

HC-One Limited

Ashton View Nursing Home

Inspection report

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21 March 2018

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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?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 20 and 21 March 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day.

Ashton View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided; both were looked at during this inspection.

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 52 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection carried out on 10 May 2017 we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were relating to regulation 12; safe care and treatment (two parts), regulation 13; safeguarding service users from abuse and improper treatment (two parts), regulation 14; meeting nutritional and hydration needs and regulation 17; governance (two parts). We also made three recommendations in relation to reviewing the dependency tool used to calculate staffing levels, the environment and activities.

Following this inspection we asked the provider to complete an action plan to show what they would do and by when to improve the overall rating to at least good.

At this inspection we found the provider had taken remedial action and was no longer in breach of the parts of these regulations.

However we found during this most recent inspection the service was in breach of two different regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were relating to Person centred Care and Good Governance. You can see what action we told the provider to take at the back of the full version of this report.

People were not always receiving support in line with their care plans and some people's files did not contain any historical information including likes and dislikes.

The service had been subject to an electrical installation audit in May 2017 where multiple improvements

were required, however, ten months later some of these tasks were still outstanding.

Staff received adequate training and supervision support from the provider and were knowledgeable about the people they supported. This was also confirmed by people's comments during the inspection; people told us they felt staff were competent and well trained.

People's care files contained information in relation to their dietary requirements, skin integrity, falls management and further perceived risks associated with daily living tasks.

Environmental risk assessments were in place for both internal and external areas and the provider employed a maintenance team to oversee daily internal and external maintenance issues.

Safeguarding policies and procedures were in place to ensure people, staff and visitors were aware how to raise concerns and what abusive practice looks like. Staff received training in this area and a record of safeguarding referrals was kept securely.

Safe recruitment procedures were adhered to and the provider ensured new staff received a period of induction before being assessed as competent to work alone.

Risk assessments were in place in each person's file we looked at to manage identified risks associated with daily living and also recognise individual risk taking.

Business continuity plans were in place to offer information and guidance in the case of adverse weather or any other unforeseen circumstances which could affect the day to day running of the service. People also had personal evacuation plans in place.

Medicines practice was managed well and people received their medicines in a safe way.

People's human rights and diverse needs were reflected within each plan and we received positive feedback during the inspection which evidenced people were being treated fairly and in line with their personal preferences.

Consent to areas of care and support were evident in people's care files.

Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives.

People's opinions were routinely sought and acted upon by means of questionnaires, residents meetings and resident committee meetings. This enabled people to provide input into the service they received.

Positive feedback was received from people who used the service and staff about the management structure. People told us the service had improved dramatically under the new manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Not all aspects of the service were safe.

Appropriate action had not been taken to ensure risks were effectively mitigated within the home at the time of the inspection.

Staff were recruited safely.

Staff had a good understanding about safeguarding and how to report concerns.

Is the service effective?

Good ●

The service was effective.

Staff received the necessary training, supervision and induction to support them in their role.

Appropriate systems were in place to ensure people received good nutrition/hydration.

The principles of DoLS and the MCA were being adhered to.

Is the service caring?

Good ●

The service was caring.

People living at the home and relatives made positive comments about the care provided.

People were seen to be treated with dignity and respect.

People appeared clean and well presented.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive.

Care being delivered was not always reflective of people's needs

and preferences.

Appropriate systems were in place to handle complaints.

Activities were in place to stimulate people throughout the week.

Is the service well-led?

Not all aspects of the service were well-led.

We identified two breaches of the regulations which means this key question can only be rated as Requires Improvement.

Everybody spoke favourably about management and leadership within the home.

Staff told us they enjoyed their work and that there was a positive culture within the home.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 and 21 March 2018 and was unannounced. This meant the service did not know we would be inspecting. The inspection was carried out by two adult social care inspectors, and an inspection manager who was observing the inspection on the first day; and one social care inspector on the second day.

As part of our inspection planning we reviewed all the information we held about the service. This included previous inspection reports, action plans and any notifications sent to us by the service including safeguarding incidents. This helped us determine if there were any particular areas to pursue during the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke with the registered manager and six care staff. In addition, we also spoke with five people who used the service and six family members. We also looked at six people's care files including medicines administration records and seven staff personnel files. Additionally, we carried out observations on each of the units to establish if people received care in line with their needs.

Is the service safe?

Our findings

People we spoke with during the inspection visit told us they felt safe. Similarly people's visiting relatives also confirmed their relatives were in a safe place and cared for well. One relative said, "[My relative] is very safe here, staff really do know how to manage certain situations. They are great with everybody." Whilst one person who used the service commented, "Oh I feel very safe. I didn't at home but I feel I can sleep at night now and all the carers are tip top." A second person commented, "I am glad I am here, I am as safe as can be."

At the inspection on the 10 May 2017 the service was found in breach of Regulations 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were relating to medicines management, the service not alerting the local authority of two separate incidents relating to injuries sustained by a fall and appropriate risk assessments had not been implemented to mitigate the risk.

At this most recent inspection we found the service was now compliant in these areas and was meeting the requirements of these regulations.

Medicines were now appropriately managed and we were able to cross reference documents capturing reportable incidents and evidence that each incident had been reported to the relevant authorities for further investigation.

People also had risk assessments in place which related to people's own circumstances. Areas such as risk of falls, choking, skin integrity and behaviour were considered.

We looked at the service's building and maintenance correspondence such as gas and electricity installation inspection reports. We found the last electrical installation report completed in May 2017 was 'Unsatisfactory', with multiple C2 faults identified. C2 faults require urgent action to ensure the premises are safe and being well maintained. At the time of inspection we were told that the work was still ongoing and was 75% completed. We raised this with the registered manager who informed us she would speak with the services, 'property team' in an attempt to clarify what work was still outstanding. Following the inspection we had further correspondence with the property team to assure us that work would be prioritised and completed. However, there had been a significant delay which could have placed people at risk.

The provider failed to act on, 'urgent action' recommendations made in their electrical installation in a timely way. This was a Breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not monitored and mitigated risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

We did however see that all other certification was in date and relevant for areas such as the Control of Substances Hazardous to Health, (COSHH) lift and hoist maintenance, pest control, risks associated with waterborne viruses and hot water temperature checks.

The provider continued to follow safe recruitment procedures to help identify individuals who are deemed to be at risk of working with vulnerable people.

Staffing levels were appropriate at the time of the inspection and people told us this had dramatically improved over the past months. We noted the service was utilising agency nurses due to holding a vacancy, however we were informed on the second day of inspection that two nurse positions had been successfully recruited to and that these people would be starting with the service once all documentation had been finalised and received.

The provider ensured clear procedures and guidance were in place to inform staff and people using the service including their visitors about safeguarding/abuse matters. Safeguarding concerns were referred to the local authority and CQC where appropriate. Staff we spoke with gave appropriate examples pertaining to safeguarding matters.

There was an audit trail to evidence each accident and incident that occurred at the service, with outcomes and service responses, for example referrals to external professionals if relating to a fall or the community mental health team/ GP if relating to a behavioural issue.

Business continuity plans were in place. The aim of the plan was to set out the procedure and strategies to be followed in the event of a significant disruption to the operational practice and management of the business, including failures of utility services and equipment. The provider also had policies to support these procedures.

The environment was light, clean and well presented. Corridors were clear of debris and items of equipment to prevent any potential trip hazards. Daily and weekly cleaning duties were highlighted and the service employed a full time domestic person in addition to a maintenance team. The laundry area and kitchen area also appeared clean and tidy with appropriate equipment and soils bags being used. People's bedrooms were clean and free from odour. People and their visitors we spoke with also confirmed this was the case.

Is the service effective?

Our findings

At our last inspection in May 2017, this key question was rated as Requires Improvement. This was because we identified breaches of the regulations regarding nutrition/hydration and safeguarding people from abuse and improper treatment. At this inspection, we found these concerns had been addressed.

The home had a staff induction programme in place. This enabled new staff working at the home to gain a thorough understanding of working in a care environment. The induction covered key areas of service delivery such as safeguarding, moving and handling, infection control and health and safety. The staff we spoke with said they were provided with an induction when they first commenced employment. One member of staff said, "The induction was good, it gave me exactly what I needed." Another member of staff said, "I hadn't worked in care before and it gave me a good start."

We looked at the training staff received to support them in their role and reviewed the homes training matrix. This showed staff had completed mandatory training in areas such as fire safety, food hygiene, moving and handling, safeguarding, dementia awareness, falls awareness and person centred care. The staff we spoke with during the inspection said the home provided enough training to support them with their work. One member of staff said, "We receive both computer based and practical training. I am happy with the training overall." Another member of staff added, "I am bob on with all mine. I am happy with it and there is enough overall."

Staff received supervision as part of their on-going development. We viewed a sample of these records and saw they provided a focus on work progression, feeling supported, training/development and other areas for discussion. The registered manager told us no annual appraisals had taken place since the last inspection, however these were in the process of being set up, with forms sent to staff for self-assessment in advance of the meeting. One member of staff said, "Supervisions are regular and we had a group one recently. We have a mixture of group and individual." Another member of staff said, "They tend to be every three months or so and we have them with a delegated nurse on the unit."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw mental capacity assessments were undertaken to determine if people were able to make their own choices and decisions about their care and treatment. Best interest meetings/discussions had been held where potential restrictive decisions needed to be made, such as for the use of bed rails. Where people were deemed to lack capacity, applications for DoLS were then made to the local authority. Where DoLS had expired, these were

being re-applied for in a timely manner which had been a concern at our last inspection.

We looked at how staff sought consent from people living at the home. During the inspection we observed staff seeking permission from people prior to any care interventions such as providing people with protective clothing at meal times and assisting people to sit in other areas of the lounge/dining room. This meant people were being given the opportunity to state if they wanted to receive assistance from staff.

We looked at how people's nutrition and hydration needs were being met. Each person living at the home had an eating and drinking care plan in place, which provided staff with an overview of their nutritional requirements. Malnutrition Universal Screening Tools (MUST) were also undertaken which helped staff determine if people were at risk of both weight loss and weight gain.

Records were maintained regarding people's food/fluid intake and either weekly or monthly weights. This would help staff determine if there were concerns with nutritional intake so that appropriate action could be taken. We saw people were referred to other healthcare professionals as necessary where concerns arose; this included both the local dietician and speech and language therapy team (SALT).

On Evans (general nursing unit), we saw two people had been assessed as requiring a soft and pureed diet due to swallowing difficulties. During the inspection we saw their food was provided to them at this consistency, making it safer for them to consume. This information had also been clearly communicated through to the kitchen staff, as they were responsible for the initial preparation of the food. The cook told us staff at the home communicated with them well regarding people's nutritional needs and kept them well informed about any changes. Several people on Evans required full support to eat their meals and we saw staff sitting down next to them, providing any assistance needed. One relative said, "My wife requires a pureed diet and it's always blended; no concerns with that."

All of the people we spoke with and visiting relatives made positive comments about the food provided. One relative commented, "The food is just brilliant."

We saw the home worked closely with and made appropriate referrals to other health care professionals as necessary. Records of these were maintained within people's care files and included dieticians, speech and language therapists, opticians and podiatrists. This meant staff could be provided with appropriate advice and guidance regarding people's care needs.

Is the service caring?

Our findings

The visiting relatives we spoke with during the inspection made positive comments about the care being provided at Ashton View. One relative said, "I was terrified initially, but after a couple of weeks that diminished completely because of the level of care being provided. All the staff are pleasant and I have never heard a raised voice. My wife's clothes are always clean and she never smells." Another relative said to us, "Initially we had a few concerns about 12 months ago, but the care has improved drastically. Our mum is always clean, well presented and is receiving good care."

We observed staff calling people by their first names or preferred names. Staff were friendly and polite to people and we saw staff treated people with dignity and respect and people's comments supported this. They told us staff treated them with respect and listened to their requests. A family member stated, "I am here each day and I can honestly say it is a home from home, it's a lovely place."

We found the atmosphere across the service was calm and organised. During the inspection we observed staff interacted with people in a caring and patient way. We saw staff had built relationships and had a good rapport with people and assisted them with their requests. For example, one person expressed they were cold and immediately a carer offered a blanket to the person for comfort. Whilst a second person requested they were tired and were assisted to their bedroom for a nap.

We observed how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

People told us their privacy and dignity was respected at all times and told us they were supported by staff with their personal care requirements in a way which never made them feel exposed or compromised. Staff gave appropriate examples pertaining to supporting people with their intimate care needs.

Each bedroom we saw appeared individual to the person and contained their personal possessions such as small furniture items and ornaments. People told us they had been allowed to bring items from home and contribute to the décor of their room.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Is the service responsive?

Our findings

People and their relatives we spoke with told us staff listened to them. We observed people speaking freely and openly with staff about any worries or requests. People added they were offered daily choices about areas such as food preferences, activity preferences and clothing. One person said, "Oh we do have some fun in the mornings, the carers get a few clothes out for me to choose. It's a bit like a fashion parade at times." People added they could retire to bed and rise when they chose. One person stated, "I can have a lie in in the mornings if I like and also have a late night if I wish."

People's care plans did not always contain historical information about their past history. Taking time to find out about a person's personal history can give a deeper insight into their likes and dislikes and this is especially important when the person is unable to communicate their wishes and feelings. In addition we saw where people's personal preferences and care needs were documented the information was not always reflective of the care being delivered during the inspection.

On Evans unit for example, one person's care plan stated they needed to wear glasses for reading and should be clean and within reach. During the inspection we observed this person reading a newspaper without them on and their glasses were on a window ledge in the far corner of the room and out of reach. We raised this with the nurse who cleaned them and returned them to this person.

In another person's care plan, it stated they liked to wear jogging bottoms with a t-shirt and a cardigan/hooded top. They also liked to wear socks at all times according to the care plan. During the inspection we observed this person wearing a black jumper, patterned trousers and no socks. Their eating and drinking care plan also made reference to the need for specialist equipment at meal times such as a beaker with a small spout and straw and plate with sides. However we observed this person eating at lunch time without any of this equipment in place.

People were not always receiving person centred care in line with their care files and in some cases care files lacked information pertaining to people's historical life experiences. This is a Breach of Regulation 9 (1)(c)(3)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received additional information from the service highlighting a review of one person's 'personal care' documentation had been completed and assurances were given that the person would now receive care in line with their preferences. We will verify this has been embedded in to practice at next inspection.

The provider's policy stated a pre-assessment of each person's needs was required before each new admission. We were able to evidence that this was done in partnership with the person and family members where appropriate.

People told us they were able to freely move around the building. We observed people returning to their rooms without restriction over the two days of inspection.

Care plan reviews were carried out and people who were able to contribute told us they were aware of their care file. Relatives also confirmed they had been part of the care review process or received invites to meetings.

Daily reports were being completed and contained information to indicate people had received care and support in line with their daily requests and requirements. These reports were written in a sensitive way and contained relevant information, which was individual to the person. These records provided an audit trail to the care a person was receiving and enabled staff to identify, monitor and respond to any changes in a person's well-being.

The provider had developed a complaints procedure to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. The procedure included timescales for investigation and providing a response. People told us they were able to raise complaints and felt under the new management structure that these would be dealt with appropriately.

There were systems in place to seek and respond to feedback from people living at the home. Relatives surveys were sent out annually and were positive and we found any feedback was gathered and acted upon appropriately. Comments included, "My wife is a resident and the carers give 100%."

The provider employed a full time activities coordinator. We spoke with this person during the inspection. They had innovative ideas and spoke about the importance of providing meaningful activities. We saw activity records in each of the care files we looked at to evidence that people were being stimulated throughout the week and people spoke with us about some of the activities which had recently taken place.

End of life care was overseen by the qualified nurses employed at the service. At the time of the inspection the service had received anticipatory end of life medicines and were communicating with the hospice team. In addition the service had been recently enrolled onto an end of life programme which was being facilitated by the hospice team. This would ensure staff continued to develop good practice, experience and knowledge around people's end of life care. We noted that although people's files contained end of life care plans, these plans were not always completed in full. We spoke with the registered manager about this who informed they would look at this as a matter of priority.

Is the service well-led?

Our findings

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.

Due to the fact that we identified breaches of the regulations within the safe and responsive domains, the well-led key question can only be rated as Requires Improvement.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. HC-One operated a 'Cornerstone' system, which is a quality monitoring tool used to monitor all aspects of service delivery. This covered a wide range of audits and checks including care plans, medication, the meal time experience, pressure sores and nurse call systems. Quality assurance checks were also undertaken by managers from within HC-One. We found these quality systems had not been fully effective however, due to the concerns we had identified during the inspection regarding the last electrical installation inspection and fire risk assessment in 2017. People living at the home were also not always receiving care that met their needs and preferences. If quality assurance systems had been fully robust, these concerns would have been acted upon in a timely manner.

This was a Breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate systems were not in place to assess, monitor and improve the quality of service delivery.

We were told there was a positive culture amongst staff within the home and staff told us they enjoyed their work. Everybody we spoke with including staff and visiting relatives said that current management and leadership arrangements within the home were strong. People reported significant improvements since our last inspection approximately 12 months ago since the new registered manager commenced their employment. One member of staff said, "Management is good here. The manager is very approachable and I feel very well supported. The current manager came in at a difficult time and things are improving for the better." Another member of staff added, "The manager is making really good progress and at the moment I feel really well supported."

We observed a staff handover taking place during the inspection which provided staff with the opportunity to discuss peoples care needs for that day and if there were any concerns. We also looked at the minutes from the most recent staff meeting which had taken place. Staff meetings provided staff with the opportunity to discuss their work and raise concerns with management. Staff told us these meetings were regular and felt able to contribute towards any discussions that took place.

The home had policies and procedures in place in order to provide staff with relevant guidance to refer to if they needed or to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication. The policies were updated

each year which meant that guidance remained relevant and accurate.

The home sent us notifications about incidents at the home such as expected/unexpected deaths, serious injuries, police incidents and safeguarding incidents. This displayed an open, transparent approach from the home and enabled us to seek further information if required and to inform our inspection judgements.

Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in the nurse's office when not in use. This meant that people's personal information was kept safe.

We reviewed the business continuity plan for the home; this set out what plans were in place if something significant occurred to affect the running of the care home, for example, a building fire, and an outbreak of influenza or financial insolvency of the provider. This meant that systems were in place to protect the health and safety of residents in the event of an emergency situation.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this was displayed within the home and on the HC-One website for people to see. This meant people who used the service, their families and staff knew about the level of care being provided at the home and if there was any concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not always receiving person centred care in line with their care files and in some cases care files lacked information pertaining to people's historical life experiences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to act on, 'urgent action' recommendations made in their electrical instillation in a timely way.</p> <p>Governance systems were not sufficiently robust in identifying concerns from this inspection.</p>