Ashfield Specialist Care Limited

Ashfield Nursing Home

Inspection report

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Date of inspection visit:
29 April 2019

Date of publication:
10 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Ashfield Nursing Home is a nursing home that provides personal and nursing care. The service is registered for 40 people and 32 people were using the service at the time of our inspection.

The service had a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People's experience of using this service:
When we previously visited the service in October 2018, we found concerns with staffing and staff training, medicines management, governance and oversight of the service. At this inspection we found significant improvements had been made in these areas. However, there were still improvements to be made with the environment. There was a lack of communal areas to support people who needed quiet and privacy. People's rooms lacked personalisation and a lack of seating to allow people and their relatives sit. Organisation at mealtimes meant people were not always supported in a consistent way. Signage at the service required further improvement to make information accessible for people.

People were safe and protected from abuse, appropriate measures were in place to manage safeguarding incidents. There were processes in place to ensure learning from events. Risks to people safety were well managed, staffing levels met the needs of people at the service.

Medicines were well managed; the service was clean and staff had a good knowledge of Infection prevention and control.

Nationally recognised assessment tools were used to support care and staff received appropriate training for their roles. People's health needs were well managed and there were good relationships with health professionals that had a positive impact on people's needs.

Staff gained people's consent before providing care. 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 were supported to express their views and opinions about their care.

Staff showed a caring attitude towards people and the interactions we saw were positive. Staff were respectful and worked to maintain people's privacy and dignity.

Care plans contained good information on people's needs and social activities were in place. People's complaints and concerns were dealt with appropriately and people's end of life needs were supported.

We were consistently told the management team were open and approachable. The registered manager

listened to staff and worked to improve the quality of the service. The provider had employed a Quality Compliance Manager and the quality monitoring processes had a positive effect on improvements at the service. Staff were supported with regular supervisions. The management team worked with external professionals to improve the quality of the service.
Rating at last inspection: When we last visited the service in October 2018 we inspected two key questions Safe and Well Led at that inspection the rating for those key questions was Inadequate

Why we inspected: We undertook this comprehensive inspection to follow up on our previous inspection, assess the risk to people living at the service and provide a rating for the service.

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 safe Details are in our Safe findings below	**Good**
Is the service effective? The service was not always effective. Details are in our Effective findings below.	**Requires Improvement**
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 well-led Details are in our Well-Led findings below.	**Good**

Ashfield 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 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.

Inspection team: The inspection was carried out by two inspectors 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: Ashfield Nursing Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
The service had a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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: We reviewed information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.
During the inspection we spoke with five people at the service and five relatives to ask about their experience of the care provided. 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 spoke with four members of care staff, the registered nurse, the cook, a laundry assistant and a housekeeper. We also spoke with the quality compliance manager and registered manager.
We reviewed a range of records. This included five care records, medication records and four staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

When we last visited the service we found a number of concerns that affected the safety of the people who lived at the service. These related to the lack of robust systems for managing and reporting safeguarding issues, management of risks to people's safety, staffing levels and staff competence, management of medicines and the cleanliness of the service. This resulted in two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Safe care and treatment and staffing and staff competence. At that inspection we rated the service as Inadequate in Safe.

At this inspection we found there were significant improvements in all the areas we highlighted at the previous inspection, and the service was no longer in breach of these Regulations and was no longer rated Inadequate.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse as there were systems and processes in place to effectively manage any safeguarding concerns raised.
- People and their relatives told us the registered manager and the staff at the service responded well to any concerns they raised and ensured issues were addressed.
- Staff we spoke with understood their role in protecting people and they were clear about the reporting processes in place.
- We saw evidence of how safeguarding concerns had been managed so there were positive outcomes for people.
- Our records showed the registered manager had informed us of safeguarding issues and how they had addressed these issues.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and measures put in place to mitigate them. For example, we saw information in people's care plans about what measures staff should take to reduce the risks of skin damage for people who had been assessed as at risk of developing pressure ulcers. This included the use of pressure relieving equipment and regular support to help people with repositioning themselves. During our inspection we saw these identified measures were being used by staff to manage the risks.
- People were supported to maintain their mobility safely, and throughout the inspection we saw people had appropriate aids to assist them mobilise independently whenever possible.
- The information in people's care plans relating to the risks to their safety was relevant and up to date. Changes to people's needs had resulted in changes to risk assessments to ensure their care was appropriate to their needs. One relative told us their family member's needs had changed significantly since they first came to the service. They told us the person's care had been reviewed and measures put in place to manage their safety. The relative said, "[Name] has a safety mat by their bed and bedrails."

●Risks related to fire had been assessed, and people had personal emergency evacuation profiles (PEEP) in place. A recent fire related incident at the service had showed staff managed people's safety effectively.
●We saw following the event the provider and registered manager had undertaken a debriefing exercise with the local fire team. They looked at what had gone well during the incident and what things the service could further improve upon.
●There was further evidence of how the registered manager and staff at the service had looked at learning from events to reduce the risks of reoccurrence of accidents and incidents. For example, identifying trends, analysing incidents and putting in measures to prevent reoccurrence.
●Staff we spoke with told us this learning was shared with them through regular handovers, debriefing following events or through supervisions. This showed the registered manager continually worked to promote the safety of people in their care.

Staffing and recruitment
●The feedback we received from people and their relatives about staffing levels were mixed, with some people feeling the service needed more staff. However, people told us there had been an increase in staffing levels recently.
●Our observations on the day of the inspection showed people were supported by adequate numbers of staff. Staff we spoke with also felt the staffing numbers met the needs of the people at the service.
●Over the previous six months the service had employed a large number of new staff, and the registered manager explained how they had worked to support their new members of staff. They told us new staff were given a comprehensive induction, working supernumerary for a week. Following this they were supported by working alongside a more experienced member of staff for three months.
●Staff we spoke with told us they enjoyed working at the service and felt they received the support and training from the management team to enable them to undertake their roles.
Using medicines safely
●People's medicines were well managed. Since the last inspection the registered manager had worked with her staff to address concerns we had raised in relation to medicines management.
People had individualised protocols in place for as required medicines and topical medicines were administered appropriately.
●Medicines were managed and administered by the nursing assistants and registered nurses who were appropriately trained in safe handling of medicines. The registered manager undertook regular audits which over the previous months highlighted and addressed any areas of poor practice. She had then worked with staff to ensure the improvements had been sustained and people received their medicines safely.
●Where people required their medicines to be administered covertly, appropriate assessments and plans were in place. We saw relevant health professionals had been consulted so these medicines were administered safely.
Preventing and controlling infection
●People were protected from the risks of infection as staff were aware of their roles, and followed safe practices, to reduce the spread of infection. One relative we spoke with said, "Everyday they [cleaners] are cleaning the home. The cleaners are marvellous."
●Throughout our inspection we saw staff wearing personal protective equipment when carrying out personal care. Staff we spoke with showed a good understanding of their roles in reducing the risks of infection for the people they cared for. There were sufficient hand washing facilities to promote regular hand washing.
●There were regular cleaning schedules and environmental audits in place to ensure good standards of cleaning was maintained.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● People's needs were assessed using nationally recognised and evidenced based assessment tools. These tools were used to provide staff with the guidance to support people's needs including identified goals to ensure the outcomes to be achieved for people.

●People received support from staff who enabled them to live as independently as possible. Staff ensured the protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need.

Staff support: induction, training, skills and experience

●People were supported by staff who received appropriate training for their roles. One relative said, "[Staff's] skills are good. They are trained enough." The relative went on to give us examples of how the staff's skills and diligence had a positive effect on the management of their family member's pressure area care.

●Staff told us they found the different training they underwent useful and stimulating. Two staff members told us they had recently undertaken a study day run by the local authority looking at all aspects of people's care called 'head to toe'. The staff members felt the training was very relevant to their role.

●The registered manager told us of the different training she had planned for the near future that would further support staff and increase their confidence in their roles.

●Staff told us they received regular supervision from either the registered nurse or the registered manager. Staff told us they were able to discuss their roles, training needs and received feedback on their performance. This showed the registered manager worked to ensure staff were equipped with the knowledge and skills to undertake their roles.

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

●Our observations of the way people were supported at meal times showed people were not always supported in a consistent way.

●The lunchtime meal on one of the floors lacked organisation and as a result some people did not receive the support they required to eat their meal. The way people were placed in the dining room also meant for some people their meal was not a pleasant and relaxed experience. We discussed this with the registered manager, who told us they had already begun to audit meal time experiences and would use our feedback to improve this aspect of people's care.

●People told us they were happy with the food they were served and there were other choices if they didn't like what was on the menu.

● We saw that the registered manager had employed a staff member to support people with their morning meals, drinks and snacks. This had a positive impact on people because it allowed other staff to focus on personal care and make sure that people did not go without food and drinks.

●We saw evidence to show if people had unplanned weight loss, staff had worked to address this by fortifying their diet and when required gaining advice and support from health professionals.
●The registered manager undertook a monthly analysis of people's weight with actions taken to address any concerns. This showed that while we saw some areas of concern in relation to mealtimes on the day of our inspection there was good oversight of this aspect of people's care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●People's health needs were well managed, and staff were quick to ask for advice and support from health professionals when needed. One relative told us how quickly the staff had acted when their family member had an infection. Staff communicated well with the relative to ensure the person's wishes on how they wanted to be supported were undertaken.
●Staff we spoke with were aware of people's health needs and this was supported by clear information in people's care plans. The registered manager also provided us with information on further training staff received to support their knowledge of common health conditions people living at the service may be affected by.
●Staff told us if they raised concerns about people's health, the nursing assistants and the registered nurse on duty always followed up the issues and contacted the appropriate health professional.

Adapting service, design, decoration to meet people's needs
●The communal areas at the service were not always used to support people in an effective way. Some people's behaviours affected noise levels. Although there were alternative communal areas such as the conservatory, this was not regularly offered as an alternative option for people to sit in. We discussed this with the registered manager who told us they would address this issue.
●Some bedrooms we viewed lacked personalisation and required redecoration, and whilst there was some easy read signage around the service, further improvements were required in this area. We discussed this with the registered manager and quality compliance manager who told us there were ongoing plans to redecorate the service. The redecoration, signage, and the management of the communal areas were going to be addressed as part of the ongoing business plan by the provider.

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 and their relatives said that staff explained what care they were going to provide and asked for permission before delivering care.
●Where people lacked capacity to make their own decisions we saw mental capacity assessments had been undertaken, along with best interest meetings to discuss decisions that were required in people's best interests. These were decision specific and appropriate support had been gained to ensure the least restrictive options were in place for people.
●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 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 they were working within the principles of the MCA.

Good

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

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

Ensuring people are well treated and supported; respecting equality and diversity

● People told us staff were caring towards them, they told us they were respected and looked after. Family visitors were welcomed into the service, provided with drinks and staff kept them updated on their family member's care. People and relatives told us staff were approachable, trusted, and people felt comfortable with them. One person said, "Good staff here. If you want anything then you ask them, and they will do it. They listen and do everything to help."

●Staff we spoke with knew people's needs and preferences and spent time engaging with people throughout the day of our inspection. People were treated with kindness and respect by staff and we saw interactions between staff and people at the service were positive.

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

●People were supported to express their views on their care. When people could not make their wishes known we saw evidence that family members had been involved in supporting them. One relative told us, "I had a meeting about the care plan about three months ago with the manager. [Name's] needs are about the same as two years ago. My opinions were asked." They went on to say their views were acted upon and they were satisfied with the outcome of the meeting.

●One relative told us they had met with the falls team who came to the service and they had been able to contribute to the meeting.

●Throughout our visit we saw staff working with people to ensure their views about their day to day care were listened to. There was a poster displayed at the service advertising advocacy services. However, the print on the poster was small and people would not be able to read this. We raised this with the registered manager who addressed the issues straight away and replaced the poster with an easy read version for people.

Respecting and promoting people's privacy, dignity and independence

●People told us they were satisfied with the way staff maintained their privacy and dignity. They told us staff knocked on the door before entering, and closed curtains and doors whilst delivering personal care.

●Staff we spoke with were aware of their role in maintaining people's privacy and dignity. They worked with people to maintain their independence.

●We saw staff encourage people to walk or do things like activities by themselves and to offer support when needed. For example, two people walked for exercise in the conservatory on the ground floor. Staff were available in case they were needed, but they allowed the two people the space they needed to maintain their independence.

Good

Is the service responsive?

Our findings

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

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 received personalised care and their care plans reflected their needs. Their choices and views were shown in their plans. One person told us staff had talked with them about how they wanted their care.

●The care plans we viewed had information on people's personal preferences, for example one person's care plan showed they had been supported to complete a questionnaire about their care preferences. The responses showed how they liked to wear perfume and make up each day. We saw this was used on the day of our visit.

●Staff we spoke with told us the care plans were up to date and the "at a glance sheets" in people's plans were useful. One member of staff said, "I use the at a glance sheets a lot, but I can also access the rest of the care plan if I need to."

●People were supported to follow their interests and there were two activities co-ordinators in post to facilitate this. People told us they watched television, played board games, spent time in the garden or on occasion went on outings. A small number of men at the service enjoyed watching football and had been taken out to football matches. Other people enjoyed going out for coffee or for a walk.

●Throughout our visit we saw staff undertaking one to one activities such as puzzles and word searches with people.

●There were no group activities undertaken on the day of our visit and the communal areas where majority of people sat did not provide the space to facilitate this. However, the conservatory had been recently redecorated and the registered manager told us they were planning to utilise this area to greater effect in the near future for different group activities.

Improving care quality in response to complaints or concerns

●People we spoke with told us they knew how to make a complaint if they needed to and who to raise their concerns with. One relative gave us an example of a concern they had raised with the registered manager. They were happy with the way the registered manager had dealt with their concerns. They told us "It was dealt with on the same day."

●We saw there was a complaints policy in the entrance of the service. Staff we spoke with understood their responsibilities in relation to dealing with complaints and had confidence the registered manager would respond quickly to any complaints or concerns raised.

End of life care and support

●People were given the opportunity to express their wishes in relation to their end of life care. we saw there was detailed information in care plans showing the areas people had discussed.

●When people chose not to discuss their preferences this was respected by the staff at the service. Staff worked with people and their relatives to ensure when the appropriate time came they were able to make their views known.

Good

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

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

When we last visited the service we found a number of concerns with the oversight of the service that had a negative effect on the quality of care people received. Internal quality assurance processes were not effective at identifying where improvements were needed and this had affected areas such as staffing, medicines and infection prevention and control. There was no clear vision for the service and staff did not feel included in decisions about how it was developed. This resulted in a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we rated the service as Inadequate in Well Led.

At this inspection we found there were significant improvements in all the areas we highlighted at the previous inspection and the service was no longer in breach of Regulation 17 and was no longer rated Inadequate.

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

- People we spoke with were aware of who the registered manager was, and felt they were able to talk with them about any issues that concerned them.
- The registered manager had introduced processes that enhanced person centred care. For example, following daily handover, the registered manager received an email from the registered nurse with issues about people's care. These included changes to people's health needs, incidents and accidents. The registered manager highlighted areas she wanted staff to follow up on and ensure any changes to care were embedded in people's care plans quickly.
- Heads of department flash meetings took place on a daily basis, so key staff could feedback any issues to their teams to ensure a smooth working environment. One member of staff told us these short meetings were very useful, and improved openness and team working as they were made aware if different groups of staff needed support.

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

- Since our last inspection the registered manager had worked to improve the quality monitoring systems, so they had a clear oversight of the service. We found significant improvements in medicines management, infection prevention and management of people's nutrition and analysis of incidents and accidents. This had resulted from a comprehensive regular auditing system that addressed issues raised with clear action plans. For example, people's weights were closely monitored, and an analysis undertaken to ensure steps were taken to provide people with the support they required.

● Staff received regular supervision to support them in their roles and the staff we spoke with told us they felt well supported. The registered manager told us, "I am developing a culture that this home exists for its residents and their families. That has meant establishing ground rules for how we work and what is expected [of staff]."

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

●People and relatives, we spoke with, told us residents and relative meetings were held at the home and they had completed satisfaction survey forms. They gave examples of changes made as a result of this engagement such as decor and changes to food menus.

●Staff told us there were regular meetings and one member of staff told us, "All staff attend if they can, because we get good feedback and talk about the changes." This was echoed by all the staff we spoke with. The staff told us they felt listened to, communication had improved and when they fed things back to the registered manager she acted on them.

●All the staff we spoke with told us there had been significant improvements since the registered manager had come into post. One staff member told us there had been a lot of changes and "they were for the better."

Continuous learning and improving care

●The provider had worked to address our concerns from our previous inspection in relation to a clear vision and providing a greater oversight of the service. They had employed a quality compliance manager who had, over the previous months, supported the registered manager to sustain the improvements they had made at the service.

●The quality compliance manager undertook their own audits of the service and used these to support and work with the registered manager to ensure continuous learning and improvement. It was clear the quality compliance manager was also a visible presence in the service as staff we spoke with were aware of their role and the support they had provided for the registered manager. One member of staff told us the quality compliance manager had attended meetings and had given a clear outline of their role for staff.

●There was a business continuity plan in place that had begun to address the issues we had raised around the effective use of the communal areas. This also included a redecoration plan and we saw how areas had been improved over the previous months with a clear plan to sustain the improvements.

Working in partnership with others

● People's well-being was enhanced by the continued close working with health professionals who supported people. The registered manager told us they worked closely with the GP and the dementia outreach team who supported the service to ensure there were good outcomes in people's care.

●The registered manager also worked with the local falls team who had come into the service and provided a teaching session for staff on falls prevention. The registered manager had also obtained the falls team pocket booklet for each member of staff that identified the risk factors for falls. This showed the registered manager worked in a proactive way with health professionals to enhance the safety of the people they supported.

●The quality compliance manager told us they had also been working in partnership with a local charity who supported people who had no family and very few belongings. The charity helps provide suitable items that personalises people's rooms by working with the person to establish their interests and providing items that match these interests.