

HC-One Limited

Ashton View Nursing Home

Inspection report

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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?

Good



Is the service well-led?

Requires improvement



Overall summary

This comprehensive inspection was unannounced and took place on 22 October 2015.

We last inspected this home on 07 August 2014, when we found the service to be compliant with all regulations we assessed at that time.

Ashton View is in Ashton-in-Makerfield and is part of HC-One. The home provides residential and nursing care as well as care for people living with Dementia. The home provides single occupancy rooms, across three units, which are known internally as Evans (general nursing),

Gerard (providing nursing care for people living with dementia) and Pilling (residential). At the time of the inspection there were 57 people living at the home, across the three units

The service had a registered manager. 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.

Summary of findings

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

During the inspection we checked to see how the service managed and administered medication safely. We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We found that a number of records we looked at were prescribed at least one medicine to be taken 'when required.' We found that all medicines prescribed in that way did not have adequate information available to guide staff on to how to give them. We found there was no information recorded to guide staff on which dose to give when a variable dose was prescribed. It was important this information was recorded to ensure people were given their medicines safely and consistently at all times.

We found two instances where PRN medicines had run out for people who used the service and in one of these instances the person had required the medication and been unable to be given it due to it not being available. We found that the registered manager had not protected people against the risk of associated with the safe management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

People felt safe in the home and relatives said that they had no concerns. However, people did raise concerns about staffing levels and that there was not enough staff to meet people's needs. We made a recommendation that the registered manager employs a dependency tool based upon the needs of the people using the service to ensure that there are sufficient, effectively deployed staff to meet those needs.

Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Effective recruitment procedures were in place. Each personnel file had a completed application form listing their work history as well as their skills and

qualifications. Nurses employed to work in Evans and Gerard unit all had registration with the nursing midwifery council (NMC) which was up to date. Training schedules confirmed staff's training was up to date and staff received supervision, however we found that this was not always conducted in the time frame specified and appraisals had not been undertaken.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutritional and hydration needs. Any dietary requirements were catered for and people were given regular choice on what they wished to eat and drink. Risk of malnourishment was assessed and acted upon.

People and their relatives were actively involved in decisions about their care. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

We observed across the three units that a lot of people were either living with memory issues or dementia. We found the home did not have adequate signage features that would help to orientate people with this type of need. We saw no evidence of dementia friendly resources or adaptations in any of the communal lounges, dining room or bedrooms. This resulted in lost opportunities to stimulate people as well as aiding individuals to orientate themselves within the building. We have made a recommendation in relation to environments.

Staff members had a good understanding of people's personal history, likes, dislikes and personality traits. It was clear staff had spent time building rapport with people. Staff interacted with people in a kind and friendly manner and people appeared at ease in the company of staff. People and their relatives spoke highly of the caring nature of staff. One person told us, "The staff are very good, kind and caring."

We found that one person had pressure ulcers and although we saw evidence that they had been referred to the tissue viability nurse (TVN), this had not been followed up resulting in a further skin breakdown and a significant delay to this person receiving professional

Summary of findings

assessment and treatment. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

People were encouraged and supported to engage in activities and events that gave them an opportunity to socialise. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health.

Feedback had been sought from people, relatives and staff. Resident and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Incidents and accidents were recorded, but not consistently investigated and disseminated.

The provider and registered manager undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. Although there were systems to assess the quality of the service, we found that areas that had been identified at the provider audit had not consistently been actioned which meant that people had been exposed to continued risks to their health, wellbeing and safety. This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was visible and accessible and staff and people had confidence in the way the home was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

Staffing was not calculated using a formal assessment and several members of staff raised concerns that they did not always feel there were enough staff on duty to meet people's needs.

We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

Requires improvement



Is the service effective?

Not all aspects of the service were effective.

Staff had the necessary skills and experience to meet people's needs effectively but not all of the staff had benefitted from an annual appraisal of their performance.

We found the home did not have adequate signage features that would help to orientate people with dementia.

People's rights were protected under the Mental Capacity Act 2005 and no one was being deprived of their liberty unlawfully.

People were given appropriate assistance to maintain a healthy and nutritious diet.

Requires improvement



Is the service caring?

The service was caring.

People spoke highly of the caring nature of the staff team.

Staff demonstrated a sensitive and caring manner in their interactions with people.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

People were treated as individuals and were encouraged to be as independent as possible

Good



Is the service responsive?

The service was responsive.

People's life history was captured, initial assessments were conducted and regular reviews undertaken.

Good



Summary of findings

People were supported to engage in activities that reflected their interests and supported their well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent feedback and complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Not all aspects of the service were well-led.

Effective quality assurance systems were in place which highlighted areas of concern but these had not been consistently actioned which meant people had been exposed to continued risks to their health, safety and well-being.

Learning from incidents could not be demonstrated, so it was not clear how improvements could be made.

People living in the home, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service.

Requires improvement



Ashton View Nursing 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 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.

This unannounced inspection was carried out on 22 October 2015 by two adult social care inspectors and a specialist advisor (SPA). A SPA is a person with a specialist knowledge regarding the needs of the people in the type of service being inspected. Their role is to support the inspection. The SPA was an independent nurse consultant with specialist experience in nursing care.

At the time of this inspection there were 57 people living at Ashton View Nursing Home. The home provides single occupancy rooms, across three floors. The ground floor is Evans (general nursing), first floor is Gerard (providing nursing care for people with dementia) and the third floor is Pilling (residential). As part of the inspection, we spoke with four people who lived at the home and six of their relatives. We asked people for their views about the services and facilities provided.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service. We spoke with fifteen staff members, the registered manager and the operations director of the home.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We also liaised with external professionals including the local authority, local commissioning teams and infection control. We reviewed previous inspection reports and other information we held about the service.

Is the service safe?

Our findings

Our findings:

People told us they felt safe living at the home. A person told us, “I’m quite used to it and I feel very safe. There is always enough staff here.” Another person told us, “I feel safe here, the staff are very good.” Visiting relatives told us they didn’t have concerns for their family member’s safety. One relative said, “I like it very much, he is very safe here. There are plenty of staff about the place and I visit three times a week.”

During the inspection we checked to see how the service managed and administered medication safely. We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely. We looked at a sample of 25 medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. We found that all of the medication records we looked at had photographs and people’s allergies recorded, which reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

We found that the majority of records were accurate but errors were found in one record. The manager was subsequently able to confirm that medicines had been administered in line with the person’s prescription but the agency nurse had failed to sign the MAR.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were stored as per legislation. We saw a controlled drugs register was signed and countersigned by staff confirming that drugs had been administered and accounted for.

During our inspection we identified a number of people who required the administration of PRN medication, this is medication given as and when required such as Paracetamol to relieve pain. We found that a number of records we looked at across the three units were prescribed at least one medicine to be taken ‘when required.’ There was no PRN guidance documented in any of the records where ‘when required’ medication was prescribed. This meant staff did not have guidance on how and when to administer them. We also found that in some cases there was no information recorded to guide staff on which dose

to give when a variable dose was prescribed. It was important this information was recorded to ensure people were given their medicines safely and consistently at all times. Across the three units at the home there was no consistency in providing adequate information to guide staff.

On Pilling, we found fridge temperatures, for the cold storage of medicines had not been recorded for the month of October and September. The last available records related to August 2015, where temperatures had been recorded for three days only. This meant staff were unable to ascertain if the medication had been stored at the correct temperatures and was safe to use.

We found two instances where medicines had run out for people who used the service. In one instance for PRN medicine, these had run out on Tuesday 21 October 2015 and still had not been obtained when we undertook our inspection the following day. In another instance, PRN medicines had not been available since the 12 October 2015. This was highlighted by a nurse on the 21 October 2015, who told us that the person had been agitated, but that they had found no PRN medicine was available for the person. Though this had been highlighted by a nurse on the 21 October 2015, the medicine had still not been made available by the following day during our inspection. This meant that ordering systems for PRN were not effective. The registered manager contacted us following the inspection and told us that they had contacted the local pharmacy and scheduled an update for new staff regarding ordering processes.

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We saw in all the files that we looked at that the home had completed comprehensive risk assessments, which had been reviewed regularly for each person. Risk assessments were seen for; moving and handling, falls, malnutrition, eating, drinking and swallowing, pressure ulcers, continence, mental health and capacity. The risk assessments contained information for staff about minimising the risks to the person.

Is the service safe?

On the day of our inspection, we 'pathway tracked' six people. This is a method we use to establish if people are receiving the care and support they need and if any risks to people's health and wellbeing are being appropriately managed. On the whole, we found the standard of documentation was good. However, we found that one person had been admitted with two pressure ulcers. A referral had been made to the tissue viability services on 28 September 2015 but it was not clear to us from the documentation during the inspection whether the person had been assessed by the TVN and staff on the unit were unable to confirm this.

The person had a waterlow score that identified the person to be at very high risk of pressure ulcers. The National Institute for Health and Care Excellence (NICE) recommend that adults who have been assessed as being at high risk of developing a pressure ulcer should be offered and supported by staff to reposition themselves to minimise the risk of further skin breakdown. We asked the care staff why this person was not being supported to reposition and we were told that the person was not on a repositioning chart.

Following the inspection, the registered manager contacted us and confirmed that the person had previously been assessed by the tissue viability nurse (TVN) on 10 July 2015. However, there had been a further skin breakdown and the pressure ulcer had grown and been re-graded. As a result, the person had been re-referred to TVN on the 28 September 2015 following the provider audit but this referral had not been followed up by staff. Following us raising this concern during the inspection, the registered manager told us that the person had been re-referred again to the TVN on 02 November 2015 and was seen on 16 November 2015. The person had been seen and prescribed specialist boots to alleviate and redistribute pressure from the heel to the lower leg to prevent further breakdown in this area.

A provider audit conducted on the 28 September 2015 identified this person's wound required urgent review by TVN. A referral was made on 28 September but not followed up. We raised the concern during our inspection but it was a further 11 days before this person was re-referred to TVN delaying them receiving professional assessment and appropriate treatment.

We found that the registered person had not protected people against the risk of associated with the safe care and

treatment of pressure ulcers. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We received a mixed response from people who used the service regarding suitable staffing levels across the three units. During the inspection, we found that on Evans there were 19 people who used the service supported by a nurse and three care staff. Gerard had 21 people and was supported by a nurse and four care staff. On Pilling, there were 17 people who were supported by one senior care staff and two care staff.

The registered manager told us that staffing levels were not calculated using any formal method and the staffing provided was according to the number of people living in the home and not based on people's level of dependency. The registered manager told us that if they felt more staff were needed to meet people's needs that they would increase the staff number or reallocate staff between units to meet increased demands.

On Pilling we found staff were happy with the staffing levels. Staff on this floor told us, "On this floor staffing numbers are ok and people are safe." Another staff member told us, "We have good days and bad days, but we manage well with three staff, space is more of an issue on this floor." People who used the service told us, "I'm quite used to it and I feel very safe. There is always enough staff here." Other comments included, "It's quite pleasant, not bad at all. I feel safe here, the staff are very good." "I think there is enough staff here." During the inspection, staff were observed to provide people with the support they needed on Pilling.

On both Evans and Gerard we saw that staff were alert to people's needs, but staff told us they felt rushed as there were a number of people with high dependency needs. On Evans, people told us, "Staff always answer the call bell. There are not enough staff and they are very busy." A second person told us, The staff are very kind here but they are very busy, I am completely dependent on them."

One member of staff told us, "Today hasn't been too bad but it's a bad mix of residents on Gerard. We have loud and quiet residents. When it kicks off, it kicks off and a 12 hour shift is very difficult." Other comments from staff included:

Is the service safe?

“It depends on the day. We’re all on today and it’s been okay so far. We have had issues with staffing and the general consensus appears to be, we’ll manage, but we shouldn’t have to just manage.”; “It can be hard to manage when residents are fighting and it’s happening in the lounge and then a corridor.”; “No, there isn’t enough staff. I’m not saying residents are not well cared for. It’s just very stressful and effects staff morale.”

On Gerard, a visiting relative told us, “I don’t always think there are enough staff on this floor. There is a challenging mix of people with differing behaviours and needs.”

We observed on Evans people who were being cared for in bed and requiring physical interventions sometimes had to wait a little time to receive the care they required. On Gerard during the afternoon, we observed that four people’s behaviour started to escalate and care staff were struggling to meet everybody’s needs and diffuse challenging behaviours before they impacted on others within the unit. We observed that staffing levels were not always sufficient to meet people’s needs on Evans or Gerard and deployment of staff needed to be improved on these units to ensure people’s safety and to meet their assessed needs timely.

We recommend that the registered manager employs a dependency tool based upon the needs of the people using the service to ensure that there are sufficient, effectively deployed staff to meet those needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the home. We looked at 10 staff files and they all confirmed that staff had completed an application form, references were obtained and forms of identification were present. Disclosure and Barring Service checks (DBS) had been requested and were present in all records.

This showed that the provider had checked that people had no record of misconduct or crimes that could affect their suitability to work with vulnerable people. The registered manager was able to demonstrate that all nursing staff were registered with the Nursing Midwifery Council and had up to date registrations.

During the inspection we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service’s safeguarding adult’s policy and procedure, which described the procedure staff could follow if they suspected abuse had taken place. We spoke to staff about their understanding of Safeguarding Vulnerable Adults. Staff were able to tell us what action they would take if they had concerns about people living at the home. One member of staff said, “I wouldn’t hesitate to report safeguarding concerns to my manager and have done.” Another staff member told us, “We have had in-house training on safeguarding. I’d go straight to the nurse in charge if I saw or heard anything. If they didn’t do anything, I’d go to the manager.”

Accidents and incidents were recorded and the registered manager told us they used ‘datix,’ which is a web based safety software for healthcare risk management applications. This enabled incidents to be captured and disseminated throughout the organisation. Datix can be used to analyse trends within the care home and to capture trends across the organisation to enable proactive risk management. Despite this system, consistent analysis of incidents had not been undertaken and staff told us that they were not informed of the outcome of accidents and incidents. As a result staff would be unlikely to prevent the reoccurrence of incidents and accidents as shared learning had not been cascaded to the staff team.

Is the service effective?

Our findings

People who used the service told us they thought the staff had the skills and experience necessary to provide them with effective support. One person said, “The staff here seem well trained, they go the extra mile to make me comfortable.”

We were told by the registered manager that new staff underwent an induction, which consisted of training and three days shadowing senior staff. The registered manager told us that if staff needed more time shadowing that they would accommodate this. Staff were given access to ‘on line’ training and policies and procedures before commencing at the home. One member of staff told us, “When I started, my induction consisted of shadowing and on line training. It included safeguarding, food hygiene, infection control, Mental Capacity Act and DoLS and promoting independence.” Another staff member said “My induction involved shadowing and e-learning, which I haven’t finished yet.”

We looked at the training matrix and found all staff received a range of appropriate training applicable to their role. This gave them the necessary knowledge and skills to look after people properly. We looked at the training matrix, which showed staff had access to training such as: infection control, moving and handling, fire safety, first aid, safeguarding, equality and diversity.

Staff told us that they had also received training in the Mental Capacity Act (MCA) and dementia. A staff member told us, “It’s more or less on-line training. I have also completed a practical manual handling training in August. We get regular training, safeguarding, infection control, first aid, food hygiene and Mental Capacity Act (MCA), where I covered DoLS (Deprivation of Liberty Safeguards).” Other comments included, “I feel training is fine for my needs. We can also request courses and I have completed my NVQ (National Vocation Qualification) levels two and three in Social Care.”

We were told that staff had received specific training from visiting professionals. One staff member told us, “We have had training from reps on Tissue Viability and receive support and advice from the dieticians.” Another member of staff told us, “We have refresher training each year and we have individual courses such as medication, which I have done. We also get trainers coming in who cover areas

like dementia and fire safety.” Staff training records were maintained which indicated when refresher training had been scheduled to enable staff to maintain their knowledge and skills.

A number of staff questioned the effectiveness of e-learning training they received. Despite these concerns, the staff we spoke with were able to demonstrate a good understanding of the training modules covered and were able to communicate its relevance in practice. For example, when asking staff about safeguarding, the staff we spoke with were able to identify different types of abuse, behaviours that they may observe to indicate that somebody maybe a victim of abuse and describe the safeguarding reporting process.

The registered manager told us that staff received supervision twice a year and that one of these meetings would constitute an appraisal. The registered manager explained that conducting supervision had been difficult to sustain due to difficulty retaining nurses. The registered manager also expressed that it had been difficult to conduct appraisals when they didn’t feel that they knew staff well enough. We saw evidence of supervision having been undertaken but it was not consistent with the timeframes indicated. Despite this, the registered manager was able to demonstrate there was an identified timeframe for completion of supervisions with staff. A staff member told us, “I get supervision with the Registered Manager every six months, where we discuss issues like performance, sickness, time keeping and team working. We also discuss training needs.” Another member of staff told us, “Supervisions are every few months, I’m due one soon. We probably don’t have them as often as we should, but we also have casual chats.”

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). 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 to receive care and treatment when this is in

Is the service effective?

their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that where people had been deprived of their liberty, applications had been submitted to the local authority for a Deprivation of Liberty Safeguards (DoLS) Authorisation. The registered manager demonstrated that they were liaising with the Local Authority regarding the submission of these requests. Staff had completed MCA training and understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interests. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under MCA for requirement of a DoLS.

We looked at six care files and found some inconsistencies in the care files as consent to treatment was recorded in only three of the care files that we looked at. People we spoke with told us that they had been asked for their consent and we observed care staff seeking consent from people before performing tasks.

We looked at how people were protected from poor nutrition and supported with eating and drinking. One person told us, "The food is always hot, I enjoy the food here. I have gained weight since I came here. I was underweight when I came in here but snacks and drinks are always available." Other comments from people included, "Food is not bad at all and there is always a bit of a selection" "I'm offered snacks through the day." "We get plenty to eat and drink." We spoke with the chef whilst they were preparing afternoon tea. They discussed special diet, gluten free, and diet controlled diabetes. The chef demonstrated a good knowledge of specialist diets and told us that he interacts with people and is very keen that they enjoy their food. We found that individual nutritional needs were assessed and planned for by the home.

Regular checks were made on people's weight, either monthly or weekly depending on the assessed risk. We found that the weekly weights had not been conducted on Gerard unit since 12 September 2015. We raised this with the registered manager who gave us their assurance that the weights would be addressed immediately. Despite this omission, we were satisfied that this had not had a negative impact on people's care. We found people who

had been assessed by a dietician and were receiving nutritional supplements. Staff were continuing to encourage people with their diet and maintaining food and fluid charts to monitor this.

We observed the lunch time period on each of the three units of the home during our inspection. On Evans and Gerard, we saw that staff did not attempt to rush people in the dining room which meant people in their rooms who needed assistance with feeding had to wait until the people in the dining room had all been supported. Although the home operated protected meal times and discouraged visitors at these times, we observed some relatives supporting their family members to eat. We discussed this with the registered manager who advised us that these family members liked to assist their relative and the home was happy to support them to maintain this contact. One person told us, "I need support with my meals but my wife often joins me for meals." A visiting relative told us, "I prefer to support [person] with meals and they let me use this room so it's private. I like that."

We saw the home worked closely with other professionals and agencies in order to meet people's health needs. Involvement with these services was recorded in people's care plans and included Podiatrists, District Nurses, Tissue Viability Nurses, Dieticians, Speech and Language therapist (SALT) and Doctors. We saw health care professionals visiting throughout the inspection and were told that the staff were good at making referrals and in following the advice provided.

The home was tired and in need of upgrading and decorating. We saw that paintwork was scuffed throughout the home, which had a negative impact on the general appearance of the home. Although there had been some attempt to make the environment more suitable for people living with dementia such as bedroom doors painted a different colour to the walls, letter box slots and knockers were hanging off the doors and memory boxes outside people's bedrooms remained empty.

We found the home did not have adequate signage features that would help to orientate people living with dementia. We also saw that the activities board that displayed the weekly activities in picture form was hung in the stairway, which was not visible to people. We saw limited evidence of dementia friendly resources or adaptations in any of the communal lounges, dining room or bedrooms. This resulted in lost opportunities to

Is the service effective?

stimulate people as well as aiding individuals to orientate themselves within the building. Without exception, everyone we spoke with told us that the home needed decorating. Visiting professionals told us that the décor was grim. One staff member said, “The environment needs revamping and upgrading including bedrooms. It’s old and tired.” A relative told us, “I’ve no concerns about this home. It’s just the décor. It’s tired. The registered manager does what she can but it’s beyond her influence.”

We spoke with the registered manager and the operations director who told us that a considerable amount of money

had already been spent on the home. We were told that the nature of the work completed, for example on replacing windows and roofing, had not had an impact on the appearance of the home. The operations manager acknowledged that the home required more financial investment but they were unable to provide a time frame by which this would be achieved.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.

Is the service caring?

Our findings

The atmosphere in the home was positive and friendly. Throughout the inspection we saw that people were treated with respect and in a kind and caring way. We saw that staff took the time to speak with people as they supported them. Without exception, people receiving support and their relatives praised the staff for their caring and professional approach. People told us, "They always go the extra mile to make me comfortable. They are very kind to my wife when she visits me." "The staff are very good, kind and caring." "Staff sometimes sit with me and talk, they are all quite friendly."

Visiting relative comments included, "[Person] was in and out of hospital before coming here. My family member has not been in hospital once in two years, the girls are wonderful. Day and night."; "I am very happy with the care here. The staff are very caring I would recommend this place to anybody."; "They are kind and caring and if things happen they ring me right away."; "The staff are wonderful with relatives, they always make me welcome when I visit. I visit different times of the day, there is always a lovely friendly atmosphere."

We saw in the entrance to the home that the service had a compliments table, which contained cards from relatives and professionals thanking the staff for the care they had given.

We found staff understood how to support people with dignity and they respected them. Care staff told us, "Currently most residents are very dependent on staff and we try to promote dignity and privacy with choices such as washing and dressing." "We are very respectful of people's privacy and dignity and respect their wishes. Some people want to undress on their own, yet need support to get into a bath, so I would cover them up, whilst supporting them." "With privacy we always knock on doors and always explain what tasks are being undertaken." "We insist that bedroom doors are closed when people get dressed, make sure toilet doors are locked. We have some people who undress themselves in the lounge, so we know to intervene quickly in order to maintain their dignity." One person told us, "They do respect my privacy and always knock on my door before entering."

During the inspection, we observed that a toilet door on Gerard unit was unable to be locked. We saw the door

opened by a person whilst somebody was using the toilet. We asked the registered manager who told us they were unaware that the lock had been broken. The registered manager assured us that the lock would be repaired.

We spoke with staff about how they promoted people's independence when receiving care and support. Staff told us, "We encourage people to choose their own clothing and get people to wash their self." "We encourage people to wash and feed themselves. Some people can hold a knife and a fork and may make a little mess but so be it. There are plate guards to help." "This is sometimes difficult with families but we shouldn't be feeding people if people want to do it and can do it themselves. Sometime people may drop a bit of food but it's about us encouraging people and not fussing. Things can always be cleaned up."

During our visit we saw that one person was unsettled and aggressive to other people in the communal lounge. We observed a staff member approach the person and ask them if they would like their hair done. The person touched their hair and said that it had been a while since they had had it done and would the staff member put rollers in their hair for them. The staff member had diffused the situation by distracting the person and we observed the staff member spend time talking to them whilst doing their hair and showing an interest in what the person was saying. The person was settled following the interaction with staff and fell asleep in the chair. We saw another person repeatedly ask where their relative was and were worried about this. Staff were sympathetic and distracted the person by reading books with them. We saw staff holding people's hands and speaking with them about Halloween and Christmas. Staff were engaged with people and there was a constant banter between people and staff observed throughout the inspection.

Staff spoke about the people they looked after with affection. Staff told us they had worked at the service for a long time and worked well together. One staff member said, "We have good staff here, we keep people smiling."

We saw staff provide explanations when assisting people. For example, when a staff member was supporting a person with the hoist, they sat next to the person and explained what they were going to do. We observed the staff member interacting with the person throughout the procedure and explaining to the person and seeking the person's consent.

Is the service responsive?

Our findings

People and their relatives confirmed they received support in their preferred way and that staff were responsive to their needs. Relative comments included: "They do everything for [person] and he can be bad tempered at times, but they handle him very well."; "[Person] is not interested in activities and prefers to be on his own, though the staff do try to get him to socialise in the lounge with others." We observed that people remained in bed in the morning if this was their choice and people confirmed they could get up and go to bed at times that suited them. This demonstrated that people's routines were taken into consideration and respected.

We saw that people's care files contained detailed information about the person. People's needs had been assessed on admission to the home. These assessments included information about a range of needs including health, social, care, mobility, medical, religious and communication needs. People and their relatives told us they had been involved in the assessment process.

We looked at a total of six care files for the whole of the service. The care plans included personal histories, which was captured on the 'my profile' document. This provided information about people's family histories, religion, what people liked and disliked, who was important to the person and how they would like to be supported on a daily basis.

We saw that people's care had been reviewed regularly. One member of staff told us, "We have reviews where we invite families and professionals. It gives people an opportunity to raise any concerns or things we need to do differently, which is noted down in the care file. Reviews are at least every six months." Another staff member told us, "We review people's care every six months or more often if needed and it's recorded in care files. It involves the client's relatives and social workers are also invited to attend." People and their relatives confirmed they were involved in reviews of their care. One relative told us, "I have been involved in reviews to see progress and whether anything needs to change." Another relative told us, "I feel very involved in [person's] care, I always go to the staff who tell me how [person] has been and I have been involved in reviews of care. I can't fault them."

We received differing opinion amongst staff regarding the activities within the home. One staff member told us, "I feel

there could be more activities for people. If we do have a spare minute we will sit and chat with people. We do have entertainers coming in." A second staff member told us, "There is an activity programme and we do stuff with people as well. We sometimes have time to chat. I think we could do a bit more and take people out on trips."

This was in contrast to other staff members who told us, "A lot of the residents on this unit enjoy music and we have entertainers once a week. The home has two activity coordinators who have a scheduled activity programme, such as bingo, pampering and chair exercises." "Staff, more so in the afternoon have time to sit and interact with people, I often tend to paint people's nails and chat to them."

People and their relatives expressed being happy with the activity programme, one person said, "There is plenty to do. They have a lady who comes in and does activities. There are singers and music and we have a lady that plays games with us." Another person told us, "Staff always come and ask if you want to do something and if I say no they respect that."

There were two activity co-ordinators employed in the service. We observed bingo taking place in the afternoon on Gerard unit and staff supporting people with their bingo cards. We did not observe any activities to take place on either Evans or Pilling unit throughout the inspection. The activity coordinators told us that they varied which floor they were on each day and that they could facilitate one activity in the morning and one in the afternoon on a different floor. The activity coordinators informed us that they had set activities per day and worked on a four week plan, but that this was flexible depending on the response from people. They explained that sometimes people just wanted to talk and reminisce. The activity coordinators told us that the home had a mini bus and depending on people's dependency this determined how many people could be supported on outings.

We were told that there was a variety of external entertainers that came in to the home including; singers, karaoke, music, touch and feel, zoolab, pet therapy and that they regularly supported people to a local nature reserve. We heard people engaging in conversation about zoolab which were scheduled for Halloween and would be bringing snakes, rats and centipedes in to the home.

Is the service responsive?

People were animated when discussing the visit. The activity coordinators demonstrated a good understanding of people's interests and preferences and were flexible in their approach to engage people.

The registered manager told us that they had an open door policy and people and relatives could raise concerns with them as and when they wanted to. The registered manager also conducted a relative's surgery on Thursday where relatives could drop in and see the registered manager about any issues or concerns they may have. Comments from relatives included, "99% of the time, the registered manager's door is open. It's always convenient to see her."

We saw a tablet in the foyer which had a sign above it indicating, 'have your say'. Surveys had been sent to relatives in August 2015. The complaints policy was prominently displayed in the entrance and on the table there were have your say cards advertising a care home testimonial website. The registered manager discussed with us the process they would use to investigate complaints and we found that they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

Our findings:

People and relatives spoke highly of the registered manager. One person told us, “I have no worries here. I know the manager who is very nice.” Relative comments included, “The manager is very nice, I have confidence she would deal with any concerns I would raise and most importantly you can talk to her and she will listen.” “I can only sing its praises for management, the maintenance team and staff. It’s wonderful.” Healthcare professionals spoke positively of the home and told us they had no concerns and were confident instructions were followed.

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. The registered manager was available throughout the inspection.

Ashton View is part of HC-One and there was evidence of an operational structure with a registered manager, assistant operations director and an operations director overseeing the home. The benefit to this structure is that it identifies clear lines of accountability. However, the deputy manager had recently left and it was evident throughout the inspection this was having an impact on the running of the home. We saw that action plans following audits had not been actioned, supervision was not conducted within the timeframes identified in the policy and medication was not being consistently managed safely.

At the time of our inspection the registered manager was on duty and was visible throughout the inspection. We asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all the records we looked at were organised in a structured way which made information accessible and easy to find.

Staff were mostly confident in the managerial oversight of the registered manager and found them to be approachable and friendly. Staff told us they felt supported and thought the home was well-led. One staff member told us, “We have a good culture within the home and we can be

open and honest with management who do listen and I feel well supported.” Another staff member told us, “We occasionally have staff meetings, but we also have weekly unit meetings.”

Staff meetings were held regularly, which gave staff an opportunity to raise any concerns and share ideas as a team. There was also a daily dashboard, which involved a senior member of staff from each unit meeting with the manager in the morning to discuss any concerns or issues on the unit. This enabled the manager to have an overview of the home and proactively address areas identified. We saw evidence of meetings being held with people receiving support and separate meetings with their relatives. We saw that the management had responded to suggestions from these meetings, for example, it was suggested that a bar in Pilling Unit be converted into a quiet area for relatives and people who use the service. As a result, the bar had been removed, however the décor remained an issue but a relative we spoke to said, “the manager does what she can but somethings are beyond their influence.”

We also saw that a staff recognition programme was in place where staff could be nominated for their practice on a monthly basis. Nominations were made by a range of people, including staff, people, their relatives and external healthcare professionals involved with the service. The monthly winner’s picture was taken and displayed in the entrance to the home. The staff member was presented with a certificate and given a £50 voucher to recognise the individual staff member’s contributions to the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager provided us with a copy of the last HC-One quality assurance framework which had been conducted by the assistant operations director on 28 September 2015.

We saw this audit was comprehensive in scope and detailed and insightful in its application. It clearly identified areas for further development of the service and set a plan for action, with dates for completion. The operations managers visited the home regularly and carried out a monthly audit which included obtaining feedback from people and staff, reviewing training records, complaints, staffing levels, recruitment, safeguarding matters,

Is the service well-led?

environmental issues and audits, amongst other things. Where the registered manager had matters to address or improvements to make as a result of these audits, action plans were drafted to be completed as soon as possible. We noted some issues had been actioned.

However, we saw some areas that had been highlighted through the audit for required action the previous month that had not been actioned, For example, wound care, management of medicines and analysis of accidents and incidents. This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and complaints.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and help in keeping people safe.

The registered manager understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as deaths, safeguarding concerns and DoLS authorisations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not protected people against the risk of associated with the safe management of medication. Regulation 12 (2) (f)(g)</p> <p>We found that the registered manager had not protected people against the risk of harm, because pressure ulcer risks had not always been appropriately assessed and managed.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service had failed to assess and monitor the quality of service provision effectively.</p> <p>Regulation 17(2)(f)</p>