

## South West Care Homes Limited

# Ashfield

### Inspection report

18 Windsor Square  
Exmouth  
Devon  
EX8 1JX

Tel: 01395264503  
Website: [www.southwestcarehomes.co.uk](http://www.southwestcarehomes.co.uk)

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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

Ashfield is registered to provide accommodation and personal care to up to 25 people. The home specialises in the care of older people. At the time of this inspection there were 13 people living at the home.

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

People were happy with the care they received and complimentary about the staff who supported them.

There had been extensive refurbishment and decoration of all areas of the premises including new carpets and fresh paintwork and ongoing maintenance of the front and back garden spaces. This gave it a homely feel for people who had also helped decorate the home for Christmas.

People felt safe at the home and looked relaxed and comfortable in their environment.

People received their medicines safely from staff who had received specific training to carry out the task.

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.

People were able to follow their own routines and make decisions about their day to day care and support. Care was personalised to each individual and staff respected people's choices.

People's privacy and dignity were promoted. Each person had a single room where they could see visitors or spend time in private.

There were enough staff to support people with their physical and leisure needs. A wellbeing co-ordinator worked together with care staff to enable people to go out and to participate in activities they enjoyed as a group and individually with staff.

Staff worked with healthcare professionals to make sure people received care and treatment which met their individual needs.

The provider had systems in place which monitored standards of care within the home. This included audits, meetings and satisfaction surveys. This helped to make sure ongoing improvements were implemented.

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 the service under the previous provider was Good, published on 28 January 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Ashfield

## 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 Health and Social Care Act 2008.

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 carried out by one inspector.

#### Service and service type

Ashfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been employed to start in January 2023 with a view to applying to register with us.

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received from and about this service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information we had about the service to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who lived at the home and two relatives. We also spoke with seven members of staff, including team leaders, care workers, domestic staff and cook. Throughout the day we were able to observe interactions between people and staff in the communal areas of the home. The interim manager was available on the second day of the inspection. We looked at a sample of records relating to people's individual care and the running of the home. These included medication administration records, health and safety records, three staff recruitment files and three care plans.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. People looked comfortable and relaxed with staff. One person told us, "We have a lovely time. The staff are all really nice. I feel very safe living here." Staff acknowledged people as they moved around the home, checking they were ok.
- Risks to people were minimised because staff had received training in how to recognise and report abuse. Staff were confident that any allegations reported to the manager would be taken seriously and action would be taken to protect people. There were posters with contact details of external safeguarding agencies to raise concerns if anyone felt unable to do so at the home.
- The manager investigated all issues raised with them. Where appropriate they worked with other professionals and were open and transparent in their investigations.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to make sure people received care and support in a way that minimised risks. For example, assessments regarding mobility showed the number of staff needed to help the person and any equipment needed. Currently people were all able to mobilise with one care worker and re-position themselves to maintain good skin integrity.
- Pressure care and falls management was good with thorough assessments and clear instructions which staff followed. No-one had any pressure sores and there had not been any falls for a long time.
- People were able to take risks if they had the capacity to make a choice to do so. One person was supported to access the smoking area safely.
- The provider carried out risk assessments regarding the building. The action plan in place showed that issues identified by the fire risk assessment had been actioned in a timely way.

Staffing and recruitment

- New staff were recruited safely. The records we looked at showed all required pre-employment checks had been carried out including criminal record checks and obtaining satisfactory references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff told us there were enough staff to care for people; people spoke highly of the care staff. One person was enjoying helping staff lay the tables. They said, "It's really wonderful here. The staff have looked after me since I had a stroke and I am doing very well recovering. It's the people that matter and I'm very happy here."
- There was a good staff presence throughout our visit. People received care when they needed it and did

not have to wait. Staff had time to talk with and interact with people as well as providing care. For example, the hairdresser visit was a sociable morning with all staff commenting on people's new looks.

- Care staff were supported by a wellbeing co-ordinator, domestics, cook, laundry and maintenance staff so they could focus on care delivery.

#### Using medicines safely

- People told us they were given the right medicines at the right time. We observed people were supported sensitively with their medicines. Staff ensured people had a drink and stayed with the person to support them to take their medicines safely. Staff had received appropriate training and had their competency assessed annually.
- Medicines were managed safely. People's medicines were dispensed from a medicine trolley. Staff ensured the trolley was always locked when left unsupervised so people could not access medicines and cause themselves harm.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security and refrigeration.
- Regular medicine audits were completed; where errors or concerns were identified, action was taken.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- People were able to see private and professional visitors at any time. Relatives told us they could visit at any time and were welcomed.

#### Learning lessons when things go wrong

- The provider monitored all accidents and incidents which occurred at the home. This enabled them to identify patterns and make any changes that may be necessary to improve practice and people's safety.



# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant 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

- People had their needs assessed before they moved to the home. This ensured that the staff could meet people's needs and expectations.
- From initial assessments care plans were created to give guidelines for how needs and wishes would be met. Care plans we looked at were comprehensive and gave clear details of the support people needed. For example, staff had been trained in special diets and care plans included clear information about how people required their meals to keep them safe.
- People received their care in accordance with their needs and wishes. For example, care plans outlined the support people needed with personal care and people told us this was provided.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and undertook the Care Certificate. This is a recognised training programme for staff who are new to working in the care sector.
- New staff were able to shadow more experienced staff. This gave people and staff an opportunity to get to know each other. One member of staff said, "We have good training, so we know what to do and all about what each person needs. We are all about the residents here."
- Staff had access to on-line training which helped to make sure they kept up to date with good practice guidance and legislation.
- People had confidence in the staff who supported them. One person told us, "It's lovely here. We have everything we need. I'm well looked after." This was confirmed by the three other people sat with them.

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

- People were happy with the food provided at the home. One person said, "We can have what we like. They feed you well." At breakfast and lunch time we observed that meals were well presented in a homely setting with pretty laid tables and people ate well. One person was having an omelette off menu and the cook was very knowledgeable about what individuals liked to eat and drink.
- People were able to choose where they ate their meals. Some people said they liked the company in the dining room and others said they preferred to eat on their own.
- People received the right meals to meet their needs. There was a list in the kitchen of people's food preferences, allergies and needs. Where people required their meals to be served at a specific consistency, we saw they received the correct meal. A snack trolley was available for people to help themselves between meals.

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

- People lived in an old building that had been adapted and extended to become a care home.
- People had access to pretty gardens with seating areas. People told us how much they enjoyed sitting in the garden in nice weather and watching the birds.

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

- People had access to a range of healthcare professionals to meet their individual needs. Some people said they were seen regularly by district nurses and one person told us a GP had visited them.
- Health plans for people were in place. Accurate records relating to people's health were maintained and regularly updated. Staff responded to concerns. For example, staff noted if people were losing weight and this was followed up and they had received supplements and fortified meals and gained weight.
- The staff worked with healthcare professionals to make sure people received care which met their needs.
- Health professionals visited the home regularly and the staff sought appropriate advice. This helped to make sure people had the care and support they required. It also enabled referrals to specialists to be made promptly.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The interim manager and staff had a good understanding of the legislation and had made appropriate referrals where people needed this level of protection to keep them safe.
- People told us they were consulted and listened to. One person said, "It's so nice here. We can potter around, get up and go to bed when we want." Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- Where people had appointed a legal representative to make decisions about their health and welfare, they were making decisions where appropriate. People's records included contacts and discussion with their legal representatives. For example, when people had a vaccination or a test for COVID 19.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- The interim manager led by example to make sure people were treated with respect. The staff knew people well and respected their individual needs and wishes and the interim manager had made sure they spent time with people to get to know them too.
- People were treated with kindness. Throughout the day we saw kind and gentle interactions from staff. Staff spoke about people in a professional but affectionate manner showing they had strong relationships with people. Where people had hearing difficulties, staff were patient and ensured people understood them.
- People were complimentary about the staff who supported them. People all spoke about the interim manager and staff in a positive way. The visiting hairdresser said, "There are no worries here. It's a really nice home and everyone always seems happy when I come." One person said, "It's nice here, staff look after me well."
- People were able to make choices about the gender of the care staff who assisted them with personal care. People told us their preferences were respected.
- People's care plans contained information about their wishes and preferences. This gave staff the information they needed to ensure they cared for people in accordance with their cultural needs and wishes. For example, one person was enjoying a lie in.
- Because staff knew people well, they recognised when people were not feeling themselves. For example, one person had not felt like going out, so staff sat with them listening to music.
- The environment had been made safe for individuals to promote their independence. For example, a coloured fence was in place in the smoking area so the person could see they were safe and high planters had been made for the garden so people could access gardening.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People said they were able to make choices about their day to day lives. People told us about how they enjoyed their routines, often sitting with their friends doing activities or watching their favourite television programmes together.
- Staff told us they supported people to make choices about what time they got up, when they went to bed and how they spent their day. People who preferred to spend time in their rooms were regularly checked.
- People were supported to maintain their independence. Staff encouraged people to help with household chores and keep their rooms as they liked them. People were encouraged to move regularly to maintain their mobility.

- Everyone had their own room where they could see visitors or spend time in private. People had been able to personalise their rooms which gave them an individual homely feel.
- People were involved in decisions about the care and support they received. Care records showed that people and/or their representatives were involved in reviewing their care plans.
- A relative told us there was good communication about their loved one, and they were involved in decisions when appropriate.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- Staff knew people well and how they wished to be cared for. Staff worked around people's wishes to ensure they were able to follow their own routines.
- People felt in control of the care they received and their day to day lives. One person told us, "I can make my own decisions. The staff really do care about me."
- Staff treated each person as an individual and were able to tell us about people and their wishes. Staff told us about people's likes and dislikes, and we saw this was recorded in their care plans.
- People received care to meet their up to date needs and preferences. Care plans were regularly reviewed to make sure staff had the most up to date information about the support people needed. Changes to people's needs and wishes were also discussed in staff handover meetings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and recorded in their care plans. This helped staff to communicate effectively with people.
- The majority of people at the home were able to communicate verbally. Staff told us that where people did not use verbal communication or were living with dementia, they understood their body language and moods.

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 were supported to keep in touch with friends and family. Throughout the COVID-19 pandemic staff helped people stay connected to their loved ones.
- People told us they were able to have visitors at any time and some people said they continued to enjoy going out with friends and family.
- People enjoyed the company of other people who lived at the home. Friendships were encouraged and people told us how much they enjoyed spending time with each other.
- There was a varied activity programme run by the wellbeing co-ordinator. Staff were also involved and continued activities over the weekends. We saw people and staff enjoying time together choosing their

favourite songs on the electronic device. Staff wanted to make sure people were happy, for example, checking they could see the television and ensuring the subtitles were on.

- There was a welcome folder in the hall showing photographs of people doing activities. For example, there was a monthly newsletter, visits by an ice cream van, external entertainers, birthday parties with a recent 100th celebration, topical events such as the Platinum Jubilee garden party, Royal Bingo and a flag making competition. Events were well organised with fun details such as games and a photobooth at the summer circus themed garden party.
- People who wanted to, were able to access the nearby community. People told us how they had enjoyed a walk on the seafront and coffee with staff in local cafes.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy which gave information about how to make a complaint and the timescales that people could expect to receive a response in. No complaints had been made recently. There was lots of information in the home brochure in the hall for people to look at.
- People told us if they were not happy with any aspect of their care, they would be comfortable to either raise it with the manager or ask a relative to do so on their behalf. No-one had any complaints.

#### End of life care and support

- The staff worked with other professionals to make sure people were well cared for at the end of their lives. This included ensuring appropriate medicines were available to be administered by visiting nurses to maintain people's comfort and dignity.
- Staff had received training to ensure they were able to offer professional and sensitive care when people were receiving palliative care. We heard from staff how the wellbeing co-ordinator had sat with one person for five hours to support them in their final days. Staff showed genuine care and love for people and also supported people when they went through a bereavement. For example, staff had supported one person to attend a funeral

# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 interim manager led by example to create an environment which was open and inclusive. Staff felt well supported and said they could always talk with the interim manager or another manager from the provider's other home if they had any worries or concerns.
- Staff were confident that any issues raised with the manager would be responded to in an open and transparent manner.
- People were happy with the care they received. One person said, "I feel well looked after and safe here." Another person commented, "Moving here was a good decision. I have absolutely no complaints."
- People liked the family type atmosphere of the home and felt a sense of belonging. People all said they enjoyed their life at Ashfield.
- People were cared for by staff who were happy in their jobs. This helped to create a happy and inclusive atmosphere for people to live in. One member of staff told us, "A lot of us have been here a long time. We feel like family."

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

- Ashfield was a small home with a stable staff team and had previously had a well-established registered manager. The registered manager had left some months previously, but the provider had ensured the staff were well supported by an interim manager and a manager from another of the provider's homes. A new manager had been appointed and would be starting in January 2022 with a handover period from the interim manager.
- The interim manager was very visible in the home. This enabled them to constantly seek people's views and monitor quality. It meant any shortfalls identified could be promptly responded to.
- The interim manager worked with another manager from the provider's other home and carried out a series of quality assurance audits to make sure good standards of care and support were maintained. There were monthly managers meetings and the interim manager said they had been well supported. They were employed to remain at Ashfield when the new manager started to ensure a comprehensive handover. The Director of Operations and the Director of Business Performance also carried out visits to the home and made checks on elements of the service, such as training and medication administration.
- People benefitted from a provider who was committed to making ongoing improvements to the building. There was an action plan in place for the home which ensured the environment was well maintained and a

homely place for people to live comfortably.

- People lived in a home where there were regular health and safety checks. This helped to ensure the safety of people, staff and visitors.
- The interim manager understood their responsibilities and kept the Care Quality Commission informed of all significant incidents at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with other professionals to make sure people received the care and treatment they required. This included making sure people were supported to access specialist services when needed.
- Staff were able to share their views and make suggestions at staff meetings and day to day contact with the managers. Bite size training updates were included in these meetings so staff could share their thoughts of particular subjects. Staff were praised for their work with minutes including, "A big thank you to you all. You are all stars." Staff had worked well during the period without a registered manager and had continued to provide a good standard of care.
- People were able to attend periodic meetings to enable them to be kept up to date with any changes and share their views. The interim manager ran 'Tea with [manager's name] sessions where families could drop in and see them as well as participate in activities with their loved ones.
- The provider used satisfaction surveys to enable relatives to share their views. The last survey showed a high level of satisfaction. The provider had highlighted actions to be taken in response to comments made. This showed comments were taken seriously and used to improve the care and support people received.