

Mrs Manny Wragg

Ashlands Care Home

Inspection report

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Mansfield
Nottinghamshire
NG21 0EH

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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

About the service: Ashlands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The care home accommodates up to 30 people aged 65 and over in one adapted building. At the time of our inspection 21 people lived there.

People's experience of using this service:

- The provider had improved their systems to monitor and review the quality of care people received. This was an improvement from our last inspection and the provider was no longer in breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014 good governance.
- However, some risks were present in the general environment and these had not always been identified and mitigated. We have made a recommendation about health and safety risk management.
- We found other areas required improvement. These included checks made during the recruitment of staff, the maintenance plans for the premises and information sharing.
- Other risks and risks associated with people's healthcare conditions were identified and managed. Procedures were in place and followed by staff, to ensure medicines were managed safely and infection protection and control practices were effective.
- Sufficient staff were available to meet people's needs and staff understood what actions to take to protect people from harm and abuse. The registered manager looked to learn from incidents and make improvements when things went wrong.
- People's needs were assessed and monitored and people's diverse needs were supported. Policies and procedures helped to ensure care was delivered in line with current standards.
- Staff received support and training to help them work effectively in their roles. Staff made referrals to other professionals for their advice and guidance regarding people's care when needed. People had access to other healthcare services as required.
- People had choices of food and drink to help them maintain a balanced diet. Staff supported people with their meals and drinks when needed.
- People liked their home and were happy with the on-going work to re-decorate the premises.

- People felt well looked after and liked the staff who cared for them. People's views were taken into account when their care was planned. Staff took steps to ensure people's privacy and dignity was respected. People's independence was promoted.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People received personalised and responsive care and enjoyed how they spent their time at the service. No-one had a complaint to make however, people knew how to complain should they have need to. People's communication needs were identified and met.
- Quality of care was checked by the registered manager through spot checks and audits. The registered manager was keen to ensure care promoted positive outcomes for people. The registered manager was considered to be open and approachable and was keen to ensure the service continuously improved. People and staff felt listened to and had opportunities to be involved in the service; more information is in the full report.

Rating at last inspection:

At our last inspection, the service was rated as 'Requires Improvement.' (Published 12 July 2018). At this inspection we found the service had improved and was no longer in breach of the Act however, the service was still rated 'Requires Improvement.' This is the fourth inspection where the service has been rated 'Requires Improvement.'

Why we inspected:

This is a scheduled inspection based on the previous rating. The previous inspection found there was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Ashlands Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and one 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. Their area of expertise was in the care of older people and the care of people living with dementia.

Service and service type:

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

- Before the inspection we looked at the information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.
- We checked whether Healthwatch Nottinghamshire had received feedback on the service; they had not. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

- We used 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.
- Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
- During the inspection we spoke with seven people and one relative about the service. We also spoke with the registered manager, the deputy manager, a senior carer, a carer, a housekeeper, and the cook.
- We looked at three people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, accident and incident reports, staff training and policies and procedures.
- After the inspection we also spoke with the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. No concerns were raised by them about the care and support people received.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We found some risks to people in the general environment. Planned maintenance work was in progress and a hosepipe had been laid along a corridor where people walked.
- There was no risk assessment completed for this work to identify any potential hazards to people, such as trip hazards. Risk assessments to cover the general environment were not in place, for example to identify areas such as the stairs and assess how potential risks could be reduced. We found a stair gate at the top of the stairs, used to help prevent people from injuries on stairs, had been left unfastened. The registered manager told us they had taken some actions to reduce risks in the environment such as improving the safety of stair bannisters and records showed this was recorded on a maintenance and refurbishment plan.

We recommend that the service consider current guidance on 'health and safety risk management' and take action to update their practice accordingly.

- Other actions were taken to reduce risks from events such as fire. People had personal emergency evacuation plans in place and records showed fire alarm tests were completed. Other equipment was serviced to ensure it was safe for use and where people required individualised equipment, such as slings, these were provided. A visiting relative told us staff were very careful when they assisted people to mobilise. They said, "Staff are kind and gentle with them; I've seen staff with other people too and they are the same."
- Care plans were being updated onto a new format. We found the new format care plans ensured that any risks related to people's care needs were identified and assessed with a care plan in place to ensure planned actions were taken to reduce identified risks. We raised concerns with the registered manager that the old style care plans were not always clear and that this left some people with more complex needs at risk. The registered manager told us they would prioritise people onto the new format care plans based on risk. Staff we spoke with were knowledgeable on people's health care related risks and knew what actions to take to manage these.

Staffing and recruitment

- Some improvements were required to pre-employment checks. For example, the provider's recruitment policy stated two references should be obtained, however only one reference had been obtained for one staff member. Records did not show staff had been asked if they required further support in their role due to any health related conditions.
- We observed there were enough staff to meet people's needs and staff were present in communal areas. We saw staff provided timely care to people. This view was shared by people and their families. The registered manager told us they had recently increased staff numbers so as to ensure people's care needs could be met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise abuse and protect people from the risk of abuse. Training in safeguarding adults had been provided to support their knowledge and the provider had a policy and procedure in place for staff to follow.

Using medicines safely

- People told us they were happy with how staff managed their medicines. One person told us, "I have a lot of tablets, I have to have one after my tea and staff always bring it every time." People were supported to manage their own medicines, such as creams.
- Medicines systems were organised and people received their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- We observed medicines were administered safely to people and staff explained the medicines they gave to people and checked if people required any pain relief.
- Medicines were stored securely and safely and kept at the correct temperature. Records of medicines were accurate and complete and enabled staff to know what times medicines had been given. Dates of opening were recorded on any liquid medicines which enabled staff to know when this type of medicine should be disposed of. We found one cream where a date of opening had not been recorded and we made staff aware of this so they could update this.
- Where people required medicines 'as and when required' rather than at set times, guidance was in place to ensure staff provided consistent care.
- When people received covert medicines and their medicines were altered or mixed in food or drink, a pharmacist had been involved to ensure this was safe.

Preventing and controlling infection

- People told us they felt their home was kept clean. One person told us, "Staff keep my room clean, the cleaner has been in this morning." Another person told us, "It is lovely and clean, the bed is changed every day and the floor cleaned every day."
- We observed staff washed their hands and wore gloves and aprons when for example they gave medicines or food to people. Staff told us and we observed there were adequate supplies of gloves and aprons throughout the service.
- We checked a number of people's rooms as well as communal bathrooms and found these to be clean.
- Staff with responsibility for domestic duties were knowledgeable on their job role and told us they followed cleaning schedules to ensure all aspects of the service were thoroughly cleaned. Records confirmed this.

Learning lessons when things go wrong

- Systems were in place to support learning from incidents and accidents. Staff told us and records confirmed accident and incident forms were completed and reviewed. Other records showed the registered manager thoroughly investigated any shortfalls in the service and communicated with staff over any improvements that had been identified.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs and associated health care risks were assessed with nationally recognised assessment tools and regularly reviewed.
- Assessments considered how to support people with any equality and diversity needs. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.
- Care plans showed people had been asked whether they preferred male or female staff to help them with care.
- The provider's policies and procedures reflected best practice guidance and current legislation, this supported staff to provide effective care.

Staff support: induction, training, skills and experience

- People were supported by staff who had on-going training.
- Staff induction procedures did ensure they were trained in the areas the provider identified as relevant to their roles.
- Staff were given opportunities to review their individual work and development needs.
- The registered manager had a system to monitor staff training and this identified when any training was due for renewal. Where training had been identified as due for renewal, the registered manager had plans to place to ensure this was completed.

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

- People told us they enjoyed their meals. One person told us, "The food is good, I enjoy my dinners and I've had a break now (indicating the tea and biscuits on their table) and I'll have a good dinner; I get enough. Staff ask you what you want in a morning, there's a choice of two or three things." The mealtime atmosphere was pleasant and people enjoyed it as a social occasion.
- We observed people were offered choices of food and drink throughout the day and could also help themselves to drinks and snacks that were available.
- We observed staff encouraged people to eat and drink well. Any risks from malnutrition or dehydration were identified and monitored, with food supplements obtained when necessary. Records showed people received adequate hydration and were supported to maintain or gain weight when needed.

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

- People told us they liked their home. One person told us, "It's nice, it has got the garden and it is decorated nicely." A relative told us, "We like it, it's homely. We like the view of the garden too. All the chairs are new,

the floorings new, they do spend money on it and try to keep on top of it."

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment. The service supported people's independence using technology and equipment.
- Some areas of the service required improvement to help people living with dementia recognise their surroundings. We saw some improvements were being made to help people with this. For example, some people had been supported to create memory boxes to help them identify their bedroom doors. Other areas of the premises had been redecorated with wall murals. The registered manager told us plans were in place to extend and improve the decoration throughout the premises; they told us they had just recently redecorated the main lounge. In addition, a sensory corner had been developed in the lounge area and contained sensory resources that people living with dementia could use.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed where referrals had been made for assessments or advice from other agencies, such as advocates, pharmacists, dementia outreach teams or falls prevention teams.
- People's needs were assessed prior to admission and these assessments reflected advice and information from other professionals.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to other healthcare services they needed. A relative told us, "[Person] has had the odd chest infection and staff have got a doctor, got antibiotics and they called us straight away to tell us. A hairdresser comes in every Thursday and a chiropodist comes in to."
- Care plans provided staff with guidance about the support required with a person's health conditions. Staff told us how they monitored people's health needs and obtained relevant advice from other healthcare professionals when required.
- Records showed other healthcare professionals were involved in people's care when needed. These had included GP's, district nurses, opticians and chiropodists.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, we found that they were.
- The provider had properly trained and prepared staff in understanding the requirements of the Mental Capacity Act in general, and any specific requirements of DoLS.
- People had access to advocates and advocates had been involved in decision making when appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt well looked after. One person told us, "I'm happy enough and I'm well-looked after by the staff." Another person told us, "The staff are fine, very respectful."
- We observed staff were caring with people. For example, we observed staff ask how a person had got on at a hospital appointment. Throughout the day we observed staff sharing conversation and laughter with people; people enjoyed the company of staff.
- Care plans showed where people had any specific needs relating to equality and diversity, for example whether people followed any particular religion.

Supporting people to express their views and be involved in making decisions about their care

- Care plans showed where people, their relatives or advocates had been involved in the care plans however, this was not yet consistently completed. The registered manager told us they wanted to increase opportunities for relatives to become involved in care plans as they were aware this had not always happened. Care plans did however, clearly reflect people's views and decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection we observed staff took action to promote people's dignity. These actions included making sure people had napkins over lunchtime, making sure people were seated comfortably and checking if they needed any care.
- People and relatives told us staff promoted their dignity. One relative told us, "Staff treat people with dignity and respect. Staff [help them with their meals] and are very patient."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they enjoyed personalised and responsive care. For example, one person told us, "I like to go to bed at eight thirty or nine and I'll get up when I want. Staff bring me my toast straight away and I enjoy it with marmalade."
- We observed people received personalised and responsive care. For example, staff returned to offer dinner to a person after they had initially declined; they were then ready for their dinner and ate well. Records showed people who required assistance to help the change position regularly to help prevent pressure ulcers received this care. These are examples of care that met people's needs and preferences.
- People were happy with how they spent their time however, some people also thought this could improve. One person told us, "We don't have any activities; staff say they are drawing up plans to have activities. I listen to the radio, I read a lot, I sit in my room or go down to the garden; I miss going out to the shops and that and staff don't take me out; although staff come in and talk to me so I don't get bored." We observed people received any daily papers they wanted and some events and activities were organised for people to choose to take part in. Staff told us and records confirmed one person enjoyed a regular trip in the local community and that visits by local religious groups supported people's religious needs. The registered manager told us they had recently appointed an activities coordinator to help develop activities for people.
- Resources were available for people living with dementia, such as sensory activities for them to engage with.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. An example of how the service supported people with accessible information was by the provision of visual menu prompts to help people make their meal choices.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to complain; however, told us they would find it easy to complain should they have need to. One person told us, "I can talk to staff, I'm the kind of person who would speak up but I've no complaints."
- The registered manager had a system in place to manage and investigate and complaints received and details of how to make a complaint were on display.

End of life care and support

- At the time of our inspection, no-one was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care.

Is the service well-led?

Our findings

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection on 16 May 2018, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had effective systems in place to monitor and review the quality of care people received. This was an improvement from our last inspection and the provider was no longer in breach of the Act.

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

- Since our last inspection the service had a new registered manager and new deputy manager. Improvements to the service were in progress and the service was no longer in breach of regulations.
- However, some improvements were still required. We had identified that not all the required pre-employment checks for staff had been completed at our previous inspection. We found this had not improved and since our last inspection staff had still been recruited without the provider completing the full pre-employment checks required.
- We found one incident where staff had not followed the system in place to ensure information about a person had been shared appropriately. This meant the registered manager and deputy manager were unaware of an incident brought to our attention on the day of inspection. The registered manager sent us information shortly after our inspection about the actions they had taken in relation to this. Whilst we could see appropriate actions had been taken it was of concern the systems to ensure information was shared effectively had not been followed on this occasion.
- As reported in elsewhere in this report, improvements were required to risk management practices.
- Whilst some items of maintenance had been identified and included on a maintenance plan, others had not. For example, a door keypad had tape on it to help secure it. Whilst this was a temporary solution, the replacement or improvement of the keypad to ensure it remained in good working order did not appear on the maintenance action plan.
- The registered manager and deputy manager completed unannounced spot checks alongside regular audits to check on the quality and safety of services.
- Staff were motivated and keen to provide quality care for people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they felt the service was well-led. One person told us, "The new manager is very good and by and large the staff are very good; some haven't been too good but the manager has pruned them; she's firm and they have a good team now; they are a nice group of staff and the two seniors are exceptional."

- People experienced good outcomes from the care they received. For example, records showed one person at risk of malnutrition had gained weight.
- The provider's statement of purpose set out the vision for the service. This aimed to provide care that centred on the individual person and promoted their dignity and independence. This vision was further supported by the provider's policies on dignity and equality.
- The registered manager and deputy manager led the staff team in an open and transparent manner. Where investigations were required in response to any concerns or issues, these were completed thoroughly and transparently.
- Staff spoke highly of the registered manager and told us they felt involved and valued in the development of the service. Staff also told us the registered manager was supportive and approachable.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.

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

- Meetings had been organised for people and their relatives to give their views on their care and the developments planned for the home.
- Staff we spoke with were positive and motivated in their work and felt involved in the service. Some staff had made improvements to the service for people living with dementia through their involvement in charitable work.
- Staff meetings were held and the registered manager and deputy manager made good use of these to reinforce good practice and the high standards of care they expected.
- People, their relatives or advocates and staff had had opportunities to give their views through a questionnaire that asked them about their experiences of care and life at the service. We saw most responses had been positive.

Continuous learning and improving care

- The registered manager was committed to improving the service in order to achieve positive outcomes for people.
- Opportunities to learn from incidents were taken and shared with the staff team and good practice standards were reinforced with staff.

Working in partnership with others

- The service worked in partnership with people, relatives and staff to develop the service. Other professionals such as advocates were also involved in people's care.
- Advice and guidance from other healthcare professionals was known by staff and included in people's care records for reference. For example, when district nurses or pharmacists were involved in people's care.