Care Quality Commission

Ashgate Care Limited

Ashgate House Care Home

Inspection report

Ashgate Road
Chesterfield
Derbyshire
S41 7JE

Date of inspection visit: 17 August 2015
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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Ashgate House Care Home provides care and support, and nursing care, for adults with a variety of needs. At the time of our visit we were told that all the people in the home were living with dementia.

At the last inspection Ashgate House Care Home was in breach of two regulations. These were in relation to consent to care and treatment and management of medicines.

At this inspection we found that improvements had been made and the home was no longer in breach of these regulations.

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 and associated Regulations about how the service is run.

People and their relatives were satisfied with the care and support provided and all felt their needs were being met. People were treated with kindness and respect and felt safe using the service. Relatives we spoke with confirmed

Summary of findings

this. As the majority of the people living in the home were living with dementia they were unable to comment about whether they were involved in the planning and delivery of their care. However, relatives informed that this happened as far as was possible and, also, their views were sought.

We saw that people were well supported by a staff team that, mostly, understood their individual needs. We saw that staff were friendly and kind and supported people to maintain their dignity. Staff we spoke with had a good understanding of people's needs and felt valued.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and felt they had received appropriate training. Nursing staff had support for their continuing professional development.

Staff were aware of how to protect people from the risk of avoidable harm and were aware of safeguarding procedures. This ensured that any allegations of abuse were reported and referred to the appropriate authority.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008 had been met and improvements had been made in this area since the last inspection. People's needs were assessed and plans put in place to meet those needs. Risks to people's health and wellbeing were identified and addressed. People were supported to access health care professionals when this was required. People's nutritional and dietary requirements were met and a nutritionally balanced diet was provided.

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? The service was not always safe. People were protected from the risk of abuse and avoidable harm. Risks were identified for individuals and plans were in place to mitigate the risks. Wound management wasn't always undertaken in a timely manner. There was a risk of cross contamination due to lack of hygiene in the bathrooms	**Requires improvement**
Is the service effective? The service was effective. People's health and wellbeing was monitored and, where appropriate, medical attention was sought. People were provided with a balanced diet and sufficient to eat and drink. Staff had received appropriate induction and training and understood people's needs and the requirements of their role. Requirements of the mental capacity act were known and understood.	**Good**
Is the service caring? The service was caring. Care staff supported people appropriately and were kind and respectful. We saw that staff considered people's individual needs and built up a rapport with the people they provided cared for.	**Good**
Is the service responsive? The service was not always responsive. People's care was not always delivered in a way that was responsive to their preferences. People knew how to request improvements in the service. Complaints were investigated and responded to.	**Requires improvement**
Is the service well-led? The service was well-led People and staff had confidence to approach management with any issues. Staff were clear about their roles and responsibilities Staff were not consistently motivated and supported	**Good**

Care Quality Commission

Ashgate House Care 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 was planned to check whether the provider was 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 17 August 2015 and was unannounced.

The inspection team was made up of an inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist adviser had a nursing background as this home provides nursing care.

Prior to the inspection we looked at the previous inspection report, information we had received from the local authority and statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law.

During our inspection we spoke with one person who uses the service and six relatives. We also spoke with the deputy manager, two senior care workers, two care workers and a visiting professional.

We used our short observational framework for inspection (SOFI). SOFI is a way of observing care specifically to help us understand the experience of people who could not talk to us.

During our inspection we looked at a number of records including six people's care plans and records in relation to the management of the service such as policies and procedures.

Requires improvement

Is the service safe?

Our findings

At our last inspection we found that the people were not protected against the risks associated with the unsafe use and management of medicines. This was because there were not safe systems in place for the recording of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. On this inspection we found that the appropriate improvements had been made in the systems and processes to address this issue.

People told us that they believed they were receiving the right medicines. We saw that people were receiving their medicines as prescribed and accurate records were maintained. We observed that medicines were dispensed, and signed for, correctly. The staff operated the correct procedures for disposing of unused medicines. We found that the drug fridge had consistent records of fridge temperatures and that these were all within the appropriate range. The medicines trolley was stored securely.

We found that people were mostly cared for safely. However, we saw that one person had a leg wound which required a new dressing and this had not been recognised. This could have meant that this person's wound became infected and required additional treatment. When we pointed this out the member of staff promptly changed the dressing. We saw that wound charts were comprehensive and gave detailed information about how to care for individual wounds. The dressings in the treatment room were sterile and 'in date' and there was an effective stock control system in place to ensure that the home did not run out of dressings. This meant that there were some systems in place to ensure that appropriate wound management was managed.

People were not always protected from the risk of cross infection because some of the bathrooms were not hygienically clean. For example, some of the bathrooms did not have any bins either for clinical or normal waste. One bathroom had soiled gloves in the bin but no clinical waste bag to contain them. Another bathroom had soiled under clothing on the floor and we saw a soiled hand towel on the floor. The poor attention to detail regarding infection control and cross contamination in the home could put people at risk.

There was an unpleasant odour in the home in the main sitting room. A visiting professional and some staff also told us that they were aware of it. When we discussed this with the deputy manager they told us that the carpets were cleaned frequently to try and eliminate the odour. This clearly was not working and the odour remained.

People that we spoke with told us that they felt safe in the home. One person told us that their relative was assessed as requiring one to one support due the risk of them harming themselves or other people and we saw that this was provided. We saw that staff assisted people to move around the home in a manner that protected them from injury and was safe for both the staff member and the person.

The staff demonstrated that they were able to identify concerns and were clear that they were responsible for people's safety. Staff we spoke with had an understanding of different types of abuse and were aware of how to report any safeguarding concerns. Staff were aware that there was a whistleblowing policy in place and they knew how to escalate their concerns if necessary. They knew the processes for reporting potential abuse, including informing the local authority. The deputy manager was aware of their responsibilities in promoting the safety of people in the home.

People said that they felt there were sufficient staff on duty to care for them. We saw that there were sufficient staff on duty to keep people safe and when the alarm buzzers sounded they were answered promptly. Staff said that there was always one member of staff on duty in the quiet sitting room at all times but during our inspection we saw that there were always two. When there were staff shortages, which occurred mostly at night, agency staff were used.

The provider protected people by having a thorough procedure in place for the recruitment of staff. Discussions with staff and a review of records showed identity and security checks had been carried out on staff before they started working in the home. This included establishing a full work history of the staff member and verifying the information given on previous employment. Disclosure and Barring Service (DBS) checks had been obtained for all staff prior to people starting work in the home. Staff confirmed that they did not take up employment until the appropriate checks such as proof of identity, references and satisfactory DBS checks had been obtained. Checks had been carried

Requires improvement

Is the service safe?

out to ensure nursing staff were suitably qualified and had an up to date registration with the Nursing and Midwifery Council. This ensured that only people who were suited to work with vulnerable people were appointed.

Good

Is the service effective?

Our findings

At our last inspection we found the service did not have suitable arrangements in place for obtaining people's consent to care and treatment. Where people lacked the capacity to provide their own consent to their care, consistent arrangements were not in place to establish and act in accordance with people's best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we found improvements had been made and the requirements of the regulation had been met.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff we spoke with were able to explain their responsibilities with regard to the MCA. Records we looked at showed that, where people lacked capacity, the proper procedures had been followed. This included discussing with relatives where appropriate. When people lacked capacity to make a certain decision we found that staff had made the decision in the best interests of the person they were caring for. This meant that people's legal rights were upheld when people lacked capacity to make decisions at the time they needed to be made.

The Deprivation of Liberty Safeguards (DoLS) had been used appropriately by the provider and several applications had been made to the local authority for consideration. The DoLS are legal protections which require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. When we discussed this with the deputy manager they demonstrated that they had a good understanding of the act and what they were required to do if they thought they may be depriving someone of their liberty.

People told us that the staff were skilled at responding when they asked for help in providing care for their relatives. When we spoke with staff they demonstrated that they were knowledgeable about best practice and how to provide appropriate care for people. During our inspection we saw that staff had the knowledge and skills to undertake their responsibilities effectively.

Nursing staff in the home were not all competent in all aspects of male and female catheterisation, or in all aspects of syringe driver management. However, the district nurse was going into the home on a regular basis to manage these.

Staff said their induction had involved shadowing a more experienced member of staff until they were competent to undertake care independently. They undertook training and all staff we spoke with said they could ask for help and support if they needed this. Observations showed that staff had the necessary skills to meet people's needs.

People told us that they enjoyed the food in the home and one relative told us that the food was "good", also that they always got "three courses" and that hot and cold drinks were served throughout the day. People were given a choice of foods and, where someone had a particular preference, this was provided for them. For example, we saw one person request a banana as they had always liked bananas and this was provided. Staff told us that where people could not express a preference in their choice of food then they talked to relatives to find out what the person had liked previously. They also told us that they built up a picture of people's likes and dislikes and that if they didn't eat what they were given they were given an alternative. We observed at lunch time that people who didn't like the first choice were offered an alternative. This meant that people were given food that they enjoyed.

All meals were individually plated and covered so they were kept warm. Where assistance with eating was required this was given in a patient way. Where people didn't finish their meal they were encouraged to eat more until it was clear they had enough. There was a varied menu and there was evidence that it contained fresh fruit and vegetables.

People told us that when health care was required this was available. Several people told us that the GP called regularly and on the day of the inspection they were in the home. The GP told us that they visited the home on a weekly basis but if extra visits were required then the staff would contact them. They also said that the staff acted in a timely manner when anyone required medical attention. Records showed there was evidence of referrals to health care agencies and professionals outside of the home. People's health and well-being was being monitored and responded to.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said that, “They look after [relative] like they are one of their own”. Another relative told us that staff were caring and kind but that, “Some were better than others”. Yet another relative said, “”The carers are all lovely”. When we spoke with care workers they told us that they liked to get to know the people who they cared for. They told us that they would sit with them when they first came to live in the home to learn what their likes and dislikes were.

We saw caring relationships and interactions between the people who lived in the home and the staff. For example, on the day of our inspection it was one person’s birthday and they were given a gift by the care workers. We saw that staff had caring interactions and gave eye contact to people. While staff were supporting people to walk they were talking to them. We also observed people talking to staff regularly. In response staff were calm and spoke very clearly to people. They always waited for a response from them. One person told us that not only were the staff building a relationship with their relative but also with themselves.

People told us that they had a choice about which part of the home they lived in and we spoke with one person who had recently moved to a different bedroom at their request. We saw that staff supported people, where possible, to be involved in decisions about how they received their care. Staff said that, in order to help people maintain their independence that they encouraged them to do part of their personal care themselves. This meant that people’s independence and autonomy was promoted.

Visitors told us that they were consulted about the care and treatment of their relatives and that everyone was treated with dignity and respect. We saw one occasion where a member of staff was quick at identifying if a person was dressed appropriately and assisted to help them maintain their dignity. Staff told us that they also maintained people’s dignity by using towels to cover parts of the body when they were providing care. We observed staff knocking on people’s rooms before entering.

However, we did see one care worker leave a person in the middle of assisting them with their meal to undertake another task. This demonstrated that the member of staff was not aware of how dignity and respect is maintained during meal times.

Requires improvement

Is the service responsive?

Our findings

People told us that the staff in the home met their needs. We saw that staff had a good understanding of, and were knowledgeable about, people's individual needs. They were able to tell us about people and what their care and support needs were. They were also able to tell us what was important to individual people. Staff told us that they looked at the, "This is who I am" section in the care records to understand what people's preferences were. Staff told us that even though the majority of the people in the home were living with dementia that they interpreted things, like body language, to understand their likes and dislikes.

However, there was no evidence that people were involved in the evaluation and assessment of individual needs and care planning. The care plans were not tailored to people's individual needs and we did not see where personal choices and wishes were recorded. We also saw that people received a shower or bath on a rota basis and not in accordance with their personal preferences.

People's care plans showed little information about how individuals should receive their nursing care. When we asked the deputy manager about this they told us that wound charts and other nursing requirements for people were kept separate. This meant that care plans did not provide nursing staff with information on how to meet people's nursing needs and important information was kept in different parts of the home.

We saw that many people had bare feet and we did not see any interventions from staff to encourage them to wear shoes or socks. This lack of attention to the detail of what people were wearing could put them at risk of being cold and uncomfortable. When we discussed this with the deputy manager they told us that people, generally, didn't like to wear socks and frequently took them off. However, one visiting relative requested a member of staff to put socks and slippers on their relative and they did this. This person then then remained wearing their socks for the duration of the time we were in the home.

The hairdresser visited once a week and one person said that their relative particularly enjoyed this activity. Another person told us that their relative was no longer able to tell staff what they enjoyed but that they still played 'Irish' music for them as this had been one of their favourite pastimes previously. One person was reading a newspaper and when we talked to them they told us that they read a newspaper every day. This showed that there was some engagement with people to support their interests.

Two members of staff had been appointed to undertake activities with people. They told us about some of the activities they undertook, such as quizzes based on old memories; sing a longs, karaoke and crosswords. They told us that they would occasionally have entertainers in to sing to people but if people found this too noisy then they were supported to sit in another lounge. A relative told us that they had been co-opted onto a new entertainments committee. The committee was tasked with coming up with ideas of what entertainment people might enjoy and also how they could be involved in activities. The recruitment of two new members of staff, dedicated to entertainment and activities, and the involvement of a relative, demonstrated that they were working proactively in ensuring that people had stimulation on a daily basis.

However, during the inspection we didn't see any structured activities for people, either individually or in groups and one person told us that they didn't think there was enough for their relative to do. Nor did we see any pieces of equipment or activities designed to support people living with dementia. We saw one person roam aimlessly around the home for most of the day and they were not engaged in any activities by staff, though staff did stop to talk to them occasionally. This showed that the care that people received was not always responsive to their needs.

One person told us that they had never had cause to complain about the care that their relative received and that they were "happy with how the home was run". One person said "I don't think we could have done any better".

Staff told us that they would know what to do if someone complained. They told us that they would listen and try and put things right, to the satisfaction of the individual complaining. If this was not possible then they would refer them to a more senior member of staff.

We saw that complaints had been followed up appropriately and feedback given to people. This meant the provider was proactive in responding to complaints about the service people received.

Good

Is the service well-led?

Our findings

People we spoke with told us that they were satisfied with the home and the care that they received. Staff felt that they could ask for advice when they needed it from the registered manager or the deputy manager.

Staff were clear about their roles and responsibilities and they told us that there was a positive culture in the home. Staff also told us that they were included in discussion about the future of the home and that their ideas were accepted openly. They also said that even if the management thought their ideas were not good they were not criticised. Staff said, "That if something needed doing in the home that it usually got done." One member of staff told us that they felt, "Positive" about working in the home, another told us that the office was "Never closed" to them. Another member of staff told us that in staff meetings they felt free to express their views and concerns. This meant that there was an open culture in which the care staff could discuss issues with management.

On the day that we visited the registered manager was not at work. However, their deputy, who was on duty that day, was aware of their responsibilities. These responsibilities included ensuring that the efficient management of the home continued and that staff were motivated and accountable for the work they undertook with people. We saw that records for people's care were available. However, these were often in different locations which could have made continuity of care more difficult and meant that all information wasn't readily available in a central point.

We saw that information about people's daily personal and health needs were not held in one place and were not easily accessible to staff who were providing the care. Carers were working with only checklists and were not using or recording in care plans. This meant that the detail of people's care needs was not being used on a regular basis. Also, it could have caused confusion for staff when providing care.

People were invited to comment on the quality of the service and questionnaires were sent to families annually. We saw that the feedback for 2014 had been mostly positive. Relatives meetings were held every two or three months but we saw that the last one that had taken place was December 2014. This meant that relatives had no input into the care that people received for over eight months. When we discussed this with the deputy manager they told that this was planned shortly. This meant that the views and concerns of families were not readily being sought or acted upon.

We saw that quality and audit checks were undertaken on a regular basis by the registered manager.

People told us that there was a relative's forum in the home and we saw it was advertised on the notice board, although none of the people we spoke with had attended.

Policies and procedures were up to date and available in the home.