

Isys Care Limited

Ashdale Care Home

Inspection report

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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

Ashdale Care Home is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

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

People felt safe living at Ashdale Care Home. Risks associated with people's care and support had been identified, monitored and managed. An appropriate recruitment process was followed and there were suitable numbers of staff available to meet people's care and support needs. Staff followed the provider's infection control policy and medicines were handled safely and in line with GP's instructions. The registered manager made sure lessons were learned when things went wrong.

People's care and support needs had been assessed prior to them moving into the service. This ensured their identified needs could be met by the staff team. Staff had the appropriate skills and knowledge to meet people's needs and they worked together to deliver effective care and support. People were supported to eat and drink well and access the relevant healthcare professionals when required.

People's consent to their care and support was obtained. They 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. However, some documentation relating to the Mental Capacity Act had not always been completed appropriately.

People were provided with a comfortable place to live and rooms were personalised. Staff were kind and caring and treated people with dignity and respect. Staff involved people in making decisions about their care and support.

Care plans had been developed and staff knew the people they were supporting well. Complaints were taken seriously, investigated and responded to appropriately. Whilst people's wishes at the end of their life had been explored, work to further enhance this area was required.

Auditing systems were in place to monitor the service being provided. Staff felt supported by the registered manager and their thoughts on the service were sought. Whilst the registered manager sought the views of people using the service and their relatives informally, they planned to reintroduce meetings and surveys to formalise the process.

We have made a recommendation regarding staff's understanding of the Mental Capacity Act 2005.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashdale Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist nurse advisor.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority, who monitor the care and support people received, and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We spoke with eight people living at the service and four relatives. We spoke with the registered manager, the registered nurse on duty and five members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included six people's care records and associated documents including risk assessments and a sample of medicine records. We looked at staff training records and the recruitment checks carried out for one staff member employed since our last visit. We also looked at a sample of the provider's quality assurance audits the management team had completed.

After the inspection

The registered manager provided us with further evidence to demonstrate compliance with the regulations.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Ashdale Care Home. Relatives we spoke with agreed with what they told us.
- One person explained, "I do feel safe, I think it's because I know there is always someone around." A relative told us, "Yes [person] is safe. I never worry about them when I'm not here. I know they are well looked after."
- Staff kept people safe from avoidable harm and knew the actions to take should they be concerned for someone's welfare. One explained, "I would report it to management and if I felt they hadn't dealt with it, I would phone the owners."
- The registered manager was aware of their responsibilities and reported potential signs of abuse to the relevant organisations, including the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Risk assessments had been completed when people first moved into the service. These included those associated with people's ability to move around the service safely and their eating and drinking habits.
- Staff had received training in the moving and handling of people and we saw them supporting people safely throughout our visit.
- People were provided with a safe place to live. Checks had been carried out on the environment and on the equipment used.
- Personal emergency evacuation plans were in place. These showed how people were to be assisted should the need to evacuate the building arise.

Staffing and recruitment

- Appropriate numbers of staff were on duty to meet people's current care and support needs.
- One person told us, "They definitely come when I ring my bell. As soon as I got here, I knew I would be looked after."
- The provider's recruitment process continued to be followed when new staff were employed. This included carrying out appropriate pre-employment checks to make sure they were safe and suitable to work at the service.

Using medicines safely

- People's medicines had been appropriately managed, and people were supported to have their medicines at the right times and in a safe way.
- Medicine records contained a photograph of the person to aid identification.

- Protocols were in place for people prescribed medicines 'as and when required', such as for pain relief. These gave clear instructions regarding how, why and when the medicines were to be given, as prescribed by their GP.
- For people who received their medicines via a patch on the skin, body maps were used. This provided a robust method of recording where the patch had been applied and reduced the risk of it being repeatedly applied on the same area, causing irritation.

Preventing and controlling infection

- Staff had received training on the prevention and control of infection and they followed the provider's infection control policy.
- Personal protective equipment, such as gloves and aprons, were readily available for staff, and these were used throughout our visit.
- Regular audits had been carried out on the environment to ensure people were provided with a clean place to live. Areas of the service seen during our visit were clean, tidy and odour free.

Learning lessons when things go wrong

- We saw when things had gone wrong, lessons were learned.
- For example, the registered manager had identified missing signatures within the medicine administration records. A more robust auditing tool had then been developed to reduce the chance of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training on the MCA and understood its importance.
- Whilst MCA was referred to in all the care plans we looked at, the quality of the completed paperwork varied, and was at times confusing.
- For example, a person who had capacity to make decisions about their care, had a best interest decision made on their behalf with regards to the taking of photographs. We also noted their risk assessment, for the use of bed rails, stated these were being used in their "best interests", even though the person had capacity. The wording used was inappropriate as this was the wording to be used when someone lacked capacity.
- Whilst these examples had not impacted on people's care, it meant staff completing the paperwork had not fully understood the MCA process.
- We shared this with the registered manager for their information and action.

We recommend the provider considers current guidance and ensures all staff fully understand and demonstrate a good working knowledge of the Mental Capacity Act 2005.

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

- People's care and support needs had been assessed prior to them moving into the service.
- A relative explained, "I came to have a look around and discussed with [registered manager] what help [person] needed. Then they visited [person] in hospital. They were brilliant"
- Staff supported people to make choices and decisions about their care and support daily. One person told us, "You can get up when you want to, and I like to go to bed as late as possible and they accommodate

that."

- Care and support were provided in line with national guidance and best practice guidelines. Guidance was readily available to enable the staff team to provide treatment and support. This included guidance on infection control, nutrition and sepsis. Sepsis is a potentially life-threatening reaction to an infection.

Staff support: induction, training, skills and experience

- People received care and support from a staff team that had the skills and knowledge to meet their individual needs.
- New staff had received an induction into the service and relevant training had been provided.
- We saw several training courses had been organised for the coming months. This included training on nutrition and hydration and emergency first aid.
- People and relatives felt the staff were well trained and they spoke positively about staff skills and experience. One person told us, "They know what they are doing, and they do it well."
- The staff team were supported through supervision and appraisal and they told us they felt supported in their role. One explained, "I do feel supported and I know if I have any concerns, I can go to [registered manager] or any of the nurses. They are all approachable."

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

- People were supported to eat and drink enough to maintain a healthy balanced diet.
- Staff had a good knowledge of people's food preferences and appropriate systems were in place to monitor people's diet and weight.
- Choices were offered at each mealtime and drinks and snacks were offered throughout the day. One person told us, "The food's good and you've got a choice. It's pancake day today so guess what I'm having for tea?"
- Whilst there was a dining room at the service, this was not being utilised, with people preferring to eat their meals either in their easy chair in the lounge, or in their bedrooms.
- People were asked at each mealtime where they would prefer to eat their meal, to make sure it was their choice rather than for staff convenience.

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

- Staff were observant to changes in people's health, and when concerns had been raised, support from the relevant healthcare professionals such as their GP had been sought.
- One person told us, "I just have to request the doctor and they [staff] arrange it for me."
- Oral health assessments had been completed when people first moved into the service, and training in oral healthcare had been sourced. Supporting people to maintain their oral health is important because of the potential effect on their general health, wellbeing and dignity.

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

- People lived in a service that had been adapted to meet their needs.
- People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone. We did note some areas of the service were looking worn and tired; including the conservatory area and some of the carpets on the first floor. We shared our findings with the registered manager for their attention and action.
- We also noted there was a shortage of storage space at the service. This resulted in some equipment being left in corridors, bathrooms, the dining room and on one occasion, a person's bedroom. We again highlighted this to the registered manager for their information and action.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives experienced positive caring relationships with the staff team.
- One person told us, "I am really happy here, the staff are really good, really caring and will do anything you want them to do." A relative explained, "The care is excellent. They [staff] are lovely, very caring. I cannot fault them."
- Staff understood the importance of promoting equality and diversity and respecting people's religious beliefs. Information was available to enable staff to provide individualised care and support. They were knowledgeable with regards to the people they were supporting and knew their personal preferences and likes and dislikes.
- Staff understood the importance of supporting people to make decisions about their care and support daily. One explained, "We always ask them [people using the service] what they would like. We sit with them and ask them what they require." This enabled people to be involved in making decisions about their care.
- We observed staff offering choices and supporting people to make decisions throughout our visit. One person told us, "They listen to you. They ask you what you like and what you don't like, it's your decision."
- The registered manager was aware of the requirement to involve an advocate if someone had difficulty speaking for themselves and had no one to speak up on their behalf. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained.
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. One explained, "I always knock on the door and let them [people using the service] know who it is. I close the door and the curtains and check they are ready for me to help them."
- A relative explained, "[Person] always looks cared for, always clean and tidy."
- A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. One staff member explained, "I never speak about a resident in front of another resident."
- Relatives and friends were able to visit at any time. This meant people could maintain relationships that were important to them. One person told us, "I've got two friends coming tomorrow. They can come any time and they are always made welcome." A relative explained, "I can call in at any time, and I do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care and support based on their individual needs.
- Care plans had been developed when people had first moved into the service. One person told us, "When I first came, they asked me what help I needed."
- Care plans seen were generally, up to date. They included information about the care and support people needed, their life history, the hobbies and interests they enjoyed and what was most important to them. This meant staff had the information they needed to enable them to interact with people in a meaningful way.
- The registered manager was in the process of updating the care plan documentation to ensure it covered all aspects of people's daily lives.

Meeting people's communication needs

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

- The registered manager understood their responsibility to comply with the Accessible Information Standard and was able to access information regarding the service in different formats to meet people's diverse needs.
- Staff knew people well and knew how each person communicated. People's communication needs had been identified during the assessment process and these were recorded in their care plan documentation.

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 follow their interests and take part in both group, and one to one activities.
- The provider employed two activity leaders for three days a week, six hours a day, with the remaining days being covered by the staff on duty. One person told us, "They do activities you can join in."

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything. A relative told us, "If there was a problem, I would go and talk to [registered manager] and they would do whatever was necessary. They would act."
- When complaints had been received, these had been responded to, investigated and resolved to the satisfaction of the complainant.

- Complaints were analysed to see if any action was needed to improve the service.

End of life care and support

- People had been provided with the opportunity to discuss their wishes at the end of their life during the care planning process.
- Whilst people's wishes at end of life had been explored, information within their care plans was basic in content and didn't go into specific personal preferences or wishes. The registered manager acknowledged this and explained this was to be addressed with the changing of the care plan documentation.
- A number of staff had received training on end of life care and further training had been sourced. A staff member told us, "When people are really poorly, we sit with them and comfort them. They [management] give us the time we need."
- Where a decision has been reached not to attempt resuscitation, the required documentation was in place within people's records informing the staff team of their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A registered manager was in place and people spoke positively about them and the staff team.
- One person explained, "[Staff member] is excellent! and I mean that." A relative told us, "[Registered manager] is very good, very approachable."
- The registered manager had systems in place to monitor the quality and safety of the service. Monthly audits had been carried out on the paperwork held including people's care plans, medicine records and records of weights and falls. Records showed where issues had been identified, action had been taken.
- Regular audits to monitor the environment and the equipment used to maintain people's safety had also been carried out.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display within the service.

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

- Procedures were in place, which enabled and supported the staff team to provide consistent care and support.
- Staff demonstrated their knowledge and understanding around such things as safeguarding, whistleblowing, equality and diversity and human rights.
- Staff understood the provider's vision for the service, and they told us they worked as a team to deliver good standards of care.
- One staff member explained, "It's about providing good care and providing a friendly environment. We try to make life easier for them [people using the service] and make it like being in their own home."
- The registered manager worked in an open and transparent way when incidents occurred at the service, in line with their responsibilities under the duty of candour.

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

- People using the service, their relatives and the staff team had been involved in how the service was run and their views and thoughts were sought.
- One person told us, "I feel they listen to me and listen to what I say."
- We were told whilst there hadn't been a staff meeting for a while, communication was good within the team and staff were kept up to date with events and happenings at the service. One explained, "Communication is good. I've just had my supervision and my appraisal is next." Another told us, "If there is anything different happening, the nurses always pass it on."
- The registered manager explained it was their plan to reintroduce meetings for the people using the service and staff, and reimplement the use of surveys in the next month or two. This would provide further opportunities to gather people's thoughts on the service provided.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continually improving the service.
- They worked openly with stakeholders and other agencies. This included liaising with social work teams and other professionals when appropriate, to ensure people received care that was appropriate for their assessed needs.