HC-One Limited

Ash Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 22 and 24 April 2015 and was unannounced. We last inspected this home on 30 June 2014, the provider was meeting all the regulations we inspected.

Ash Grange provides nursing and personal care for up to 42 older people, including people who have dementia. At the time of our visit there were 35 people living there. There was a registered manager in post at the time of our inspection. 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.

People told us they felt safe living at the home and free from the risk of abuse. Staff we spoke with told us that they understood their role in keeping people safe and they knew how to report concerns. Staff had received training on how to protect people from the risk of abuse.

Summary of findings

People, relatives and staff told us that there was not enough staff available at all times to support people with their care needs. The registered manager agreed that reviewing the deployment of staff at peak times would ensure people were supported in a timely manner.

The provider had safe processes in place to recruit new staff and carried out pre-employment checks. Staff completed an induction, received regular supervision and training to ensure they had the skills and knowledge they needed to meet people's needs.

Risks to people were assessed and equipment was available for staff to use but it was not always used safely to protect people from risk of injury. People received their medicines at the correct time and as prescribed. Medicines were managed, stored and administered safely.

Assessments of people's capacity to consent and records of decisions had not been completed in their best interests. The provider could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests.

People and relatives spoken with were happy with the food and felt that they had a choice of what they would like to eat and drink. People's dietary and nutritional needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health.

People told us staff were kind and caring in their approach. People and their relatives felt listened to and involved in developing a plan of their care needs. Staff worked closely with other healthcare professionals to ensure care plans reflected a person's health needs. Staff understood people's choices and preferences and respected their privacy and dignity.

People and their relatives felt comfortable raising concerns with the staff or management team and were aware of the provider's complaints policy. The provider had an effective process in place to respond to people's complaints or concerns.

People, relatives, staff and professionals told us the management team were approachable and visible within the home. Relatives and visitors to the home told us they were welcomed by the staff which enabled them to maintain relationships with their family members.

There were audit systems in place to monitor the quality of the home. These included gathering feedback from people who used the service, relatives and healthcare professionals. The registered manager and provider had made regular checks to monitor the quality of care people received and identified areas where improvement may be required.

Summary of findings

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 consistently safe.

There were not always sufficient numbers of staff to meet people's needs in a timely manner. Risks to people had been assessed but staff did not always use equipment safely. Procedures were in place to keep people safe and staff knew how to protect people from abuse and harm. People received their medicines as prescribed. Medicines were stored and disposed of safely.

Requires Improvement

Is the service effective?
The service was not consistently effective.

The provider had not followed legislation around obtaining people's consent. Applications to restrict people's liberty had not always been applied for as they should have been. People received care and support from staff that had the knowledge and skills to support people who lived at the home. People's nutritional needs had been assessed and they were supported to have enough to eat and drink. People were supported to have access to healthcare professionals when required.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with kindness and compassion. People and their families were involved in making decisions about their care. Staff understood people's care needs and also understood their likes, dislikes and preferences. People's dignity and privacy were respected by staff.

Good

Is the service responsive?
The service was responsive.

People and their families were involved in planning how they were supported and cared for. People were encouraged to make choices about their day to day lives and were given opportunity to take part in activities. People and their relatives felt listened to and knew how to raise concerns.

Good

Is the service well-led?
The service was well-led.

People, relatives and staff were complimentary of the management team and told us the home was well-led. All staff understood their roles and responsibilities and were given guidance and support from the managers. The quality monitoring systems identified risks to people's welfare and health. Where issues were identified there were action plans in place to address these.

Good

Ash Grange 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.

This unannounced inspection took place on 22 and 24 April 2015. The inspection team consisted of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who used this type of care service and has experiences of services for people living with dementia.

As part of our inspection we looked at the information we held about the home. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority to ask their opinions of the home. We used this information to help us plan our inspection of the home.

During the inspection, we spoke with ten people who lived at the home and twelve relatives or visitors. We spoke with nine staff, the deputy and registered manager and five health care professionals. We looked at three records about people's care and three medicine records, two recruitment files and records relating to the management of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing care to help us understand the experience of people who live at the home. We used this because some people living at Ash Grange nursing home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with people living at the home.

Requires Improvement

Is the service safe?

Our findings

We observed delays to people being provided with the care and support they required. We saw one person who required support to use the bathroom having to wait while we located a member of staff. One relative told us, "Sometimes they seem short staffed they can be too busy, especially upstairs. People can be kept waiting longer than they should be" and "They don't have enough time, the breakfast gets later and later." We observed breakfast was still being served at 11am. One staff member told us, "Sometimes we do it as late as 12pm we'd like breakfast to be over sooner." Another staff member told us, "There's staffing issues, we're really pushed." One staff member told us, "We are always rushing and not giving enough quality time to residents." We observed staff were rushed and people were left for periods of up to 35 minutes in the lounges without staff looking in on them or speaking to them.

We saw that some people were cared for in bed. One person told us it took up to ten minutes for staff to respond to their needs. Two relatives told us that on occasions their relative had to wait a long period of time after pressing the call bell. This had resulted in their relative being incontinent on occasion. Staff members told us they could not always respond quickly to people's needs particularly in the mornings. One staff member told us, "We have good quality staff but not enough of us to get clients up and dressed by 10.30am." We saw that there were long periods of time where there were no staff visible in the corridors or communal areas as they were helping people in their rooms. We saw that this impacted on some people as they had to wait for staff to become available before their care needs were addressed.

The registered manager told us the home had five beds which were used by people on a short term basis when they had been discharged from hospital. We saw that this placed additional pressure on staff particularly if there had been a number of new admissions into the home or during peak times. For example, during the morning when people wanted to get out of bed.

We discussed staffing levels with the manager and they told us that they carried out a needs analysis, in order to determine the number of staff required to support people safely. The registered manager ensured us they would review staffing deployment, numbers and skill to meet people's needs safely particularly during times peak times or when there were a number of new admissions into the home.

The provider had an effective recruitment process in place to ensure staff were recruited with the right skills and knowledge to support people. We found appropriate checks had been completed prior to the employment of these staff, including Disclosure and Barring checks (DBS). DBS checks enable employers to check the criminal records of employees and potential employees so they can be sure they are suitable to work at the home.

Although risks to people were assessed and equipment was available for staff to use, it was not always used in a safe way and meant that there was a risk of injury to a person. We observed one person being pulled in a wheelchair backwards and saw that the person's foot was dragging on the floor. We spoke with the staff member who said they were unsure how to assist the person. We looked at records and saw that the person's plan of care and risk assessment had been reviewed recently. It stated that the person had a high risk of skin damage but did not give information on how staff should support the person whilst transferring in the wheelchair. We spoke with staff about managing care needs for people with poor skin integrity and they demonstrated a good understanding of the actions to be taken.

We saw that staff reported and recorded incidents, accidents and falls appropriately. We saw that the registered manager analysed information and responded quickly to minimise the risk of a re-occurrence. For example, we saw that one person who was at a high risk of falls had a sensor mat placed beside their bed, which meant that staff were alerted immediately if this person had got out of bed.

One person told us, "I feel very safe at night and sleep very well." Another person told us, "Staff are not too bad I feel safe here." Everyone we spoke with told us they would speak to the registered manager or a staff member if they had any concerns. Comments from staff included, "In my view people are safe. We take concerns very seriously." All the staff we spoke with had a good understanding of how to keep people safe and how to report any concerns. Staff told us they were confident concerns would be taken

Requires Improvement

Is the service safe?

seriously by the management team and appropriate action would be taken to address any issues. Staff knew they could share information with the local authority or CQC if support or advice were required.

One person told us, “I have my medicine” and “I have no concerns.” One relative told us, “I have seen them administer medication they always take time to tell them what their medication is for.” We observed staff administer people’s medicines and saw that medicines were given to people as prescribed by their doctor. We looked at the medicine records for three people and found that all information required such as the amount of medicines received into the home and what had been administered was recorded correctly. Some people had medicines that they took only when required. We saw that there was guidance in place to support staff in the administration of these. We saw that the medicines were stored securely and staff kept a record of the temperature of the room and fridge, so that medicines were kept safely.

Requires Improvement

Is the service effective?

Our findings

People were complimentary about the staff and told us they felt staff were trained on people needs and were knowledgeable about how to care for people. One person told us staff, "are good." Another person told us, "Staff know what they are doing." Staff spoken with told us they had received training and felt they had the necessary skills and training to meet the needs of people who lived at the home.

Staff told us they received an induction, had regular one to one meetings with the registered manager and had on-going training. One staff member told us, "I have supervisions every few months and an appraisal. In my induction I watched staff for a day then I went on the floor." Another staff member told us, "We have supervisions regularly I've been offered to do an NVQ." We looked at records and saw that the provider had a training programme in place that tracked training requirements for each staff member. Staff told us they felt supported by the provider and would speak to the registered manager if they had any concerns.

People told us that staff sought consent before providing care and support. One person told us, "They always ask before giving care." We observed staff ask people if they could attend to their care needs. We saw that some people that lived at the home may not have the mental capacity to consent or contribute to decisions about their care. There were no records of people's mental capacity being assessed or of best interests meetings and decisions being made in line with the Mental Capacity Act 2005 (MCA) code of practice.

In one instance where a person frequently refused care a Deprivation of Liberty Safeguards (DoLS) application had been made to the local authority. In total,13 applications had been made. DoLS are part of the MCA and providers are required to submit applications to the "Supervisory Body" for authority to deprive someone of their liberty, in order to keep them safe. We looked at records and the manager confirmed that the correct procedure had not been followed prior to submitting applications to the local authority. The registered manager and deputy assured us during our inspection that they had already taken action to address this and were completing mental capacity assessments for people who were not able to give their consent to their care and support.

We saw at lunchtime staff supporting people to eat their meal at a pace that was suitable for them. We saw that staff engaged people where possible in conversation and helped to make mealtimes a pleasant experience. People told us and we saw that drinks were offered regularly to people throughout the day. We observed staff supported people that were not able to manage their own drink. One person told us, "The foods alright, they do ask you what you want." Another person said, "There is always a choice." One relative told us, "The food is good; there are drinks but never enough beakers." We saw that staff were provided with a list of people who required pureed food or food suitable for a diabetic person. People's choices were also detailed. One staff member told us, "There's a four week rolling menu and we speak to residents when they move in, to see what they like. We leave sandwiches overnight and snacks are always available. We have a minimum of seven drinks a day." We looked at records and saw that nutritional assessments had been completed where required and reviewed regularly. We saw that where food and drink intake was recorded information was reviewed regularly to check if a person's nutritional requirements were being met. We saw that care plans showed people received support from other healthcare professionals such as dieticians when necessary.

One person told us, "If I need the doctor he comes within a reasonable time." One relative told us, "They get onto the paramedics and doctors straight away." We saw that people were referred appropriately to their doctor and other health care professionals when required. One person told us, "I have had falls recently and was rushed to hospital." People we spoke with told us that if they required an optician, chiropodist or dentist they would be made available to them. Healthcare professionals we spoke with confirmed that staff made timely referrals when a person's health need changed and followed instructions appropriately. We looked at records and saw that information was kept of professional visits and the advice given.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring and knew them well. One person told us, “Staff are good they are kind.” Not everybody was able to tell us about their experience of living in the home. We therefore observed how people were supported by staff to help us understand the experiences of people who could not speak to us. We observed one member of staff assisting a person with their meal. We saw that the staff member spoke kindly with the person and waited for the person to respond. We observed how the person smiled at the staff member in response to their questions. We saw positive interactions between staff and people and saw that people were relaxed and happy in the company of the staff. We observed several people laughed and joked with staff throughout the day. Health care professionals told us staff were kind and caring and were ‘interactive’ with the people living at the home. Staff we spoke with were able to tell us about people’s individual likes and dislikes.

One person told us, “Staff always listen to me.” We observed staff gave people choices and saw that people were supported as much as possible in making decisions about their care and treatment. We saw that people felt comfortable to approach staff for assistance when required. We saw that staff were aware of people’s everyday choices and we observed staff ask people what they would like to eat or drink and where they would like to eat their meal. Relatives we spoke with told us they had been involved in discussing their family member’s care needs with staff when required. Relatives told us staff knew their family members well and respected their choices.

One person told us, “Staff come and check on you, they knock the door to come in.” People we spoke with told us that staff respected their privacy and dignity. We observed that staff addressed people by their preferred names. Visiting healthcare professionals gave us an example of staff making sure that people’s healthcare needs with treated in private and not in a shared area.

People and their relatives told us there were no restrictions on visiting and visitors were made welcome. One visitor told us that they were able to visit their relative at any time. This enabled people to maintain contact with people who were important to them.

Good

Is the service responsive?

Our findings

One person told us, "I am able to make suggestions relating to my care and I have been listened to." We observed that staff knew people well and had a good understanding of each person's individual needs. Staff we spoke with were able to tell us about people's individual care and health needs. We saw that people's needs had been assessed and care plans were in place to ensure people's needs were appropriately supported. We looked at the care records for three people and saw that information was recorded and updated regularly. We saw that handovers were conducted at each shift changeover and all staff attended. One staff member told us, "Handover is the main way of learning about how people's needs have changed." Staff informed us they also attended group meetings and 'flash' meetings to discuss improvements in care for people who lived at the home.

We saw that people's needs were assessed when they moved into the home, so that staff would know what level of support a person needed. Where people were not able to be involved with the development of their care plan we saw family members and other health care professionals had been involved in the planning of a person's care needs. Relatives we spoke with were happy with the level of information received from staff. One relative told us that staff contacted them to let them know their family member had hurt their leg. The relative told us they thought staff responded 'promptly' and 'effectively'.

People living at the home, relatives and staff told us about the activities that took place at the home. The majority of people we spoke with enjoyed the activities on offer and said they were involved in choosing them. One relative told us that the activities co-ordinator was good and encouraged people to take part in activities organised during the day. We observed a small number of people taking part in exercises in their chairs during our visit. One person told us they would join in the activities sometimes and other times they would watch. Some people had individual interests that they liked to do, such as reading or listening to music. One person told us that they often went outside if the weather was good and enjoyed sitting in the garden.

People and relatives told us they would feel confident to complain, if they needed too. One person told us, "I would speak to the staff if I was not happy" and "I am happy to speak to the staff about any concern I have." One relative told us, "The registered manager always asks if there are any issues regarding the care of my relative and responds accordingly." Other relatives told us, "I feel comfortable to raise any issues with the staff or registered manager at any time." All staff spoken with knew how to raise concerns on people's behalf and felt confident that issues would be dealt with appropriately by the registered manager. Records of complaints looked at showed that they were investigated and responded to appropriately. We saw that the provider's complaint's policy was available in the reception area for visitors to the home.

Good

Is the service well-led?

Our findings

One person told us, “I like it here and I wouldn’t change anything.” Another person said, “I recommend it here, it’s very good” and “I am very happy here.” All the people, relatives and staff spoken with told us the atmosphere of the home was friendly and welcoming. Everyone we spoke with knew who the registered manager was and told us they could speak with them whenever they wished. People told us that the registered manager was ‘approachable’. Relatives we spoke with told us the registered manager was ‘always visible’ and ‘very approachable’. One staff member told us, “The manager is great, he’s easy going and fair, and gets things done.” Health care professionals told us they felt the home was run efficiently and the manager was very pro-active.

Relatives we spoke with told us that staff kept them fully informed of any issues or events which occurred within the home. For example, special celebrations. Relatives we spoke with were aware that relative meetings took place but had not attended any recent meetings. Relatives told us they felt happy to approach the staff or management team if they wanted to discuss any issues or clarify any information. We saw that relative meetings were planned regularly and information was displayed in the entrance hall. We saw that people and their relatives were encouraged to give feedback through surveys. Records looked at showed that people and relatives were happy with the service the home provided. We saw that where suggestions had been raised, these were recorded and reviewed by the provider.

There was a registered manager in post who managed the home on a day to day basis. We spoke with the registered manager and they demonstrated a good understanding of all aspects of the home including the needs of the people living there. The provider has a history of meeting legal requirements and notifying us about events that they were required to do so by law. Staff we spoke with understood their roles and responsibilities. Staff told us that they felt supported by the management team and felt confident to approach the registered manager if they had a problem. We saw that staff meetings were held; staff spoken with told us they had opportunity to discuss any concerns and these were followed up by the management team. Staff told us the registered manager would call ‘impromptu’ meetings to inform staff of immediate issues or areas for improvement. Staff would be involved in taking action to address these.

The registered manager completed a number of quality audits to ensure that the home was safe and effective. For example, medicine and care audits and health and safety checks. Records showed that safeguarding, complaints, incidents and accidents were analysed to identify trends. We saw that when issues were identified the registered manager took appropriate action, for example, where people had lost weight over a period of time they were referred to a dietician.

We saw that information was collected in a variety of ways. This included collating information of people’s experiences recorded on the internet, discussions with healthcare professionals, surveys and meetings with people and their families. The registered manager regularly asked people who lived at the home and their relatives for their views on the service provided. This information was analysed and used to improve the quality of care provided to people who lived at the home.