

Four Seasons Health Care (England) Limited Ashcroft Nursing Home - Chesterfield

Inspection report

18 Lee Road
Hady
Chesterfield
Derbyshire
S41 0BT

Tel: 01246204956
Website: www.fshc.co.uk

Date of inspection visit:
19 January 2022

Date of publication:
02 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashcroft Nursing Home - Chesterfield is a residential care home providing personal and nursing care to up to 42 people. The service provides support to older people including people living with dementia. At the time of our inspection there were 17 people using the service.

The care home accommodates people in one adapted building across two floors. There are communal living and dining areas on each floor.

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

The provider had taken action to improve the systems and processes in place to monitor and assess the safety and quality of the service. These changes required embedding to ensure they were effective and consistently applied.

Staffing rotas evidenced there were enough staff deployed to provide people with the care and support they required. Regular agency staff were used to ensure continuity of care for people whilst on-going recruitment was in place.

Medicine was administered by trained nurses. Staff received regular checks on and direct observation of their practice to ensure medicines were administered safely.

Staff training was relevant and up to date. The staff training matrix evidenced that improvements in compliance had been made following our previous inspection.

There was a positive person-centred approach to the delivery of people's care. This was demonstrated by the staff's understanding of the people they were supporting.

Since our previous inspection, people's care plans and risk assessments had been reviewed and regularly updated.

People using the service had regular opportunities to suggest improvements to the service through residents' meetings and in person.

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

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

Rating at last inspection and update

The last rating for this service was inadequate (published 10 March 2021) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 11 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

The inspection was prompted in part due to concerns received about the care and treatment of people using the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Inadequate to Requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashcroft Nursing Home - Chesterfield on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ashcroft Nursing Home - Chesterfield

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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

Ashcroft Nursing Home - Chesterfield 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 who had applied to be registered with the Care Quality Commission. Registered managers and providers 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, a visiting professional and 13 members of staff including the regional manager, home manager, deputy manager, clinical lead, activities coordinator, nurse, domestic, catering staff and care staff. Our Expert by experience carried out telephone calls after our inspection to seven relatives to obtain their experience of the care provided.

We reviewed a range of records. This included six 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, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, maintenance and quality assurance information and further policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to ensure systems were operated effectively to prevent abuse of service users. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safeguarding Service Users from Abuse and Improper Treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Accidents and incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- The provider had systems in place to monitor safeguarding incidents. This information was regularly analysed by the manager and regional manager.
- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.
- Staff had received training in how to positively support people who may show signs of distress. Staff told us "I know [person] well, I know how to encourage and reassure [person] if they are upset. It's in [person's] care plan. I shadowed [staff] before working alone with [person]."

At our last inspection the provider failed to ensure there were always safe staffing levels. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- The provider had a dependency tool in place which was used to inform staffing levels. The manager monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- Staffing rotas evidenced there were enough staff deployed to provide people with the care and support they required. Regular agency staff were used to ensure continuity of care for people whilst on-going recruitment was in place.
- During the inspection, we observed call bells to be responded to in a timely manner and staff spending time speaking and listening to people. We also saw staff carrying out a planned activity of flower arranging.

- Relatives felt that staffing was sufficient. One relative told us, "There seems to be sufficient staff. They are all calm and friendly and have time to sit and chat with [person]. [Staff] keeps everybody busy with various entertainment, flower arranging, and someone brought animals in for them to hold."
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection the provider failed to ensure care and treatment were provided in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicine was administered by trained nurses. Staff received regular checks on and direct observation of their practice to ensure medicines were administered safely.
- The service worked in partnership with other professionals to ensure people received their prescribed medicines as required. There was clear guidance for safe on the administration of 'as and when required medicines' (PRN). This meant people received these medicines when they needed them.
- Regular checks were completed on the medication stock and records. We reviewed these records and we found people had their medication administered safely and in line with the prescribing instructions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person who was at risk of falling had a detailed care plan and risk assessment in place which included details of how staff should support the person safely whilst promoting their independence.

- Where risks to people had been identified in relation to nutrition, dehydration and skin integrity, monitoring charts were in place and we found these had been continuously completed and reviewed.
- Environmental risks were well managed. Regular checks had been carried out which included water checks and fire safety.

Learning lessons when things go wrong

- The provider and manager had made improvements since our last inspection in the areas we had identified and continued to work to action plans they had in place.
- The manager shared the outcomes of audits with the staff, so appropriate action was taken to ensure people's safety and mitigate any risk. For example, the manager had identified improvements were required with staff communication. We could see this had been actioned and various communication systems had been introduced. These included an increase in staff meetings, including staff from all departments within the service.

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.

At our previous inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection the provider failed to ensure consent to care and treatment in line with the law and guidance was being followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Need for consent.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the principles of the MCA and DoLS. This training was reoccurring, so staff were able to refresh their knowledge and understanding.
- People were supported in the least restrictive way possible. Individualised, decision-specific mental capacity assessments had been completed and best interest decisions recorded. Where people were deprived of their liberty, DoLS authorisations were in place and people were supported in line with their agreed plans.
- The staff we spoke with had a good understanding and working knowledge of the principles of the MCA. A relative told us "I have been involved in [person's] care planning. They [staff] ask me for my decisions and if anything has to be changed."
- Where relatives held Lasting Power of Attorney (LPA) for people, which meant they were legally able to make decisions on people's behalf, the provider had checked the LPA was in place and ensured they were part of the decision making. .

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

- People's needs had been individually assessed. Care plans and risk assessments showed the action staff should take to minimise any risk of avoidable harm.
- Care records had been regularly reviewed and updated to reflect people's changing needs.
- Care plans included detailed information about people's choices and preferences. Staff told us they read people's care plans and were aware of people's individual needs. Care records confirmed that people's choices and preferences had been respected and followed.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. We reviewed the staff training matrix which evidenced that improvements in compliance had been made following our previous inspection.
- Staff had completed mandatory induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. One staff member told us "This is my first job working in care. The training was good I felt prepared"
- The service had effective systems in place to support and supervise staff. Staff received regular supervision. This included one to one sessions and spot checks of their competencies which included feedback on performance.

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

- People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences, this was highlighted for staff to follow.
- People were supported to follow a balanced diet. Where people needed support to eat and drink we saw this was provided. We observed people being supported with dignity and patience.
- Guidance had been sought from external health care professionals where people required additional support or may be at risk from choking. The guidance external professionals provided had been included in people's care plans and risk assessments.
- People's food and fluid intake was recorded and monitored where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external professionals to reduce the risks they had identified. We spoke with a visiting professional during the inspection who told us the service was in regular contact with them and how they had worked effectively to adapt their care to meet a person's changing need.
- People were supported to access healthcare. Records showed us that appropriate referrals had been made when people were experiencing swallowing difficulties or had deteriorating mobility.

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

- People's bedrooms were personalised with their belongings, chosen pictures and ornaments.
- The service had made some adaptations in the communal areas to facilitate social distancing during the COVID-19 pandemic.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to assess, monitor and mitigate risks. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17. However, systems and processes required embedding to evidence sustained good practice.

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

- The provider's statement of purpose continued to contain some misleading information. This was also identified in our previous inspection. It stated the home had been awarded a, 'quality banding Premium' by the local authority. The 'Premium' banding is an outdated term that is in relation to finance payment options and is not a reflection or judgement on the quality of the care provided. We raised this with the provider during our inspection who took immediate actions to rectify this.
- The provider and manager had a quality assurance system in place which ensured all aspects of the service were regularly audited. Where issues were identified action plans were put in place. For example, we found where maintenance issues had been identified these were promptly followed up with appropriate actions.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard. One staff member told us, "The training is good, and we always get lots of updates. I had worked in care before, but this training made me feel more confident."

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

- There was a positive person-centred approach to the delivery of people's care. This was demonstrated by the staff's understanding of the people they were supporting. For example, a relative told us, "The staff are brilliant. [Person] is looking a lot better than they did at home. They used to enjoy painting and the staff assist them with this. [Person] is always in a happy mood and has choices. They always let [person] choose."
- The manager had a supervision schedule in place to ensure all staff had a regular one to one meeting. Staff told us they had regular supervisions and felt supported in their roles.

Continuous learning and improving care; 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

- The provider had made improvements to the systems to assess and monitor the infection and prevention control measures in place. Government guidance was being followed in relation to COVID-19.

- Since our previous inspection, people's care plans and risk assessments had been reviewed and regularly updated. We found clear guidance for staff to follow in the event of a person showing signs of distress. We reviewed people's monitoring charts and found that staff had recorded the actions they had taken, and this was in line with people's care plans.
- The provider had made improvements to the systems and processes in place for monitoring accidents and incidents. We found the system in place ensured that all accidents and incidents had been reviewed by the manager and provider. Appropriate actions had been taken to mitigate future risk.
- The manager had ensured staff training compliance had now increased since our last inspection. We reviewed the training matrix and competency assessments and found that staff had been supported to complete the training required for their role.
- The manager was knowledgeable about the duty of candour. We reviewed the records in place and found the correct actions had been taken to meet this regulation.

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

- People using the service had regular opportunities to suggest improvements to the service through resident meetings and in person. We found that when people had suggested improvements to the décor of the home, this had been actioned and people had been involved in choosing art to display.
- Staff meetings took place regularly. Staff told us they were kept up to date with regular information and updates relating to any changes within the service including the government guidance in relation to COVID-19.
- Relatives told us they had opportunities to suggest improvements to the service. One relative told us, "It is always easy to talk to the management. I would recommend Ashcroft. I can't think of any way in which it needs to improve. They are doing a good job."
- The manager had identified areas of improvement were required in relation to communication between staff. We found that daily flash meetings had been introduced which involved the heads of each department. We observed this meeting during our inspection and found it covered all key areas and changes within the service and staff told us they felt communication had now improved.

Working in partnership with others

- The provider worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.
- We saw that the provider had acted promptly when there had been a concern about a person's health. The provider had contacted the relevant health professional to seek advice and support.