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Ashmeadows

Inspection report

Moorbottom
Cleckheaton
West Yorkshire
BD19 6AD

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 5 October 2017. We previously inspected the service in March 2017 and the rating was 'requires improvement' with three breaches in the regulations, relating to safe care and treatment, good governance and fit and proper persons employed. We had begun to take some enforcement action, due to the provider having a long history of breaches in regulation. However, the provider made an appeal and so we inspected the service again. We noted significant improvements at this inspection.

Ashmeadows Care Home provides residential care for up to 17 people. On the day of our inspection, 10 people were living at the home.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Staffing levels were sufficient to meet people's needs promptly and offer high levels of attention and care. Recruitment procedures had improved so staff were thoroughly vetted before they were allowed to work with people.

Risks to individuals were clearly documented and known by staff. Care records were being improved to ensure all information was easily accessible to give clear guidance to staff on how to provide safe care. Improvements had been made to ensure medicines were stored securely and clear direction was in place for staff to support people with medicines.

Staff were well supported through supervision and training and they were confident in their knowledge of how to meet people's needs. Staff understood the impact of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; there were policies and systems in the service to support staff practice. Assessments of people's mental capacity were clearly recorded.

People enjoyed their meals and staff were clear in their knowledge and recording of people's food and fluid where necessary. Staff understood how to ensure effective nutrition to support people's health and how to monitor where there may be concerns.

Staff demonstrated skills in providing care based upon people's individual and personal preferences. Engagement between staff and people was meaningful, respectful, supportive and especially caring.

The registered manager was more confident and clear about their roles and responsibilities and there was a culture of open communication, with people at the centre of the way the home was managed. Audits and quality checks were more regular and robust and there was evidence of steps taken to improve the quality of the service in response to previous inspections. Some aspects of the environment requiring expenditure needed prompt attention and we made a recommendation the provider addresses these without delay.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe, but attention was needed to ensure the lift was in working order.

Recruitment procedures had improved since the last inspection.

Individual risk assessments to people were more clearly documented and understood.

Systems for managing medicines were safe.

Is the service effective?

Good

The service was effective.

Staff were supported through regular training and supervision.

Staff understood the legislation around people's mental capacity.

People enjoyed the meals and staff understood their individual dietary needs.

Is the service caring?

Good

The service was caring.

People enjoyed living in a caring, friendly and homely environment .

Staff promoted people's independence, their dignity and their privacy.

People's end of life wishes were regarded.

Is the service responsive?

Good

The service was responsive.

Care was person centred and there were meaningful activities taking place in spontaneous ways.

Care records were much more clearly documented than at the last inspection and people's preferences were recorded daily.

People understood how to complain and complaints and concerns were recorded and responded to.

Is the service well-led?

Requires Improvement

The service was well led, although it was not possible to assess if improvements can be sustained.

There was clear and confident management of the home.

Staff were motivated to ensure good standards of care for people.

Some areas of the home were in need of refurbishment and this needs further improvement to ensure this is completed.

Ashmeadows

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 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.

This inspection took place on 5 October 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience with experience of services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioners and the safeguarding adults team.

We spent time observing people's care and support. We spoke with all the people who were using the service, the registered manager, the operations manager, three care staff and the cook. We looked at three people's care plans and associated care records and documentation to show how the service was run.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found staff were not safely recruited, risks to people were not fully assessed and medicines were not always managed safely. At this inspection we found the provider had addressed all these matters to ensure people received safe care and treatment.

People told us they felt safe overall. Comments included:- "This is certainly a safe place"; "The staff always make me feel safe"; "Everybody gets on well here, we look after each other"; "I can certainly say I have every confidence in the staff to keep me safe"; "They are very keen on health and safety here" ;"You can talk to anyone about feeling unhappy" and "All the staff are approachable. I would tell them if I had any worries". One person told us, "The night staff do not always come swiftly. They have to care for people in twos sometimes."

Staff we spoke with said they had no concerns about safety. Comments included, "I feel as though there are enough staff and that we have time to deal with the residents"; "We all have regular training in relation to safeguarding"; " We have a very strict approach to the reporting of things" and "I feel this is a very safe place to work."

People's safety was managed well; staff understood individual risks and they knew people's capabilities. Staff knew the possible signs of abuse and how to make sure people were kept safe from avoidable harm. People's care records highlighted individual risks much clearer than at the last inspection, with details of how staff should support people in their care.

Premises and equipment checks were evident, although we saw where the lift needed attention this had not been actioned since the engineer's report in August 2017, which stated 'immediate attention' was required. The operations manager told us this would be given priority and we saw they had taken steps towards resolving this during the inspection. The registered manager told us all people who needed to access the first floor were capable of using the stairs, so the risk was minimised. We saw people used the stairs independently during the inspection. Once we had completed the inspection, the operations manager sent us documentation to show the lift was inspected on 9 November 2017.

The registered manager showed us a fire safety 'grab box' which was newly set up and placed in the entrance hall, with up to date evacuation information. Staff told us they knew what to do if there was a need to evacuate the building and we saw the last recorded fire drill was two days before the inspection.

Staffing levels were supportive of people's needs and we saw people enjoyed high levels of individual attention, without having to wait. At the last inspection recruitment procedures were not robust, but we found the provider had taken steps to ensure all suitability checks were clearly in place and documented. The registered manager told us they closely monitored staffing levels and the number of shifts worked by staff, to make sure resources were safely managed.

At the last inspection, we had found errors in the recording of people's medicines and their topical creams

and also in the storage of medicines. At this inspection we found the registered manager had taken action to ensure medicines were managed safely. We looked at people's medicine administration records (MARs) and reviewed records for the receipt, administration and disposal of medicines. Each person's record had a photograph to identify them, along with details of the medicines they required. We found records were complete and people had received the medicines they had been prescribed. People's medicines were available at the home to administer when they needed them.

People's medicines were managed safely overall and people told us medicines were managed according to their individual needs. One person said, "My tablets are always on time" and another person said, "I have to have my tablets after food and the staff make sure we get them on time."

We saw all medicines were securely stored and staff had a good understanding of the safe procedures to follow to support people. Where people needed their medicines 'as required' (PRN), such as for pain, there were protocols in place to guide staff as to when and how these should be given. However, we saw the medicines administration records (MARs) were left blank where people did not wish to have their PRN medicine. The registered manager told us staff understood this system, but they agreed to improve this immediately by using a recorded code to ensure completion of the document where medicine was not required.

The home was visibly clean with no malodours and there were cleaning staff on duty during the inspection. Staff made appropriate use of personal protective equipment to minimise the risk of infection. One person told us, "This place is spotless, the only smells you get come from the kitchen, nice ones like cakes baking".

Good

Is the service effective?

Our findings

At the last inspection we found monitoring of people's dietary risks was not robust but at this inspection it had been addressed.
People told us the staff were skilled at their work. One person said, "They're not a bad lot, they know what they're doing". Everyone we spoke with had nothing but praise for the staff.

We found training, supervision and support for staff was regular and ongoing. Staff had a good understanding of the legislation around mental capacity and they knew how to promote people's rights. Staff told us they felt supported and we saw communication was effective between staff in order to meet people's needs.
People's consent was sought for all aspects of their care and staff consulted with people all the time so they made their own decisions. In people's care plans we saw they signed to agree to their care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

The vast majority of people were very happy with the catering arrangements; for some people it varied. People said that they could have cooked food for breakfast if they wanted it. People were seen ordering cooked food for breakfast. The cook approached people during the morning to make their choices for their main meal. If people did not prefer the main menu on offer, an alternative was offered.

People said that the cooks were aware of their likes and dislikes and told us that specialist diets were also catered for. People were heard to offer compliments to the staff for the meal they had just eaten.

People enjoyed their meals and comments included, "The food varies. It depends who is cooking it"; "There are a few cooks so the quality of food varies. Today's cook is a star"; "The food is A1. Delicious" ;"The cook today is spot on"; "The food is smashing - the cook will do you anything you fancy"; "I am a very fussy eater. I will have no problems with the meal today [they are] the better cook"; "They provide me with all my dietary needs"; "The cook today, will cook you anything" and "The home made cakes are wonderful."

The cook told us, "We can order anything that residents like. We have never been told there is a budget limit. If there is anything that is different that they would like, we will get it." There was a quality assurance process

via a 'food survey' but this had not been undertaken recently.

Staff we spoke with were very aware of people's dietary needs and there was clear recording and monitoring of risk indicators, such as weight loss. The registered manager had an overview of people's nutritional risks and there was evidence of appropriate referrals to other professionals where needed.

People told us they received support from other professionals where necessary. One person said, "The staff have arranged for me to see the dentist", "Yes, I have seen the optician, the staff make the appointment for me" and "If you are not well - they get a doctor for you, they are very good at that". People said that they had attended appointments at the hospital recently and said that staff supported them to follow the advice of the GP.

Good

Is the service caring?

Our findings

We found the home had a very jolly, welcoming atmosphere and there was a clear emphasis on this being people's home, both from the people and the staff team.
People made very positive comments about the staff. Comments included, "The staff do all that they can for you. Nothing is too much trouble"; "The staff are marvellous. I am very satisfied with the care that I receive"; "They look after us all so well"; "I consider the staff to be my friends, they make us laugh everyday"; "Every member of staff does their best for me" and "I must say, I would not want to live anywhere else. The care I receive is just how I need it".

We saw staff were happy and motivated in their work and they engaged continuously with people. It was evident staff got on well with people and our observations showed staff treated people with kindness and respect. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and people looked comfortable together; there was a lot of laughter and friendly banter between people. People said staff were good at listening to them.

People were smartly dressed in appropriate clothing and staff had given support with personal appearance where required, such as with hairstyles and shaving. People's independence was promoted very well and staff supported people at their own pace, without them being rushed. Staff took time to make sure people were comfortable when seated and checked if they were warm enough or if they wanted to put their feet up. People were encouraged to move around as much as possible, such as by being invited to eat their meals at the table, go outside for a walk or use the stairs where they were able.

Staff said, "I love working here, it's like a big family", "We need to make sure that we make people happy" and "It's a pleasure to work here."

We found end of life care was person centred and sensitive to the wishes of the person and the needs of other people in the home. The registered manager told us about one person who was admitted to hospital at the end of their life, but they had made their wishes clearly known to staff and they wished to pass away at Ashmeadows. The registered manager told us how they had facilitated this; the person, although very poorly, knew they had come home and people told us they had appreciated the chance to say goodbye. We saw the person's flowers were displayed in the home and this acted as a talking point for people to remember their friend.

Good

Is the service responsive?

Our findings

At the last inspection it was not always clear people had been involved in their care planning and whether they had a choice in personal care, such as when to have a shower. At this inspection we saw daily records which showed people had been consulted about their own care each day. People we spoke with confirmed their personal care arrangements were in keeping with their wishes. One person said, "It's up to me, they always ask." Information from daily notes was reflected upon when staff completed evaluations of people's care.

Care records were in the process of being updated and we saw these were clear and detailed, with evidence of people's involvement and regular reviews. Staff easily accessed the information they needed and people we spoke with knew they could look at theirs if they wanted to. Staff told us they updated information daily.

People said they enjoyed a range of satisfying activities. On the day of the inspection, staff discussed with people what they would like to do for the day. People suggested a variety of ideas, which were incorporated into the day, including going into the church yard collecting conkers. In the early afternoon we saw three people in the neighbouring church grounds. They returned saying, "It has been great to be out in the fresh air" and "We have had so much fun." People were seen to be laughing and enjoying various games together. Some people were offered one-to-one time at different times throughout the day.

People's comments about the responsiveness of the service included:- "We have already booked our Christmas meal out. I am really looking forward to it"; "I enjoy my own company in my room but we have a good entertainer that comes. I enjoy that"; "I just love to go out. They [the staff] help me to go out for lovely walks"; "I enjoy the art and craft work. We display it on the walls"; "I enjoy the activities" and "I take part in anything that's going. They help me keep busy"

We found staff supported people's religious and cultural needs as part of everyday practice. Staff recognised people's religions have certain customs that needed to be respected. "I really appreciate it when the church comes to hold a service" and "There is a regular church service, this means so much to me."

Care was person centred and centred around people's individual needs. Staff knew each person very well and people had full choice in how they spent their time. We saw people got up in the morning when they wanted to. One person said, "I fancy a lie in sometimes and they leave me be." From an upstairs window we observed one person sat on a bench outdoors, smoking and singing. Staff told us this was what the person liked to do and said they were singing to the birds.

We heard the registered manager speaking with a member of staff because they had noticed one person, who was living with dementia, seemed to prefer a particular bedroom. The room was not in use, so the registered manager discussed the possibility of allocating the room to the person, in line with their indication they wanted to spend time there.

Activities were an integral part of the day, rather than specifically time allocated. This meant people enjoyed

spontaneous time with staff. For example, we saw one person showing the operations manager how to make 'roll-up' cigarettes and there was some banter about how well they could do this.
Communal areas included items of interest to people, such as a well-stocked 'sweet shop' stall and a post office display. In the lounge areas there were stocked book cases, magazines and people's art work was on display.

At the last inspection, people were not sure how to make a complaint if they wanted to, but at this inspection they told us they knew what to do 'because staff were always asking them if everything was alright'. People said they would inform the manager if they were unhappy with their care. One person said, "I always speak my mind and would say if anything was wrong" and another person said; "I would have no hesitation in speaking to the manager if anything was wrong."
We saw complaints were recorded and responded to appropriately. The complaints and concerns record had an actions log to show what had been done.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found there were continued breaches from previous inspections and not enough had been done to secure improvements. At this inspection, however, we found the registered manager had worked hard to address all issues raised and they told us the inspection process had helped them focus on what they needed to do. They told us they involved the staff team in response to the findings of previous inspections, to secure ongoing improvements to the quality of people's care in a shared and collaborative way. We noted significant improvements in the leadership and management of the home.

The registered manager had been in post since 2014. 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 2008 and associated Regulations about how the service is run.

The registered manager was more confident in their approach and organised in the way the home was run. The registered manager told us they had commenced an expert leadership course and driving quality programme and they were halfway through completing their level five qualification. There was a clear emphasis on the whole team working together and the registered manager trusted staff to do their work, valuing their views. There was a culture of open communication and the registered manager was very visible in the service. The registered provider was not regularly visible in the service, although the registered manager said they felt more supported than at previous inspections, through the support and regular visits made by the new operations manager. The operations manager told us they provided a link between the service and the provider to ensure the provider was fully up to date with matters affecting the home.

Staff meetings were based upon staff providing items for the agenda and managers' meetings enabled all the providers' managers to get together to discuss ideas. The registered manager told us they were developing links with the local community, including the local nursery to enhance people's experiences and connections.
There was a new operations manager in post, who conducted weekly visits to support the registered manager. They told us they were there to work alongside the registered manager and they respected their role in running the home. There were records of their visits and they had become familiar with the staff team and the people living at Ashmeadows.

Quality assurance systems were much improved and all documentation was organised and up to date. Policies and procedures were regularly reviewed. Plans for improvements were ongoing, although some fixtures and fittings were in need of replacement, such as vanity units, wardrobes and drawers in people's rooms. Some carpets were beginning to ripple and the registered manager told us this would be addressed. We recommend the provider ensures areas of the premises and equipment, such as the lift and fixtures and fittings are attended to without delay in order to maintain people's safety, with clear timescales for improvement. This will ensure people live in a well maintained and pleasant environment.

The last quality assurance returns were 2016 for both residents and professionals. This did not give a current

picture of how people perceived service. The operations manager stated "This is one of my priorities".

Quality assurance questionnaires had been offered to staff in April 2017. The results from the surveys undertaken in July 2017 were so much more positive. Examples of these were:- "I feel so much more valued now"; "I have enough time to deal with service users"; "We work as a team"; "Team work is much better"; "Staff meetings are productive" and "I feel secure about my future."

There were many positive reactions from people and staff in relation to the management of the home. There were a range of formal meetings promoted with residents and relatives to determine people's thoughts and ideas. However, families were not taking up the opportunity to attend these meetings. There was limited documented evidence that people's views were sought, although people said that the operations manager came to see them regularly and ask them 'how things are' and 'if we have any problems'.

The people who used the service told us they had every confidence in the manager and staff team. People's comments included:- "The manager is lovely"; "I was determined to come and live here with my friend. It was the best decision"; "This home is very well run"; "Everyone here is so approachable"; "I am always invited to the residents' meetings"; "If I don't go to the meetings the manager comes to see you"; "A senior manager comes to see me to see how things are, to see if everything is alright"; "They are always asking us if we have any problems"; "People ask you every day if everything is alright" and "My [relative] is invited to meetings but everything is alright."

Since the last inspection, staff showed us new equipment which had been obtained, such as the cooker and dishwasher. The washing machine which had been faulty at previous inspections, had been repaired and was seen to be working. Audits of equipment, such as mattresses, pressure cushions and bedrails were completed regularly. We saw infection control and medication audits were completed systematically and where actions were needed these were documented and updated when done. There was more robust analysis of incidents and accidents along with a summary of lessons learned.

Until this inspection, the home had been in breach of regulations since 2015 and there was a history of concerns. Although there was clear evidence of substantial improvement at this inspection, it was not possible to assess the provider's ability to ensure the improvements are sustained over time.