

# Ashfield Specialist Care Limited

# Ashfield Nursing Home

## Inspection report

Beech Avenue  
Kirkby-in-Ashfield  
Nottingham  
Nottinghamshire  
NG17 8BP

Tel: 01623723724  
Website: [www.ashahealthcare.co.uk](http://www.ashahealthcare.co.uk)

Date of inspection visit:  
24 November 2021

Date of publication:  
18 February 2022

## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Ashfield Nursing Home is a nursing home that provides personal and nursing care. The service is registered for 40 people and 39 people were using the service at the time of our inspection.

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

The service was not always safe as the home was not sufficiently cleaned and maintained to a high standard. The provider reacted to issues and concerns, but not in a timely manner. The provider did not ensure that there were good quality and governance processes in place to support improvements to the service.

Risks relating to people's personal and nursing needs were assessed and managed with detailed risk assessments in place to ensure staff cared for people safely.

People were supported by sufficient and skilled staff. People's medicines were administered in a safe way. Safety measures and systems were in place to ensure people were kept safe.

Managers and staff had clear understanding of people's needs. Relationships with other professionals were consistent.

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

The last rating for this service was Good (published 10 June 2019).

Why we inspected

We undertook this focused inspection as the local authority raised concerns with regards to the infection control process within the home.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed. This is based on the findings at this inspection.

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 are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to the premises and equipment and good governance at this inspection.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner. You can see what action we have asked the provider to take at the end of this full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Ashfield Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

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

This inspection was carried out by two inspectors on the day of inspection and an Expert by Experience made telephone contact with families after the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashfield Nursing 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

The inspection site visit activity took place on 24 November 2021 and was unannounced.

#### What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke to four people and twelve relatives. We observed the environment of the home and the interaction between people and the staff. We spoke with eight members of staff including, the registered manager, administrator, senior care worker, care workers and housekeeping staff.

We reviewed a range of records. This included eight people's care records and nine medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medication administration records, training data, audits of the service, policies and procedures. We also requested the registered manager to complete a refurbishment audit of the home. This was to identify their findings and provide a plan to address issues and concerns.



# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection, assessing risk, safety monitoring and management

- Areas of the home were not adequately maintained or clean. For example, there was visible dust on high surfaces, wallpaper was peeling off the walls, one person's bedroom had remnants of dried faeces smeared on the wall, where the wallpaper has been ripped off making this impossible to clean.
- There was a strong odour in several bedrooms, caused by stained and dirty carpets. Staff told us their carpet cleaner was shared with another service owned by the provider and that made it difficult to deep clean the carpets. People's commodes were not sufficiently cleaned.
- Chairs were of a very poor standard, worn and visibly dirty with debris embedded on the chairs in both the lounge areas. Pressure cushions viewed were also stained. There was a risk infection could be transmittable.
- The kitchenette upstairs in the communal dining space was dirty. Kitchen cupboard doors had fallen off and not been replaced. There were also items not suitably stored. For example, a hairbrush with hair in and a deodorant can in the kitchen cupboard, with no door.
- Areas of the home required refurbishment and replacement. For example, radiators were hanging off the wall in two areas of the home.
- A nail and an exposed screw were found sticking out of the wall in the corridor. The registered manager did rectify this when prompted during our inspection.
- Staff said, "The environment lets the home down". One relative told us, "I don't go in the home because the home smells horrible."
- The environment was not safely managed. We observed occupied bedrooms had furniture which was not fixed to the wall. There was a risk furniture could fall on people.
- When we arrived at the home, it was cold, and no heating was on. Some people had no feet covering and one person's feet had turned blue. People told us they were cold. Relatives confirmed areas of the home, such as, the conservatory was very cold. One relative told us; they had had to ask for a blanket for their family member to keep them warm during their visit.
- Another relative said, "[Name] has told me that they get cold in the conservatory area." However, some relatives told us they felt the temperature was fine. We spoke with the registered manager who told us the heating was on a timer, they reviewed and addressed the heating settings during the inspection.

A lack of cleanliness and poorly maintained environment can impact on people's health and increase the risk of infection. The unsafe environment and ongoing lack of cleanliness was a breach of Regulation 15 (Premises and equipment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections. For

example, extensively screened upon entering the home and testing people and staff regular for COVID-19

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- Risks were assessed and monitored to identify known risks for people. Detailed risk assessments were in place to ensure staff were able to manage these risks for people. For example, people who wore no feet covering or shoes risks were assessed and although staff encourage people to wear feet coverings they refused.
- Individual risk assessments were detailed and specifically addressed each person's risk. For example, where people were at risk of falls or risk posed to them through specific diets they were required to follow, there were detailed risk assessments in place with risk reduction measures to ensure any risks were managed.
- There were lots of potential incidents of behaviours that may challenge that were quickly diffused by staff in a calm caring manner.

#### Learning lessons when things go wrong

- The provider analysed incidents and accidents on a monthly basis. We saw where changes had been made to people's care or equipment used when incidents had occurred.
- The registered manager gave an example where lessons had been learned from a person moving furniture when agitated or distressed. The provider had acquired furniture for the person's bedroom that was not easily moved or broken. The relative of the person confirmed the furniture in the bedroom couldn't be easily moved or broken.

#### Staffing and recruitment

- The registered manager advised that they were currently recruiting a maintenance worker and head housekeeper to resolve ongoing environmental issues within the care home. In the interim the maintenance person from another home and the registered manager were undertaking minor repairs.
- There were enough staff deployed around the home. Staff told us there was enough staff to meet people's needs. One staff member said, "Staff morale is good, and we work well as a team." Another staff member said, "The team here is very good, we don't allow for poor practice when it comes to our residents".
- Staff had received an induction, supervision and relevant safety checks to ensure staff were suitably employed. For example, character references and disclosure and barring service (DBS) checks were undertaken for any new staff.

#### Using medicines safely

- Medicines were managed and stored safely.
- There was an electronic system in place that reduced risk of errors. For example, medicines were scanned prior to be given and if they are not scanned this was flagged on the system.
- Medication administration reflected best practice NICE guidance; consent was consistently requested prior to any medicines been given.
- There were clear 'as required' (PRN) protocols in place which gave specific instructions for staff to follow.
- When covert medicines were required, the provider ensured this was done lawfully. Pharmacy, GP and staff involvement was documented on the medicine administration record (MAR) with clear specific instructions for staff.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and staff were knowledgeable on how to report safeguarding concerns.
- We discussed with the registered manager open safeguarding referrals and action taken. We saw the



registered manager had reported safeguarding concerns and incidents and shared information of action taken with other professionals and CQC.

- One person said, "I feel safe living here, they look after me, I couldn't manage on my own".
- Staff had completed yearly safeguarding training. Staff were aware of how to report allegations of abuse or harm to ensure people were kept safe.

# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and registered manager had completed walk arounds of the home, but not recorded areas of concerns when identified. This meant issues and concerns that may need repair were missed or not acted upon in a timely manner. The registered manager told us that the pandemic had impacted on materials being unavailable in some areas.
- The lack of a maintenance person and head housekeeper impacted on the upkeep and repair of the environment. The registered manager told us they had completed relevant audits for the service including ones for the environment, however, we found these were not robust. Not all audits had identified the issues and concerns we found during the inspection. The registered manager completed an environmental audit following our inspection and shared the plan and timescale for the maintenance and repairs to be completed.
- The local authority identified the same issues and concerns in July 2021. The provider gave them a timescale when these issues would be addressed. However, they had not addressed all the issues and concerns within the time frame agreed.
- The registered manager described individuals' needs and how staff would care for each person. This meant management and staff understood their roles and responsibilities. The registered manager was open and transparent about issues and concerns we found. However, their audits and improvement plans did not identify all the issues, concerns and repairs around the home.
- Cleaning schedules were not clear. The registered manager told us the cleaning schedules were under review as a new head housekeeper had been recruited.

The provider failed to ensure audits and monitoring clearly identified issues of concerns with the safety of the environment and cleanliness of the home. This is a breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager notified us when incidents had happened in the home. The provider followed legal requirements and displayed the last report and rating for the service for people and visitors to view.
- All staff felt the manager was supportive and delegated tasks to others, they said she was fair to all staff and was approachable. Most relatives confirmed they knew who the registered manager was and that they could contact them if they needed to.
- Senior staff had extensive experience of working with people with advanced dementia and complex mental

health needs. Staff told us they had received extra training in pressure area care, infection control and dementia awareness.

#### Continuous learning and improving care

- Care plans were person centred and reflected people's needs. Overall care plans were to a very good standard and we observed these care plans to be followed by staff.
- The registered manager and their team continued to ensure they improved people's health and wellbeing. People and relatives were happy with the care and support provided.
- One relative said, "I am very pleased with the care mum receives; I say this because she's happy."
- Another relative described how the care their relative received had improved their well-being and changes to their medication was suiting them better. The relative told us, "Yes I'm happy with [my relative's] care. They have very complex needs." This told us the service were mindful of the need to review and improve people's experience of care.

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

- People received positive outcomes in relation to their care and support.
- Care plans identified people's needs and known risks and included their choice and decisions regarding care and treatment. Mental Capacity Assessments (MCA) and best interest for all people were very detailed and specific.
- Care plans in place were detailed, for example, if a person had a supra pubic catheter – weekly flushes had been completed as per care plan with PH levels taken to reduce the risk of blockage and the risk of unnecessary pain and suffering. We observed staff follow written instruction in people's care plans.

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

- People were involved with the food choice on the menus. At lunch people appeared happy with the choices they made.
- Resident and relative meetings had taken place. Relatives confirmed they could speak with the registered manager and were always kept informed of any incidents, or changes to their family member's needs.
- Visiting protocols for the service was in place. Although the registered manager told us visiting arrangements were by appointment and limited to 30 minutes slots, this was due to the complex needs of some of the people who used the service. Relatives confirmed the visiting process.

#### Working in partnership with others

- The provider worked well with other professionals.
- We received positive feedback from professionals, in the way the home managed new placements. The registered manager was commended for their professionalism throughout the process and responded to queries in a timely manner.

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 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider failed to ensure that the premises were adequately cleaned and properly maintained.

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	The provider failed to ensure their monitoring systems and processes were robust enough to identify areas of concern within the home.