

Regal Care Trading Ltd

# Ashcroft Nursing Home

## Inspection report

Fairview Close  
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Tel: 01843296626

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashcroft Nursing Home is a residential care home providing personal and nursing care to 34 older people at the time of the inspection, including five people receiving nursing care. The service can support up to 88 people. People are supported in one purpose built setting, over two floors, the top floor is not used.

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

People and relatives told us they thought the service was safe. People told us, they felt safe with the staff and were supported as they wanted.

Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to reduce the risk. Accidents and incidents had been recorded and analysed to identify trends and patterns. Action had been taken to reduce the risk of them happening again. There were systems in place to protect people from abuse and discrimination.

People's medicines were managed safely. People's health was monitored, and staff referred them to relevant health professionals. Staff followed guidance to keep people as healthy as possible.

Staff had been recruited safely and received training appropriate to their role. Staff received supervision and their competency checked to develop their skills and knowledge.

The service was clean and hygienic. Staff followed current government guidance including wearing personal protective equipment. Visitors had been supported to enter the service safely and people enjoyed seeing their relatives.

The management team completed assessments before people were admitted to the service to check staff could meet people's needs. People had care plans in place giving details of their choices and preferences.

People were supported to eat a balanced diet; people had a choice of meals. People's dietary needs were catered for. People had access to activities they enjoyed and were given information in formats they could understand.

People were supported to be as independent as possible. Staff treated people with dignity and respect. People's end of life wishes had been recorded and a care plan developed.

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.

The management team completed checks and audits on the quality of the service and acted when shortfalls

were found. There was an open and transparent culture within the service. People and relatives told us they knew how to complain and were confident action would be taken.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement, (published on 9 October 2019.) The provider completed an action plan after the last inspection to show what they would do and by when to improve. We completed a targeted inspection on 22 July 2020 but this inspection did not affect the last rating. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashcroft Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Ashcroft Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. 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

The inspection was completed by one inspector.

#### Service and service type

Ashcroft Nursing Home 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers, nurse and administrator.

We reviewed a range of records. This included 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 reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, five people's care plans and quality assurance records. We spoke with three relatives who regularly visit the service. We spoke with the nominated individual during feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last comprehensive inspection, the provider had failed to reduce risks to people's health and safety. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Potential risks to people's health, welfare and safety had been assessed. Previously, when people were at risk of dehydration action had not been taken to reduce the risk. There were now individual targets for people to drink and all fluids were electronically recorded. Any shortfalls were highlighted on the system and reviewed daily. Previously, people had not been supported to reduce the risk of skin damage. There were now specialist cushions and mattresses in place, these were being used correctly.
- There was guidance in place for staff to mitigate the risks to people. Some people were living with epilepsy, there were clear guidelines for staff to follow. This included triggers, the type of seizures and what to do if the person had a seizure. When people were living with diabetes, there was clear guidance for staff about how the person may present if they were unwell. Staff knew how to support people if they became unwell and what action to take.
- At our last comprehensive inspection in July 2019, not all care staff had taken part in fire drills. This had now been completed, all staff had taken part in fire drills. There had been regular checks on fire equipment including weekly fire alarm checks. Checks had been completed on equipment people and staff used, to make sure they were safe.

### Learning lessons when things go wrong

At our last comprehensive inspection, the provider had failed to reduce risks to people's health and safety. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Previously, the audits of accidents and incidents had not been effective in identifying actions to reduce reoccurrence. At this inspection, accidents and incidents had been analysed and patterns or trends

identified. Action had been taken to reduce the risk of them happening again.

- The registered manager had started recording reflective accounts following incidents. This enabled staff to analyse what had happened and look at each element of what went wrong. The action taken had been recorded including new paperwork and systems.

### Using medicines safely

At our last comprehensive inspection, the provider had failed to manage medicines safely. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last comprehensive inspection in July 2019, medicines requiring specific storage and recording had not been managed safely. At this inspection, all medicines were managed safely and stored according to appropriate guidelines. Room and fridge temperatures had been recorded to make sure medicines were kept at a temperature to maintain their effectiveness.
- Staff had received training and their competency had been checked. People told us they received their medicines when they needed them. Records showed people had been given their medicines and the stocks of medicines matched the amounts recorded.
- Some people were prescribed medicines 'when required' such as pain relief and medicines to relieve anxiety. There was clear guidance for staff about when to give them, how often and what action to take if they were not effective.

### Preventing and controlling infection

At our last comprehensive inspection, the provider had failed to reduce risks to people's health and safety. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Previously, systems had not been in place to effectively prevent and control the risk of infection. At this inspection, the environment and equipment were clean and odour free. Staff had been employed to regularly deep clean the service.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the



current guidance.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. Staff were able to recognise different forms of abuse and understood their responsibilities to report any concerns. They were confident the registered manager would take appropriate action.
- The registered manager understood their responsibilities to report concerns. They had acted when required and worked with the local safeguarding authority to keep people safe. There had been learning from safeguarding investigations to reduce the risk of it happening again.

Staffing and recruitment

- The registered manager had calculated staffing levels using a dependency tool. People and staff told us they thought there was enough staff on duty. Agency staff were employed, and they worked at the service regularly and knew people well.
- We observed people being supported when required. Staff were able to spend time with people in the communal areas of the service.
- Staff had been recruited safely. Staff had completed application forms with a full employment history and their identity had been checked. References had been obtained from previous employers to check the applicants conduct. Checks had been completed with the Disclosure and Barring Service to check for any criminal records or professional misconduct.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last comprehensive inspection, the provider had failed to provide premises and equipment for the purpose for which they were being used. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Previously the service had not been maintained. There was now a maintenance plan in place and improvements had been made including new bathrooms and the refurbishment of windows. The outside area had been cleared and tidied with new furniture. The garden was a safe outside space people could access easily. The stair lift in one area of the service remained out of use, however, no people were using that area. The registered manager explained the area was now their isolation unit for Covid-19 and when occupied people would not be entering the rest of the service. The nominated individual confirmed after the inspection if the unit needed to be used continuously, this would not be done until adaptations had been made.
- The service had been adapted to meet people's needs. There was pictorial signage around the service so people could find their way. People's doors had been covered so they appeared as different coloured front doors, this had helped people to identify their rooms. Corridors had been decorated including walls that had interactive buttons. When pushed these buttons played music, including Doris Day, Elvis and film tunes. Pictures of the people and films were displayed next to the buttons. We observed people enjoying the music being played and calming them.
- The bathrooms had different coloured toilet seats and handrails, following best practice guidance, to help people differentiate the toilet and the white surroundings. There were passenger lifts between each floor, so people had access to all areas of the service.

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

- An assessment of people's needs was completed before they moved into the service. This was to make sure staff were able to meet people's needs. Staff used recognised tools to assess people's needs such as nutrition and skin integrity. Care had been developed following the guidance from the assessment tools.
- The assessment covered all areas of people's lives including protected characteristics under the Equalities Act 2010. People were asked about their wishes around spiritual or cultural needs.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their roles. New staff completed an induction including shadow shifts with more experienced staff. Staff completed a wide range of training including online and practical sessions, subjects included epilepsy, behaviour management and dementia awareness. Nursing staff completed additional training such as catheterisation.
- Nurses told us they had been supported to adjust to the service before beginning their clinical role. They had worked as senior carers until they were confident and assessed as competent to undertake the nursing role.
- Some staff were completing additional training to become care home assistant practitioners to support the nurses with some activities. The training involved learning and competency checked skills. Staff were observed supporting people using a hoist, they followed good practice guidance maintaining people's dignity and safety.
- Staff told us they felt supported by the management team. Staff had received supervision; at times this was immediately following a spot check if concerns were found. Supervisions were used to support staff and their practice.

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

- People had a choice of meals. People told us they liked the food and there was plenty of it. One person said, "There is a lot I eat as much as I can." Menus were displayed around the service in pictorial format to help people decide.
- There were snack and hydration stations in each communal lounge. This was in addition to snack trolleys that came around between meals. People were observed enjoying a variety of drinks including lemonade and fruit juices.
- When people required soft or pureed meals to eat safely these were catered for. People were supported to eat safely. We observed staff supporting people to eat in a dignified manner allowing them time to enjoy their food. Some people had equipment such as plate guards or specialised cups to help them remain independent.

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

- People told us when they were unwell staff called the GP for them. Staff monitored people's health and when there was a change, they were referred to appropriate healthcare professionals. These included speech and language therapists and dieticians, staff followed the guidance from professionals. Staff worked with district nurses to support people's needs.
- During the inspection, we observed nurses call the emergency services for one person when they became unwell. They supported the person to be admitted safely to hospital. The nurse explained how they had recently monitored the person's condition and liaised with other health professionals.
- Staff had supported people to access healthcare professionals such as dentists and opticians. However, due to Covid-19 restrictions this had been limited recently.

Ensuring consent to care and treatment in line with law and guidance

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

People 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 supported people to make decisions throughout the day including where they sat, what they did and ate. People told us staff respected their decisions. We observed staff following people's requests to spend time in particular rooms.
- Some people had DoLS in place and this had been recorded in their care plan. Other people had been assessed as requiring an assessment and DoLS applications had been completed.
- When people had been assessed as not being able to make their own decision a best interest discussion was held. These discussions included people who knew the person well including relatives and the GP. People's past preferences were taken into consideration when decisions were made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last comprehensive inspection, the provider had failed to provide person centred care that promoted people's dignity. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Previously, we had observed people not being supported in the way they preferred. At this inspection, we observed people being treated with kindness and compassion. Staff knew people's choices and preferences. We observed staff anticipating people's needs and bringing them items they liked. People and relatives told us staff knew people well. One relative told us, "We were asked to change our visiting time, as staff had recognised, he wasn't happy getting ready early."
- Staff knew how to support people when they become anxious. One person would calm down when listening to music but walked with purpose and did not tolerate headphones. Staff supported the person to wear a neck stereo, which meant they could still walk around and listen to music to keep them calm. Another person liked a certain song from a film and there was an interactive button on the wall for this song. Staff would start the song and music filled the corridor which distracted the person. We observed both these interventions during the inspection.
- People's religious choices were respected. Staff knew about people's wishes and preferences, people were supported with their religious dietary needs.

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

- People were supported as much as possible to make their own decisions. People told us, they were asked about what they wanted, and this had been respected. When do not resuscitate orders had been discussed some people had decided not to have them put in place, this was respected and reflected in the care plan.
- When people were unable to express themselves verbally, staff understood people's non-verbal cues. We observed staff recognise when people needed assistance and they knew what they wanted. People appeared to be happy and content with the action the staff took.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. People were given specific equipment to

support independent dining. One person had a bright coloured plate and sports bottle for drinks, staff told them what food was on the plate. We observed the person enjoying their meal.

- Staff respected people's privacy. We observed staff using a dignity screen in the communal lounge when supporting someone using the hoist. Staff knocked on people's doors and announced who they were, before waiting to be asked in.

- Relatives told us they were made to feel welcome and were given a private space for their visits. This included going outside when it was warm, staff made sure there was a parasol in place to keep the sun off.

- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan in place, these had been developed with people or their families. There was information about people's likes and dislikes including their religious and cultural preferences. There was a life history for each person with information about people and events that were important to them.
- People's care plans included people's daily routines. People told us staff supported them when they needed it and they were able to do things when they wanted. Some people had preferences about what they wore. We observed one lady dressed in her favourite colour with the sparkles she liked.
- In the communal areas people were surrounded by items that were important to them. Staff reacted to people's non-verbal communication to meet their needs. One person could not find their room and was going into other people's. Staff noted the rooms entered were all on the main corridor, so the person's room was moved onto this corridor and a sign put on the door. The person is now able to find their room.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a way they could understand. For some people English was not their first language, there was a wall in the area they lived with information written in their first languages. The wall also had interactive buttons which when pressed spoke basic phrases to assist staff with communication.
- When people had poor eyesight, they were provided with audio books and large print information. Some people had requested information was read to them and staff did this when requested.
- All information was presented in written and pictorial form around the building.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to maintain relationships that were important to them. During the recent lockdowns, relatives were encouraged to use video calls to contact people. People's birthdays were celebrated, when visitors were not allowed, families watched over zoom. One relative told us, 'It was lovely to see him open his presents and the other residents joining in.'
- Since restrictions had been eased, relatives had been supported to visit the service. Relatives explained the precautions taken and these followed current guidance. They told us they were welcomed by staff who

made sure they were able to spend quality and private time with their loved one. We observed one person being told they had a visitor and they started to clap their hands and smile; they were excited to see their relative.

- People took part in activities they enjoyed. Staff knew people's hobbies and interests and made sure these were reflected in activities. There was an interactive device in the communal rooms which enabled people to request their favourite music, we observed people requesting songs and singing along.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints received had been investigated following the policy. When complaints were upheld, lessons had been learnt, to reduce the risk of them happening again.

- The complaints policy was displayed around the service. People and relatives told us they knew how to complain if there were any issues. However, everybody told us they were happy and not had any complaints.

End of life care and support

- Each person had an end of life care plan. People's wishes and preferences had been recorded. There was information about what items and music people wanted with them at the end of their life. Staff had recorded people's religious and cultural preferences following their deaths.

- Medicines were made available as soon as someone was known to be coming to the end of their life. Staff worked with the GP and district nurses to make sure people were comfortable. Relatives were supported to visit people when they were unwell.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last comprehensive inspection, the provider had failed to have robust systems and processes to operate, monitor and evaluate the running of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, checks and audits had not identified shortfalls found during the inspection. At this inspection, checks and audits had been completed on all areas of the service. When shortfalls had been identified an action plan had been put in place and signed off by the registered manager when completed.
- Audits were completed by senior members of staff. The registered manager had oversight of all the audits, they verified the audits once checked. The nominated individual completed regular audits and highlighted any shortfalls to the registered manager.
- Spot checks were completed to make sure staff were providing care to the standard required. Any shortfalls were addressed immediately, and further spot checks were completed to make sure changes had been made.

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

- Staff focused on people and the provision of care that was personal to them. People and relatives were involved as much as possible in the development of care plans. Reviews were completed regularly, and care plans updated. This included any new triggers or management strategies to make sure people were supported in a person centred way.
- There was an open and transparent culture within the service. People and relatives told us the registered and deputy manager were approachable and they felt comfortable talking to them. They thought the service was well led.

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 management team had an 'open door' policy. We observed people going into their offices and being made welcome. People were comfortable in the presence of the registered manager and chatted with them

and responded to their actions.

- Relatives told us they were kept informed about what was happening with their loved one. Relatives told us they thought the information was complete and factual with nothing hidden.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

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

- People, relatives and staff were asked to complete surveys about their experience of the service. The results were analysed and were mainly positive. Where comments had been negative or suggestions made, an action plan had been put in place. The action plans had been completed, there were now different activities and menus in place.
- Staff attended meetings; these were held with separate groups of staff. This enabled staff to discuss their area of practice. The management team discussed their observations and spot checks and any improvements that needed to be made. Staff were encouraged to make suggestions and comments during the meetings.

Working in partnership with others

- The registered manager had been part of the local manager forums to keep up to date during the Covid-19 restrictions. The registered manager had kept up to date with national guidance.
- The service had worked with the local commissioning group and local authority to improve the care provided for people.