

HC-One Limited

# Ashgrove Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Ashgrove Nursing Home is a residential care home that is registered to provide nursing and personal care and accommodation for a maximum of 57 older people and younger adults. 39 people were using the service at the time of the inspection. The home is separated into two individual units, Ashgrove and Coppice. Some people living in the Coppice unit experience dementia.

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

People felt that more staff were needed to meet their needs effectively. The deployment of staff was not always effective. People were supported by staff to remain safe. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were required to have checks in place before commencing their employment. People received their medicines as expected and people were supported with their skin care needs.

Audits were in place and these provided a clear overview of any patterns or trends. We received notifications as required to enable us to see what action the provider took to keep people safe, except for one occasion where this was sent in later and all other actions had been completed to keep the person safe. Checks were carried out on people's satisfaction with their care using questionnaires. People knew the registered manager and felt they were visible around the home and were approachable.

### Rating at last inspection

The last rating for this service was Good (published 04 July 2018)

### Why we inspected

We received concerns in relation to the management of skin care. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this specific concern. The provider had taken action to mitigate any risks to people regarding their skin care and this has been effective.

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

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

**Requires Improvement** ●

The service was not always safe

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Ashgrove Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The Inspection team consisted of one inspector, a qualified nurse 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.

#### Service and service type

Ashgrove Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 reviewed information we had received about the service since the last inspection. As this was a focussed inspection the provider was not asked to complete a provider information return [PIR] prior to the inspection. This is the information we require providers send us to give 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people that used the service and one relative to gather their views on the service being delivered. We also spoke with two representatives of the provider, the registered manager and four staff members. We used this information to form part of our judgement.

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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

Following the inspection, we received some information from the Local Authority Ombudsman around concerns related to the complaints' procedure. We spoke with the Registered Manager to seek clarification around this and found that all required actions had been taken.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant 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.

### Staffing and recruitment

- People using the service told us that they felt that more staff were needed to support them. One person said, "There isn't enough staff, but the nights are not too bad. Sometimes there is no staff in the lounge. The buzzer in there is never within reach, we have to ask [another person's name] to ring it, as they can reach it and others can't." A second person told us, "It's not too bad [staffing numbers], but sometimes the staff forget and leave you a long time on the toilet".
- There were mixed views from staff members, for example one told us, "At the moment there are enough staff, one more would be great, but the numbers don't put people at risk. I don't know if this will be the same when the numbers [of people] go up." [Due to an outbreak of an infectious condition, the home was not at full capacity]. A second staff member said, "I think we need another member of staff, If I was called away and the other staff member was busy, and somebody fell it would be a problem."
- We saw no negative impact to people regarding staffing on the day of the inspection, however we saw that deployment of staff was not always carried out effectively. Following lunch when some people were still sitting at the table, we saw that one staff member went on a break. This was at a time where another member of staff had started to give out medicines and a number of people would be getting up to move back into the lounge area. The Registered Manager told us that staff would be spoken to following the inspection about how their time could be managed better and this would be monitored, with changes being made immediately.
- We spoke with the Registered Manager and the providers representatives about staff numbers and they talked us through how the amount of staff on shift was related to the dependency needs of people. We were told that currently numbers of staff were deemed to be acceptable by the provider, however they would speak with people and staff about their concerns and would consider additional staff on each shift, in particular when the home was back to full capacity.
- A small number of agency staff were on duty, but a staff member told us that there was consistency for people as the same agency staff that people were familiar with were used. The Registered Manager told us that there had been a recent recruitment drive and that should limit the requirement for agency staff.
- We found that recruitment checks were in place and that all staff members had undertaken a Disclosure and Barring Service (DBS) check prior to starting the job. References were in place, however for one staff member two references has been taken from their previous employer, when they had alternative previous employment from where a reference could have been sourced. The providers representative told us that this was an IT error and the system in place would not normally allow such a mistake to be made. They

contacted the providers human resources department who immediately began an investigation into the issue. The Registered Manager told us that a retrospective reference would be obtained from a different employer.

- We found that work histories of staff were taken and that they provided photographic ID as part of the recruitment process.

#### Assessing risk, safety monitoring and management

- Information we received told us that previously signs of skin deterioration in people were not recognised. During this inspection we found that appropriate risk assessments were in place, such as the 'Waterlow' assessment which measures people's potential for skin issues and that any actions required as a result of risk assessments were carried out.

- We found that although nobody had any pressure sores at the time of our visit, some people did have skin lesions or troublesome areas of skin on their body, which was monitored by the use of a Skin Integrity Care Plan. This included completion of a weekly body map, regular dressing and treatment of skin areas and referrals to Tissue Viability Nurses. We saw that these plans were reviewed regularly.

- One person told us, "The care is very good, I have my dressing changed every three days." We checked and found that this was in line with the plan in place for the person.

- Additional risk assessments included, but were not limited to; falls risk assessments, choking risk assessments and eating and drinking risk assessments. Where risk assessments were in place, such as those for bedrails a best interest decision had been made where people lacked the capacity to decide for themselves.

- Where people required pressure relieving equipment such as pressure relieving mattresses, we saw these were in place and the Registered Manager told us they were calibrated specifically for the person using them.

- Tissue Viability Care Plans were in place, however for one person we saw that this hadn't been updated since their admission. We saw that the care being delivered was appropriate, but the plan didn't evidence the changes in care needs. For example, the care plan stated the person should be turned two-hourly, but the turn chart said four-hourly. However, staff were following the turn chart, which was correct, and they knew of the changes and were carrying out care correctly. The Registered Manager and provider told us how lack of consistent and clear management previously had left them with a legacy of issues to improve upon and told us of their plans to update all care plans imminently.

#### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with understood different types of abuse and knew how to report them appropriately to safeguard people. One staff member told us, "People could be physically abused, financially or emotionally, there are many types. I would take my concerns to the manager they would then make a safeguarding referral to the local authority."

- People using the service told us that they felt safe, with one person saying, "I feel very safe here they [staff] help me walk and they move me too, because I have a [medical condition]."

- We saw that staff had received specific training around safeguarding and one staff member told us, "I know the procedure to take if there are safeguarding concerns". Staff were also able to tell us how they would recognise any possible abuse

- The Registered Manager told us how they raised safeguarding alerts. We saw for one concern the Registered Manager had spoken with the local authority and provided them with information, but this had not been recorded in a satisfactory way. The Registered Manager told us that this information would be recorded retrospectively and kept within the safeguarding file.

#### Using medicines safely



- One person told us, "The staff are all very good the nurse comes to look at my head. I have to have medication cream on my legs and the carers do it." Staff who gave medicines told us how they had received training and spot checks on their competency in giving medication and felt comfortable in doing so.
- Staff were knowledgeable about people's requirements and could tell us about people's preferences in respect of how they liked to take their medicines.
- Medicine Administration Records [MAR] that we viewed recorded that medicines had been given appropriately.
- We found that 'wound care plans' were in place and these were very detailed with information on treatment and medicines in place and photographs taken to identify the different stages of the wound. We saw that some photographs had been taken but had not been immediately downloaded from the camera. The Registered Manager told us of their plans for a centralised 'noticeboard' where staff could place photographs, so they had a visual image of whether wounds were improving or not.

#### Preventing and controlling infection

- People told us they felt the home was clean and hygienic, with one person saying, "The cleaners are always around". The home had no odour and bathrooms, bedrooms and communal areas were clean. We saw cleaners working throughout the home.
- There were infection control audits in place and a hand hygiene policy and staff told us that they had a supply of gloves and aprons to wear.
- There had been a recent outbreak of an infectious condition, which had stopped new intakes within the home. The provider told us that the source of the condition was unknown and that it was possible that it had originated from an external source, such as people visiting, as the infection could be carried through sneezing and skin to skin contact. The provider told us the home was now clear of the infection.

#### Learning lessons when things go wrong

- The Registered Manager told us that lessons learnt since the previous inspection were linked to the incident where a person with a pressure sore had passed away from multiple health issues. They told us that in response to this skin care had improved greatly and that regular repositioning charts were in place. We saw that the turning of people was done in line with recommendations. Also, any concerns were referred quickly to Tissue Viability Nurses and GPs and we saw that this too was carried out. The Registered Manager felt that these changes had been effective, as whereas previously there had been lots of people experiencing pressure sores, currently nobody had one.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they liked living in the home and one person said, "I like it, the staff are very good." A staff member told us, "This is a really friendly home, I would recommend it to others. I heard about it from somebody else who worked here, and I like what I heard, so applied for the job."

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

- We found that whilst the provider notified us of most events as required by law, on one occasion we had not been notified of an incident where a person had received a head injury, which had then impacted upon their skin integrity. We saw that all other actions taken had been appropriate and the person's care plan had been updated and additional equipment to maintain the person's safety had been sourced. The Registered Manager sent the notification in retrospectively.

- The Registered Manager was relatively new in post, having been in the post around three months. They told us that there were lots of changes they wanted to make for the improvement of the home and being open with people using the service and partner organisations was a priority.

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

- The Registered Manager agreed to take immediate action in relation to staff deployment and told us how they would ensure that staff understood the need to be present and available for people at busier times.

- Quality assurance audits were completed and included, but were not limited to; medicines, weight management, skin care issues and infection control. We saw that patterns and trends were identified and acted upon, for example healthcare professionals were contacted where a person consistently lost weight.

- People told us they knew the Registered Manager and one person said, "Yes I know who the manager is she comes to see me."

- Following the inspection, we were notified by the Local Authority and Social Care Ombudsman that a complaint regarding the providers complaint system and lack of adequate response had been upheld by the Ombudsman. This particular case was not looked at during the inspection as we were not aware of the information at the time, however a selection of complaints were viewed and we found that in these instances the provider had responded appropriately. The provider told us that they had since complied with the actions requested by the Ombudsman.

- We saw that the previous CQC inspection rating was displayed within the home and on the providers website.
- The Registered Manager told us they were well supported by the provider and we saw representatives of the provider throughout the inspection.
- Staff told us they understood the whistle-blowing policy and would use it if they felt the need. A whistle-blower exposes any information or activity deemed not correct within an organisation.

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

- We found that feedback had been taken from people in the form of questionnaires. A questionnaire had been sent out recently and feedback was awaited, so we viewed the most recent feedback available. We saw that responses were recorded in chart form and questions were posed around such subjects as, the home's environment, dignity, complaints management and lifestyle. We saw that most responses ranged between 'good and excellent'. The question around staffing ranged from 'average to excellent'. We saw that a written copy of the results were available to people.
- Care plans considered in line with the Equality Act and considered if people had any specific cultural and religious needs. People we spoke with told us they had made no specific requests regarding this.
- Residents meetings were carried out and people told us that they had attended. We saw that the last one had taken place a couple of weeks previously and the agenda included discussions around management changes, staffing and the current recruitment drive and activities.
- Staff had attended team meetings and told us they felt listened to. We saw that a recent meeting had included discussions around; manual handling training, staffing and administration and infection control rotas.

Continuous learning and improving care

- We saw that training was in place for staff and that for overall training the percentage of staff who had completed their required training was 88%. The Registered Manager had sent out a letter to all staff stating a compliance deadline for training to be completed.□
- The Registered Manager told us of their plans to enable them to have complete oversight of the service, as they felt this had been lacking previously, prior to them being in post.

Working in partnership with others

- Staff members told us how they worked in partnership with health professionals and one told us, "If a person is poorly we ring the doctors". We saw evidence of how professionals had been called in to see people when they were unwell, or if required emergency services were contacted.