

HC-One Limited

Ash Grange Nursing Home

Inspection report

80 Valley Road
Bloxwich
Walsall
West Midlands
WS3 3ER

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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:

Ash Grange is a nursing home that provides accommodation and personal care and support to a maximum of 42 people. The service provides care and support for older people some living with dementia. At the time of our inspection 39 people were living at the service.

People's experience of using this service:

- People felt safe living at the service and staff understood how to protect people from the risk of harm or abuse. People's care and health needs were assessed and known by staff. People were supported by sufficient numbers of safely recruited staff. People received their medicines as prescribed.
- Staff had the skills to meet people's needs and acted promptly to refer people to healthcare professionals when required. People had a choice of food and drink and were supported to maintain a healthy diet which met their needs and preferences. Staff sought people's consent before providing care.
- People said staff were kind and caring in their approach. People were supported to be as independent as possible and said they felt listened to and their views and opinions respected.
- Care records were personalised and reflective of a person's needs. People were supported to take part in a range of activities and hobbies. People were supported to maintain relationships that were important to them and visitors were welcomed at the service. People and their relatives knew how to make a complaint and were confident that action would be taken.
- People, their relatives and staff said the service was well led and the management team open and approachable. The service had a culture of continually improving the quality of care people received and robust care planning and quality assurance systems were in place. The service has improved from a requires improvement rating at our last inspection to Good.

Rating at last inspection:

Rated Requires Improvement overall (27 April 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found the service met the characteristics of Good in all areas.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme; if any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Ash Grange 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was undertaken by one inspector, one specialist advisor who was a nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service.

Service and service type:

Ash Grange is a care home. People in care homes receive accommodation, nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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:

The inspection was unannounced.

What we did:

We reviewed the information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or serious injuries. We assessed the information we require providers to send us at least annually to give information about the service, what the service does well and the improvements they plan to make. We also sought feedback from the local

authority and clinical commissioning group. We used this information to plan our inspection.

During the inspection we spoke with six people and two relatives or visitors to ask their experience of the care provided. We spoke with five members of care staff, the deputy and registered manager and assistant director. We also spoke with one external visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed a range of records. This included five care and medicine records. We looked at two recruitment and training records for staff. We reviewed the records relating to the management of the service including checks and audits.

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe; one person said, "I feel safe; the doors are locked and good carers." Another person commented, "I feel safe, always someone around and security on the doors and visitors have to sign in and out."
- Staff understood how to protect people from the risk of harm or abuse. One member of staff said, "I would tell the nurse or manager if I had any concerns about a person's safety."
- The provider had an effective system in place to monitor and manage allegations of abuse or harm; any concerns had been reported to the local authority safeguarding team and appropriate action had been taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare had been assessed and detailed guidance was available for staff to refer to in order to mitigate risks.
- Risk assessments were reviewed following any incident or accident or when a person's needs changed.
- People had access to equipment such as walking aids which enabled them to mobilise safely around the building.
- Emergency plans were in place to ensure people were supported safely in the event of a fire.

Staffing and recruitment

- Sufficient numbers of staff were available to meet people's needs.
- We saw there were enough staff to respond when people needed them. Staff had opportunity to spend time with people and were not rushed.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people. For example, Disclosure and Barring Service checks (DBS) were completed. DBS checks helps providers reduce the risk of employing unsuitable staff.
- Nursing staff employed had the appropriate checks in place to ensure they were appropriately qualified and registered with the Nursing and Midwifery Council.

Using medicines safely

- Medicines were managed safely. Medicines were administered by either nurses or nursing assistants. Staff felt confident to administer medicines, they confirmed they had received training and had their competency checked.
- One person said, "Staff give medication on time." A relative commented, "Medication is looked after extremely well."
- Some people required medicines 'as and when required' such as for pain relief, guidance was available for staff to refer to about when and how often to give these medicines.
- Medicines were stored, administered and disposed of safely. People we spoke with and Medicine Administration Records (MAR) confirmed people had received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection. The home environment was kept clean and tidy and redecoration was underway.
- Staff had access to personal protective equipment (PPE). One person said, "Staff use aprons and gloves when doing personal care, the room is clean and towels changed." We confirmed this.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. Information was analysed by the management team and used to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessment of people's needs were detailed and regular reviews were carried out.
- We saw people were involved in their care planning and their choices and preferences identified.
- As part of the assessment process information was gathered about the Equality Act characteristics to ensure the service people received considered their equality needs. Such as age, religion and sexual orientation.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their roles including areas specific to people's individual needs such as diabetes.
- Staff competencies were checked to ensure they delivered safe effective care.
- New staff completed an induction that included the opportunity to work alongside more experienced staff.
- Staff new to care completed the Care Certificate. This is a nationally recognised qualification set as an induction standard for staff working in care settings.
- Staff told us they felt supported in their roles through regular supervision and meetings.

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

- People were offered a choice of meals and drinks. People told us if they did not like what was on the menu they were offered alternative choices. One person said, "The food is good, a good variety and a choice of three meals. I choose to remain in the lounge for dinner and use my own table."
- Food and drinks were provided according to people's needs. For example, some people required softened food, a fortified diet or thickened drinks. We saw these were being provided.
- We saw mealtimes were not rushed and staff assisted people when needed.
- We saw people were offered a variety of drinks and snacks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care/ Supporting people to live

healthier lives, access healthcare services and support

- People had access to healthcare services when needed to promote their health and well-being. For example, one person said, "Staff get the doctor if I need them, the chiropodist visits and I have an eye test every twelve months, we also have a dentist visit."
- Staff monitored people's health where required and referred then to relevant healthcare professionals when their health needs changed. For example, some people were referred to Speech and Language Therapy (SALT) and we saw staff followed the guidance given.
- Effective systems were in place such as handover meetings, to ensure staff were up to date with people's health and support needs.

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

- The service had appropriate pictorial signage, to support people living with dementia.
- People told us they could personalise their bedrooms and were able to choose where they spent their time.
- Bathrooms were available on both floors of the building and people could choose to either have a bath or shower. People could move safely between floors using a lift.
- People had access to outside areas and communal areas and chose where they spent their time.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff gained consent from people before completing any tasks. Where people were non-verbal, staff knew how to recognise facial expressions and body language to determine whether a person consented to their care.
- The provider had submitted DoLS applications where people had been assessed as lacking capacity and were being deprived of their liberty.
- Staff had a good understanding of the MCA and sought people's consent before providing care and support.
- The Registered Manager had a system in place to monitor DoLS authorisations to ensure people were not deprived of their liberty unlawfully.

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

- At our last inspection in February 2018 we rated the service under this key question as, 'Requires improvement'. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good'.

Ensuring people are well treated and supported; equality and diversity

- We saw people were supported by kind and caring staff. One person told us, "Staff are brilliant, they do their best and can't do any more they are golden." A relative commented, "I have never been happier with the care as I am now."
- Staff told us they enjoyed their job and spoke with kindness about the people they supported.
- We observed throughout the day staff were patient with people and gave them the time they needed.

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

- People told us they felt listened to and were encouraged to express their views about the care and support they received.
- For example, regular meetings took place with people and their relatives in order for their views to be shared about what activities they would like to do and how the home was run.
- People told us they made choices about their everyday life such as when they wanted to get up, clothes they wore and activities they took part in. One person told us "Staff go to your wardrobe and ask what you want to wear." Another person said, "If you request a time to get up they will get you up then."
- Where people were unable to verbally communicate their choices, or wishes staff used a variety of methods to understand their views. For example, one person used a white board to communicate.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection, people's dignity and privacy was not consistently valued. At this inspection we found this had sufficiently improved. People told us their dignity and privacy were respected. One person said, "[staff] always knock the door they never just come in, they close the door if doing personal care."
- People were encouraged to maintain their independence and do as much as they could for themselves. One person said, "I wash the parts I can reach, I like to take my time and I don't rush." A member of staff

commented, "[Person's] pace not my pace as long as we get it done."

- People were supported to maintain relationships with those close to them; relatives told us they were welcomed at the service when they visited.

Our findings

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

People's needs were met through good organisation and delivery.

• At our last inspection in February 2018 we rated the service under this key question as, 'Requires improvement'. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People felt included in the development of their care records and staff were knowledgeable about people and their needs.

• Care records were reflective of people's needs and were reviewed regularly. Care records were personalised and detailed people's wishes, choices and life histories.

• The registered manager and staff were aware of the Accessible Information Standard (AIS). The standard sets out a specific and consistent approach to share information and applies to people with a disability, impairment or sensory loss. People's communication needs were assessed and met in a way that meets the standard required. For example, for those people who were unable to verbally communicate their views, staff told us they used a variety of visual prompts, body language and gestures to support their understanding.

• People told us they were supported to take part in many different activities and hobbies they enjoyed. Different activities were organised daily; for example, arts and crafts, one to ones and external entertainers. One person said, "I pick the balls out for bingo, I love bingo. There is quite a lot of entertainment over Easter. We have some good laughs here and I have gone to bed laughing." Another person commented, "[Activities co-ordinator] always got something going on, I have tried everything."

• People and staff told us at 14:30 each day they had a 'stop the clock' activity; this involved all staff who could stop what they were doing and take part in a group or individual activity with people. We observed this.

Improving care quality in response to complaints or concerns

• People and their relatives knew how to complain and felt confident that any issues would be dealt with. One person said, "If I have any concerns I speak with [staff name]." A relative commented, "If I have any concerns I raise them with the nurses or managers verbally and ask for it to be recorded."

• The provider had a complaints policy displayed, any complaints or concerns that had been raised were

investigated in line with their policy. A process was in place to monitor patterns or trends.

End of life care and support

- People had been asked about their end of life wishes. Care records contained information about people's wishes as they neared the end of their life and their final arrangements.
- Information was displayed on the notice board for people, their relatives and staff about 'Dying matters awareness week'. This provides the opportunity to talk about dying, death and bereavement with staff within the service.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

• At our last inspection in February 2018 we rated the service under this key question as, 'Requires improvement'. At this inspection we found sufficient improvements had been made and the rating is now judged as 'Good'.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff told us they felt listened to and the management team were open and approachable. One relative told us, "Communication has much improved." Another person said, "The registered manager sat for half an hour the other day and had a chat." A relative commented, "[Staff name] is great to talk to, knows the staff and the atmosphere's great now."
- People, relatives and staff spoke positively about the registered manager and said the service was well-led. They said the registered manager was approachable and had an open-door policy.
- The registered manager was open and honest about the challenges they faced within the service and how they had managed them in line with their duty of candour.
- The registered manager said they felt supported by the provider with whom they had regular meetings to review the running of the home.

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

- The provider and registered manager had a good oversight of the service and had systems in place to identify and manage risks to the quality of the service. For example, processes were in place to monitor incidents and accidents and complaints.
- Audits and quality checks completed were effective and identified any areas for development.
- The provider and registered manager had an improvement plan in place which detailed the person responsible for implementing changes along with timescales. This was used to improve the quality of care provided to people and for continuous learning activities.

- The registered manager understood their legal responsibility to notify CQC of serious incidents, deaths and safeguarding.
- The latest CQC inspection report rating was on display within the home. This is a legal requirement to inform people seeking information about the service of our judgments.
- Staff told us the registered manager was supportive and led by example to demonstrate their expectations about how people should be cared for.
- Staff were supported to understand their roles through regular supervision, meetings and observed practice.
- There was a clear management structure in place and staff were aware of who to report any concerns to. For example, staff were aware of the provider's whistle blowing policy. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.

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

- The registered manager and staff engaged regularly with people and relatives through meetings and reviews. Feedback was used to plan activities and make improvements within the service.
- Regular staff meetings occurred; meetings discussed the aims and goals of the service.
- Staff were aware of the assessable information standard and information was communicated in a way a person would understand.

Continuous learning and improving care

- The registered manager demonstrated a commitment to driving improvements and was eager to learn and understand areas they could develop the service.
- The management team ensured staff had the skills and knowledge to support people's needs by ensuring regular training and competency checks were completed.

Working in partnership with others

- The registered manager worked in partnership with other organisations to support care provision. The service had developed community links, for example, a school choir visited the home and we saw a church held services within the home.