

Imperial Midlands Limited

Ashfields Residential Care Home

Inspection report

Ash Lane
Etwall
Derby
Derbyshire
DE65 6HT

Tel: 01283736863

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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

Ashfields Residential Care Home provides personal care for up to 20 people aged 65 and over. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 19 people were using the service.

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

Systems and processes were in place to protect people from harm and abuse. Staff had received training and understood their responsibilities to report any incidents to the registered manager. The registered manager reported allegations of abuse to the relevant safeguarding authorities and to CQC. At the time of the inspection there was no ongoing investigations.

Risk assessments had been completed to enable people to be as independent as possible while remaining safe. Where risks had been identified staff had the knowledge and skills to minimise the risk of harm. Specific risks in relation to mobility, nutrition and pressure area care were detailed and reviewed monthly. Care plans described the support people needed to maintain their mental and physical health. Changes to people's needs were quickly identified and amendments were made to reflect their up to date care.

Recruitment and selection of staff continues to be robust. This helped the registered manager make sound decisions when employing new staff. Staff had received training to enable them to meet the needs of people. There was enough staff on duty to meet people's needs and keep them safe.

People received their medicines as prescribed. Staff were responsible to ensure the correct procedures were followed. Regular audits were carried out so that any error was picked up quickly. People had access to a wide range of health and social care professionals. People living well with dementia had their mental health monitored by consultants and community psychiatric nurses.

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.

Mealtimes were relaxed, staff offered appropriate assistance where needed. People who were identified at risk of becoming malnourished were provided with additional support and were monitored closely by the staff.

The environment was clean and tidy and was suitable for people living well with dementia. There was clear signage around the service and people personalised their bedrooms with things to make them feel at home.

Relatives and people we spoke with were happy with the care provided which was dignified and they told us staff were very respectful. Relative said they were aware of the complaints procedure but had no complaints.

They told us the registered manager and staff provided an excellent service.

Staff knew people very well and they were able to tell us how people communicated their wishes when they could not express them verbally. People had access to a range of activities including entertainment from in the community. For example, pat dogs which were popular.

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 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfields Residential Care Home on our website at www.cqc.org.uk.

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.

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.

Ashfields Residential 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.

Service and service type

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

Notice of inspection

This inspection was unannounced.

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke five with members of staff including the registered manager, deputy manager, a senior care worker, a care worker and the cook. We spoke with a health professional who was visiting at the time of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- Systems and process were in place to ensure people were protected for the risk of harm or abuse. Staff had received safeguarding training delivered by the local authority and staff understood their responsibilities to report any incidents where people may have been harmed or abused.
- Staff had confidence in the registered manager to report and investigate any allegations of abuse. Staff told us they would support people to report anything that was worrying them. Relatives told us they felt their relative was safe. One relative said, "I visit very regularly, and I have never heard staff raising their voice or treating people in a not nice way."
- People who were unable to tell staff about things they were worried about because of their mental capacity had either family or used advocacy services to raise concerns.
- The registered manager told us there was no ongoing safeguarding investigations.

Assessing risk, safety monitoring and management

- Accident and incidents were recorded, and the information was used to reduce any further risks occurring.
- Staff were provided with guidance to provide safe care. Care records had detailed risk assessments in place for things like mobility, nutrition and skin care. Good practice guidance was used such as Waterlow assessments to identify people's skin frailty.
- Staff had access to health care professionals such as speech and language therapists (SALTs) if people were identified at risk of choking. We saw thickening agents were used to ensure people could drink fluids safely.
- People had emergency plans (PEEPS) in place in case they had to be evacuated from the building different coloured circles on bedroom doors were used to quickly identify the amount of support the person needed.
- We saw safeguards were put in place to alert visitors that people would be unsafe if they left the building due to their mental capacity. Comprehensive care plans ensured people were free to move around the building whilst remaining safe. Secure gardens meant people could enjoy the garden without restrictions.
- Risk assessments had been developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights.

Staffing and recruitment

- At the last inspection of the service recruitment procedures were robust. This remains the same.
- Staff told us how they had received a good induction which gave them the skills to fulfil their roles and responsibilities.

- There were enough staff to meet the personal and emotional needs of people. Relatives confirmed there always seemed to be staff around when they visited.
- Staff had received training in fire evacuation and health and safety, so they could recognise and report any issues to the maintenance staff member.

Using medicines safely

- Policies and procedures were followed to ensure people received their medicines in a safe and timely way. Observations of medicine administration confirmed staff were following safe procedures.
- Staff had received training in the safe administration of medicines and their competency was reviewed regularly.
- Medicines prescribed 'as and when needed' such as pain relief were clearly recorded. Staff told us how they would assess a person's pain if they were not able to communicate verbally
- Staff displayed patience and empathy when people refused their medication. Sometimes offering their medicines several times before supporting them to take their medicines.

Preventing and controlling infection

- Staff were employed to ensure the premises were kept clean and hygienic so that people are protected from infections. Cleaning rotas were monitored by the registered manager, and staff had attended training in the use of cleaning materials that were harmful when in use.
- Staff told us they had access to personal protective equipment such as gloves and aprons and we saw staff using them throughout the inspection.
- The registered manager was aware of the procedures and authorities to notify in case of an outbreak of infection.
- Staff had received food hygiene training. The kitchen had achieved the highest award (five stars) from environmental health inspections.

Learning lessons when things go wrong

- The registered manager understood their responsibilities to raise concerns, record safety incidents, and near misses, and to report them externally to the provider.
- The registered manager told us how they had learned from events which had improved the safety of one person. The person had limited mental capacity due to their dementia. Staff meetings and additional security around exit doors and windows had been implemented for the persons 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved. 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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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. At the last inspection improvement were needed to ensure peoples capacity was specific to each decision. This had been addressed by the registered manager.

- People were supported in line with the Mental Capacity Act 2005.
- The registered manager showed us evidence of DoLS being approved and how they were monitoring conditions that had been applied to a person's authorisation.
- Staff had received training on MCA and DoLS and they were able to confirm how they managed people's behaviours in the least restrictive way while keeping them safe. For example, one person occasionally tried to leave the building. Additional security had been fitted to exit doors and windows.

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

- Care plans were person centred and gave staff clear guidance how people preferred their needs met. Assessments had been carried out prior to the person being admitted into the service. The assessment process continued after admission to enable staff to fully understand the person's needs.
- Staff were able to understand peoples likes, dislikes and preferences by gathering information from family if the person was unable to contribute due to their mental capacity. This information was recorded on 'This is me', developed by a specialist dementia organisation. A relative said, "When my [family member] came into the home we sat and completed information about their life history and things they were interested in."

- Information about people's health, social and emotional needs was recorded and available for staff.

Staff support: induction, training, skills and experience

- Staff received training to ensure their skills and knowledge was up to date and relevant to their roles and responsibilities. For example, staff had received awareness training in dementia care.
- Staff had the opportunity to enhance their knowledge by gaining vocational qualifications.
- Staff had regular supervision and annual appraisals which gave them opportunities to discuss their development and any practice issues they may have. Staff told us they felt supported and felt any concerns were listened to by the registered manager.

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

- People's nutritional needs were assessed to ensure they received the right diet to meet their needs. If people were identified as being nutritionally at risk staff used a universal tool and where necessary involved health professional such as dieticians and speech and language therapist (SALT).
- The cook told us people's needs and preferences were catered for example, different textures, high calorie and diabetic diets.
- People told us they enjoyed the food at the service; especially homemade cakes and buns.

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

- People had access to health and social care professionals, such as consultants to monitor their mental health, district nurses, chiropodists, opticians and dentists. Staff showed us how they had developed care plans for people's oral health. A staff member said, "We have a good relationship with the local dentist who will visit if we ask or we take people to their surgery for treatment."
- Staff acted swiftly to arrange a visit from a district nurse for a person who needed assistance. The district nurse told us "Staff are really efficient in contacting nursing services if they need advice or treatment for people. They always follow any instruction we give to them about ongoing care for a person. I would recommend this service to anyone."

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

- The service was designed and decorated to meet the needs of people living well with dementia. Signage around the service was good and we observed people moving freely around. Staff gave appropriate guidance to people who needed it. For example, staff guided people into the conservatory, so they could take part in the afternoon's activity.
- People were able to bring in small items of furniture, pictures of loved ones and ornaments. We saw rooms were personalise to their own tastes. One person said, "I like to spend time in my room it's just like home."
- The service was set in large grounds with a secure area which people could access safely.
- We noted there was only one bath with hoisting facility on the ground floor. The bathroom upstairs could only be used by more independent people. This meant some people could not make a choice if they wanted to have a shower rather than a bath. However, people did not raise any concerns about the bathing facilities.

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 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

- We observed staff supporting people with empathy and kindness. Staff quickly identified when a person was upset and gave appropriate reassurance until the person became less anxious.
- Staff told us about the ways people communicated their wishes. For example, one person sang when they were happy and went quiet when they were sad. A staff member said, "[Person one] expressed pain by becoming more agitated, while [Person two] expressed pain by using body language by massaging their stomach. We know people very well."
- Relatives we spoke with spoke fondly about the care given to their family member. One relative said, "You can just tell people are well looked after. My [family member] was somewhere else before coming to live here. She was really unhappy but now she smiles." Another said, "Staff are very respectful, I never hear anything bad when I visit."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their wishes and were involved in some decisions. For example, we saw the cook asking people what they wanted for their lunchtime meal
- We spoke with a personal assistant for one person they said, "Staff are very good, I visit four times a week and they are always polite and welcoming. Staff always ask [person's name] if they would like to go out with me or if they want my visit in their bedroom."
- The registered manager showed us samples of quality assurance surveys that had been returned from relatives and visitors. Their comments were very positive. One issue was raised about activities. The registered manager had addressed the concern by appointing a staff member to facilitate activities every day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors before entering and speaking to people in a quiet voice, so others could not hear their conversations.
- Staff told us some of the people preferred a female member of staff attending to their personal care needs. Their preferences were respected, and the details were recorded in their care plan.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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 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

- Staff understood people's needs and we saw the care plans were person centred. Staff confirmed where people needed support for example with washing and dressing. They also recorded what things they could manage themselves.
- Staff had responsibility to record what events had taken place and day. This included what the person had to eat and drink and any health issues which needed intervention from doctors or district nurses.
- The senior staff had responsibility for reviewing care plans monthly to make sure they reflected the care given.
- Handovers between shifts ensured important information was appropriately shared to make sure staff coming on duty had a good picture about how people had presented. Staff told us the information was appropriate so that they could continue to support people living with dementia in a consistent way.
- Relatives confirmed they were always notified of any changes to their [family member's] physical, social or mental health.

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.

- People's communication needs were identified in their care plans. For example, one person sang to express they were happy. Another person was able to verbalise her wishes and staff understood the person responded if the staff member bent down to speak to them and gave the person time to respond.
- We saw staff communicating with people in a kind and engaging way. It was clear from people's smiles and body language they were comfortable with staff.

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

- Care plans identified the support people needed to maintain relationships with family and friends.
- People had access to a wide range of activities, provided both internally and in the community. For example, we saw people helping to make Christmas wreaths to sell at the fayre at the service later in the week.
- People expressed how happy they were when visited by a Pets as therapy dog a small dash hound? Dachshund?. One person said, "I love it when the dog visits, it's a lovely little dog and it likes to sit on my knee."

- Staff told us they respected people's faiths and beliefs and provided opportunity for people to join in religious services if they wished. The registered manager told us how they were respectful of a person, whose belief was to not celebrate Christmas or Easter. To enable the service to not isolate the person they let the person decide to pass the events in their own way. They offered a gift which was not wrapped in Christmas paper.
- Relatives told us they were always made to feel welcome and could visit at any time. One relative said, "The staff are really friendly, they always ask if we want a drink and will make time to have a chat to us."

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and staff told us they would support people if they thought something was worrying them.
- Relatives told us they knew how to raise concerns and felt they would be listened to. One relative said, "I know the manager would take action if I had any concerns. I have never felt it necessary to make a complaint."
- The registered manager told us, and we saw there were no ongoing complaints.

End of life care and support

- People's preferences and choices for their end of life care was recorded in the care records.
- At the time of the inspection the registered manager told us there was nobody receiving end of life care.

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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open inclusive culture which staff said was a "really nice place to work."
- Staff worked well as a team to provide person-centred care. Staff knew people very well which helped to deliver good outcomes for people.
- Relatives told us they had confidence in the registered manager as they understood the needs of people living at the service. One relative said, "You know it's a good home when the manager leads the staff who share their values."

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 provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The provider had submitted notifications as required.
- Complaints were responded to openly and in a transparent way.

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

- The registered manager looked at accident and incident reports to assess if there were any trends developing. Where action was required the registered manager had taken steps to reduce any further risks to people's health and wellbeing.
- The registered manager and deputy manager were clear about their roles and responsibilities and they made sure they shared important information with the provider to progress the service.
- The registered manager met their legal responsibilities to CQC by sending information to us when necessary. They displayed their last rated inspection and inspection report in the reception so that people and their relatives could read it if they wanted to.
- Quality assurance audits were completed by the registered manager to ensure the service was working to continually improve the service.

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

- The registered manager held meetings with staff. Staff told us they felt able to make suggestions about the

service.

- Quality assurance surveys were sent out to collect the views of people their relatives and others involved in the service. We were shown copies of returned surveys which had positive responses.
- Reviews of people's care gave people and their relatives opportunities to feedback about the care provided.

Working in partnership with others

- We spoke with a visiting district nurse who told us they worked closely with the service and was very satisfied with how the service responded to people's health care needs. She said, "Staff always respond appropriately to advice I give them. They are kind and compassionate and they genuinely care about people."
- Staff worked well with community psychiatric nurses and consultants to support people's mental health. The registered manager told us staff attend and support people's hospital appointments if relatives are not able to attend.