

Ash House (Yorkshire) Limited

Ash House Residential Home

Inspection report

Ash House Lane
Dore
Sheffield
South Yorkshire
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Tel: 01142621914

Date of inspection visit:
31 October 2018

Date of publication:
14 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 October 2018 and was unannounced. This means no-one connected to the home knew we were visiting that day.

Ash House Residential 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. Ash House is registered to provide accommodation and personal care for up to 40 older people, some of whom are living with dementia. At the time of the inspection there were 27 people living at the home. The service is a detached building in its own grounds and divided into two units. Beech Walk unit specialises in care for people living with dementia. Beech View unit is a residential unit. There are two double and 36 single rooms. Communal lounges and dining rooms are provided on both units.

Our last inspection at Ash House Residential Home took place on 14 September 2017 and we rated the service requires improvement overall. We found the service was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. When we completed our previous inspection in September 2017 we found the registered manager was not always submitting notifications to the CQC every time a significant incident had taken place. At this inspection we found the service had made sufficient improvements to meet compliance with this regulation. However, other aspects of the service provision had deteriorated since the previous inspection and we found two breaches of regulation and the rating remains requires improvement. We have also made three recommendations to the provider where we expect improvements.

There was a manager at the service who had been in post since June 2018. The manager informed us it was their intention to be registered with the CQC. 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 and associated Regulations about how the service is run.

People living at the service told us they felt safe. Staff were aware of their responsibilities in protecting people from abuse. We found systems were in place to make sure people received their medicines safely so their health needs were met. Regular checks and audits to medicines management were undertaken to make sure full and safe procedures were adhered to. On the day of the inspection we found there were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited. However, we have had asked the provider to make improvements to the consistency of staff at the home.

The service worked collaboratively with external health services to promote people's wellbeing. People's care records contained detailed information and reflected the care and support being given. All staff told us they enjoyed working at the service and had received support and supervision to help them to carry out their support role effectively. However, we found gaps in some care staff members training records, which

meant we could not see clear evidence they had the right skills and knowledge for the role. 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 support this practice. We found people's nutritional needs were met.

During the inspection we observed staff treated people with respect and dignity, and staff supported them in a way which met their needs. We received mixed feedback about the quality of the activities provided and people said there were limited opportunities for meaningful social opportunities.

There were systems in place to monitor and improve the quality of the service provided. We also saw an action plan was in place to drive continuous improvements at the service, which identified actions for completion by who and by when. During the inspection the manager demonstrated she was responsive to our feedback and understood further improvements were needed.

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.

There were enough staff deployed to ensure people's support needs were met. However, we found the service regularly relied on care agencies to maintain staffing numbers.

The provider had systems in place for managing medicines and people received their medicines in a safe way.

Staff knew how to safeguard people from abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Not all staff had been provided with relevant training to make sure they had the right skills and knowledge for their role. Staff told us they felt supported.

People's nutritional needs were and had access to a range of healthcare professionals to maintain their health.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and considered people's best interests.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff respected people's privacy and dignity.

People living at the home, and their relatives, said staff were very caring in their approach.

Good ●

Is the service responsive?

The service was not always responsive.

Feedback gathered from people who used the service about the quality of activities provided was mixed.

Requires Improvement ●

People's care plans contained a range of information which had been reviewed to keep them up to date. Staff understood people's support needs, however we were concerned that the reliance on agency staff meant that people did not always receive personalised care.

People living at the home, and their relatives, were confident in reporting concerns to the manager and felt they would be listened to.

Is the service well-led?

The service was not always well-led.

During the inspection we identified improvements with the service provision and subsequently we have made three recommendations in this report.

Staff were clear about their roles and responsibilities. They told us they felt supported by their managers, who they said were approachable.

Requires Improvement ●

Ash House Residential 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 was 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.

This inspection took place on 31 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors 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. The expert by experience had experience in caring for older people.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit which was considered as part of this inspection.

We asked the provider to complete 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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with 12 people who used the service and four visiting relatives. We spoke with a director, the home manager, the deputy manager, the cook, two domestic assistants, two senior care assistants and two agency care assistants. We also spoke to one visiting health professional.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included three people's care records, nine medicine administration records, three staff records, accident and incident records and other records relating to the management of the service.

Is the service safe?

Our findings

All the people we spoke with during our inspection said they felt safe living at Ash House Residential Home. One relative told us, 'I can go home and I know my mum is safe and looked after and this makes me feel reassured.' One person who used the service commented, 'It is nice in here and I am safe.'

There were enough staff deployed to ensure people's support needs were met. However, we identified improvements were needed to ensure people were cared for by consistent staff. At inspection we saw a high number of agency staff on duty and checks to the staff rota confirmed agency staff were used on a regular basis. This meant people were placed at an increased risk of not receiving person-centred care as support was sometimes provided by non-permanent staff who were less experienced of people's individual needs. One staff member told us, 'At the moment we are using agency most days of the week because of annual leave, but usually it is agency staff that have been here before. It's doable but they need reminding sometimes, it's more difficult when we have more than one agency staff on.' At the inspection there were four agency care workers on duty, which accounted for approximately half of all care staff. A relative commented, 'The agency staff just sit down all day they do not bother interacting or making any attempt to do so. They don't know him.' Our observations of staff interactions with people showed these were not always personalised. For example, agency staff did not always address people by their name or engage them in meaningful conversation. We observed a person's continued distress during their meal led to them being verbally aggressive towards another person, which may have been avoided had the present agency staff member effectively communicated with them. This concern was fed back to the manager. The manager told us the high number of agency staff on duty was due to sickness and annual leave and they were not actively recruiting for more permanent care staff. This showed improvements were needed to ensure sufficient staff were employed so that even in periods of staff sickness or absence the service was less reliant on care agencies. Following our feedback to the manager the provider advertised for a permanent care staff position. We expect improvements in this area.

This demonstrates a breach of Regulation 18(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Staff understood their responsibilities to protect people from harm and were clear of the actions they would take if they suspected abuse, or if an allegation was made. We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified.

Medicines were safely managed and people received their medicines as prescribed. The service had a medicines management policy so staff had clear guidance on their responsibilities in relation to supporting people with medicines. Staff confirmed they had received the appropriate medicines management training, which was refreshed at regular intervals. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record kept. We saw evidence that these records were regularly checked by the management team.

We found safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. We saw for each staff member the service obtained two references, proof of identify and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

People could be safely evacuated from the building because a general evacuation risk assessment was in place, backed up by individual evacuation plans for each person. These highlighted any support or equipment needed to safely move the person, should they need to evacuate the premises in an emergency. Fire training and drills had taken place.

We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence. We looked at three people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments covered all aspects of a person's activity and were individual to reflect the person's needs.

We saw the service kept a log all accidents and incidents which had occurred, as well as any follow up actions taken. We looked at individual incidents and saw the service responded and the manager regularly looked at recorded accidents and incidents to analyse this information for patterns and trends in order to improve practices at the service.

We found there were satisfactory systems in place to control the risk of infection. We saw the home was clean and domestic staff were observed using protective clothing and colour coordinated cleaning materials to reduce the risk of cross contamination. We saw the service carried out regular checks of the environment. A domestic staff member told us, 'It's not a bad place. People are well looked after. [Manager's name] is very good, you can go to her with anything. I've always got plenty of supplies. I've no worries.'

Is the service effective?

Our findings

Most care staff working at Ash House Residential Home had completed training in key topics such as moving and handling, medicines and safeguarding. However, we identified several care staff with gaps in their training, which meant we could not see evidence they possessed the appropriate skills and knowledge to carry out their roles safely and effectively. For example, seven care staff had not received recent training in Safeguarding. The manager was aware and had a training schedule in place to address this. We expect improvements in this area.

This demonstrates a breach of Regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Despite our concerns around staff training we did not observe any unsafe practices throughout the inspection. Staff also told us without exception they felt well-supported and confident in their roles. We saw staff had received regular supervision, appraisal and observations of their care and support practice. One staff member told us, '[Manager's name] is very supportive, her door is always open.'

We saw people's needs were assessed when they moved into Ash House Residential Home. A detailed care plan was then written, which informed staff what care the person needed and how they wanted to be cared for. This supported staff to provide person centred care to each person living at the service.

The care records checked showed people were provided with support from a range of external professionals to maintain their health. These included district nurses, GPs and dentists. We saw health professionals were visiting regularly, which was evidenced in people's care records, so each visit and their outcomes were clearly recorded. A visiting health professional told us, 'We've watched this home improve. [Manager's name] is marvellous. We come in twice a week and the staff always follow our directions. They make referrals to us as needed and always ask for advice. We've no concerns.' This shows the service was working in partnership with other agencies so people received effective care and their health needs were met.

The food at lunchtime looked hot and appetizing, each person who needed assistance to eat their meal received support and we saw everyone ate well. We observed good examples of effective communication between staff and people who used the service and the meal was not rushed in any way. Staff constantly communicated with people at eye level and prompted them to finish their meals. However, communication was sometimes task-led.

People's care records contained information about their dietary needs. This included their preferences regarding food and drink, any special dietary needs, the type of meal consistency they required, such as textured or blended meals, and the level of support they needed to make sure they received a balanced diet. Where people's intake had been monitored this had been recorded in detail, with clear information about what the person had eaten and portion sizes. The manager told us they regularly reviewed the results from people's monitoring charts, which meant timely involvement from healthcare professionals could be sought if there were any concerns about people's intake. However, we were unable to evidence these checks took place as they were not recorded. Before the end of our inspection the manager showed us an audit tool she

implemented so they could evidence these checks were now taking place. We need to see this improvement embedded in practice at the next inspection.

Our checks of the environment showed there was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. We saw the manager had an improvement plan in place to address areas in the service where the décor was in need of refurbishment. We saw the registered provider had considered the needs of people living with dementia when making decisions about the environment on the Beech Walk unit. Corridors were wide and well lit, hand rails were visible and accessible. We saw clear signage displayed around the service to help orientate people to key areas, such as bedrooms or bathrooms. This shows the service had adapted the premises to meet the needs of people living with dementia.

We saw evidence that people were consulted about how they wanted to receive their care and where possible, consent was obtained for care and treatment as part of the registered provider's admission process. We saw people were asked for their consent before care and support interventions were provided.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the home manager told us there was six people living at the service who were subject to a standard authorisation. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

Is the service caring?

Our findings

People living at Ash House Residential Home spoke very positively about the staff. They told us they were well cared for by staff and comments included; 'Its very good. They [staff] are very kind' and 'Staff treat me with respect as I respect them'. All staff members spoken with said the service was very caring. One staff member told us, 'I would be happy for family to live here because the standard of care would be what I would want them to receive.' Another staff member said, 'Residents are well looked after. They are treated how we want to be treated.'

Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. People's religious preferences were respected by staff and the service facilitated occasional visits to the home from local religious groups. We identified improvements were needed to the support people received to enable them to access religious services outside of Ash House Residential Home.

We found systems in place so people had a say in their care and support. People and their relatives were able to express their views in meetings and care reviews. We saw the service held a 'resident meeting' in June 2018, so people who used the service were able to discuss aspects of the service provision, positive or negative. We reviewed the minutes from the June 2018 meeting and it was clear from feedback there were themes for improvement, such as a lack of social activity. We saw the registered provider listened to feedback and employed an activities coordinator. We recommend the registered provider continues to regularly support people to express their views about the service provision and respond to feedback.

People told us they felt that as far as possible they were supported to be independent and their family and friends were always made to feel welcome at the service. One person told us, 'You can do what you want, there are no restrictions.' This shows the service promoted people's independence.

Throughout the inspection we observed good practices which promoted people's privacy and dignity. For example, we saw staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. Staff also understood the need to respect people's confidentiality. Any information which needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers, which was conducted in private space so information remained confidential. The service also had systems in place to ensure people's personal information remained confidential.

We saw a range of information available in communal areas of the home to help people understand their care and support as well as access services externally. We also saw useful information about the service's policies and procedures, such how to raise a complaint. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy services were displayed. This showed people had access to important information about their care.

Is the service responsive?

Our findings

The people we spoke with told us the standard of care they received was good. One relative said, "Staff are very good with him and are very responsive to his needs, they calm him down and talk to him" and "They [staff] instinctively know when to administer medication in order to stabilise his moods". This shows staff were responsive to people's needs.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff understood people's support needs, however we were concerned that the reliance on agency staff meant that people did not always receive personalised care. Please cross refer to our findings under 'safe' regarding the use of agency staff. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs and how best to support them. We saw evidence of monthly reviews of people's care and support plans, information was updated or added to, to ensure it was still correct and relevant. There were documents in place regarding the person's life history, preferences and activities they enjoyed so staff could support people to meet their wishes and aspirations. We found information about people's life history lacked detail. We discussed this concern with the manager and recommended they review people's care records to include more detail where possible.

We saw the service provided a range of activities, the details of which were displayed in communal areas of the service. At the time of our inspection it was Halloween and the service had matching decorations. There was an activities coordinator employed at the service. However, they were on annual leave on the day of the inspection, which meant care staff were responsible for providing activities. Our observations showed there were periods which lacked social stimulation and very little in terms of activities took place. Some people who used the service told us it was their choice not to participate in the activities provided and they preferred to chat. However, we saw periods where staff were not doing anything which we felt was a missed opportunity to try engage people who enjoyed chatting in meaningful conversation. Feedback received from people and relatives about the quality of activities provided was mixed. Comments included, 'I'm not asked if I want to do crafts,' 'Staff are always too busy to chat,' 'It would be nice to pop over the road to the shops or for a coffee but they [staff] said they didn't have enough staff' and 'I don't do anything all day, there's nothing to do. No cards, no dominoes, nothing. The television is put on but no one bothers to change channels, it's just on'. This shows improvements were needed in this area. We recommend the program of activities are reviewed regularly with people living at the service so they are person-centred.

The registered provider had a complaints procedure and the home manager kept a record of any concerns received. We saw when concerns had been raised they had been managed in line with the policy and outcomes were clearly recorded. People we spoke with knew how to raise concerns. Relatives thought their views were encouraged and listened to, and everyone said they would be comfortable raising concerns.

The service had a strong commitment to supporting people living at the home, and their relatives, before and at the end of their lives. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and

were reviewed as and when required by the person's doctor and relative as appropriate.

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 14 September 2017, when we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. This was because the registered provider failed to submit a notification to the CQC every time a significant incident had taken place. At this inspection we found the service had made sufficient improvements to meet this regulation.

Our findings showed the service responded to feedback from the last inspection and had improved in some areas but had deteriorated in others, such as the quality of the activities and staff training, as well as an increase in agency staff usage. We subsequently found two breaches of regulation and made three recommendations to the registered provider in the inspection report.

Since we last inspected the service there had been a change in leadership. The nominated individual had retired and their role was filled by another director within the company. However, they were not yet registered with the CQC. A new manager had started their role in June 2018. They possessed relevant leadership qualifications and had worked at Ash House Residential Home for approximately 15 years. All staff spoken with praised the new manager and felt the service had improved. Comments include, 'This home is well organised. It is a good team. I could go to [manager] or [deputy manager] and talk to them about anything' and 'I could go to [manager] if I had any worries, you can talk to her and she is trying to make changes for the better, like decorating and records'. Through talking with the manager we were satisfied they possessed the skills and experience to run the service and make necessary improvements.

We found the registered provider had some systems in place to evaluate and improve the quality and safety of the services provided. We saw generally audits were completed without fail, where issues had been identified these were acted on in a timely manner. We found some audits had not yet been embedded in practice because they were newly implemented. For example, weight and care plan audits had just commenced in the month we inspected, which meant prior to that we could not see clear evidence that issues were being identified and acted upon. We saw the registered provider carried out a satisfaction survey with people who used the service in September 2018 and feedback obtained was positive. However, the results were not analysed and published for people to look at.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to employ sufficient numbers of suitably competent, skilled and experienced persons. Not all persons employed by the service provider in the provision of a regulated activity had received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.