was used up the person was asked to think of their next one and then staff started working to make it come true.

Staff were able to tell us what people liked to do and they recorded what people had taken part in when they wrote their daily notes. When staff reviewed people's care each month it was difficult to make a judgement about whether they had received enough activity and social stimulation to ensure a feeling of wellbeing. The registered manager explained the new care plan system focused on outcomes for people to make it clearer whether people were socially isolated or not.

We looked at three care plans and saw they contained person centred detail about how people liked their support to be delivered. People's preferences were included such as a person liking their hair washed and styled only by the hairdresser. Where people were living with dementia their care plans contained details about how a person needed support to maintain their independence. This helped to ensure people received responsive support.

The new care plan system was being implemented and we noted that information in risk assessments or about people's health were not always cross referenced into the care plan. The registered manager explained feedback on the new format was being gathered by the registered provider and they would highlight these issues so changes could be made.

We looked at the process for management of complaints and compliments. No complaints had been received in the past 12 months. The registered manager was aware of the process to follow.

People and their relatives agreed that their concerns were always listened to. All felt they would be able to take concerns and complaints to the senior team and they would take appropriate actions. One person told us, "If I am not satisfied with anything, I tell them." A visitor told us, "I have plenty of contact with [name of registered manager] and I see plenty of staff when I am here. I would have no problem in raising any issue with them they are on the ball."

Requires Improvement

Is the service well-led?

Our findings

We looked at how the registered manager and registered provider checked the service was safe and of good quality. We saw regular checks were completed by the registered manager and deputy manager alongside the staff team. The registered manager also completed periodic unannounced night time checks. For example, we saw checks on medicines, care plans and health and safety. We saw the checks had highlighted some areas which needed to change such as supervision process and fire evacuation.

We saw some issues we found had not been highlighted during checks; such as the need to ensure the medicines policy incorporated all good practice guidance. And the development of the risk assessment process in care plans.

The registered provider completed regular checks to understand staffing, people and support which were recorded in the registered manager's supervision record. These checks did not assess all areas of safety and quality to ensure the service was meeting regulations. For example, the access to robust training data and compliance had not been highlighted.

Management information was not analysed by the registered provider to understand patterns and trends. Such as data about accident and incidents, medicines errors and falls. The registered manager and registered provider did not use the data to assess whether they could see any root causes for example around training and staffing which would identify changes which could be made to prevent reoccurrence.

We made a recommendation that the registered provider review their policies to ensure robust systems were implemented by both themselves and the registered manager to assess quality and safety robustly.

A registered manager was in post at the time of the inspection. 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. They had been in post since 2014.They understood their responsibilities and this included those around making statutory notifications to the CQC of events when needed.

The registered manager, deputies and seniors formed a positive team who led by example and were supportive of the wider team at Ashfield (Skipton). People and their families told us, "[Name of registered manager] has plenty of contact with us"; "[Name of registered manager] is always around if I press my bell she sometimes comes"; "It's a good place I would recommend it"; "I'm happy and content, no complaints. They look after me and brought me to life. I would recommend it."

Staff told us the registered manager and senior team were approachable and they listened. A member of staff told us, "[Name of registered manager] I see her often, and she knows what she is talking about, she seeks guidance and brings up valid discussions. I have no concerns this is one of the better homes I have worked in." Another staff told us, "[Name of registered manager] is a good manager and part of the team,

everyone chips in. We have a happy culture and she is approachable."

People and staff had opportunities to speak up and provide feedback regularly via staff meetings, residents meetings, care plan reviews and staff supervisions. We saw the records reflected people and staff had discussed, activities, renovation of the courtyard to include sensory plants, training updates and proactive problem solving to understand how to promote people consenting to support to have baths and showers using equipment.

The registered manager was proactive in seeking the views of people and their relatives via annual surveys. A survey in 2016 had been completed and results had been communicated. The 2017 survey results were still to be all collected. We read some of the surveys and saw that the feedback was positive. One relative had commented, "My family member found it hard to adjust to being here, but with positive attitude from all the staff they are really settled now."

The registered manager actively encouraged the local community to be part of Ashfield (Skipton). One example was when local school children came to do activities with people who lived there. Initiatives like this had led to comments from people such as, "If someone said they needed to go into a new home, what is it like at Ashfield (Skipton) I would give them full marks."