

Ash Croft Care Limited

# Ashcroft House Nursing 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:

Ashcroft House is a residential care service that provides accommodation, nursing and personal care for up to 29 people. There were 24 people living at the service at the time of the inspection.

### People's experience of using this service:

People told us they considered Ashcroft House as their home. They told us they felt safe living at the service and had confidence in the staff who took care of them.

People received care from staff who had been supported in their role with appropriate training and supervision. Staff were caring and compassionate and knew people's needs and preferences well.

Regular checks and audits were carried out to determine the quality and safety of the environment and the care being provided.

Risk to people was assessed and measures were put in place to support people safely. The service encouraged people to remain as independent as possible.

People were offered a range of activities both at the service and in the local community. Most activities were provided on a one to one basis which helped ensure people participated in activities which were meaningful to them.

Feedback was sought from people living at the service, their relatives and staff to ensure standards were being maintained and to help drive forward improvements.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted a person centred and transparent culture within the service.

### Rating at last inspection:

At our last inspection, the service was rated "Good." (Report published October 2016).

### Why we inspected:

This was a planned inspection based on the rating of the last inspection. The rating for this service remained "Good" overall.

### Follow up:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

We will continue to monitor intelligence we receive about the service until we return to visit as per our

inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

# Ashcroft House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

#### Inspection team:

The inspection was completed by one inspector.

#### Service and service type:

Ashcroft House 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 registered manager. 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.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Our inspection plan took into account information that the provider had sent to us. We also considered information about incidents the provider must notify us about. We obtained information from the local authority commissioners and members of the public. Prior to the inspection the registered manager had

completed a Provider Information Return (PIR). The PIR gave the opportunity to record how the service was meeting the needs of people and their further plans for future improvements. We used all this information to plan our inspection.

We spoke with four people who used the service. We also spoke to four relatives to give us a greater understanding of people's experiences of care at Ashcroft House.

We spoke with the registered manager, the deputy manager, a member of nursing staff and two care staff.

We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care at Ashcroft House was safe. One person told us, "Yes, I do feel very safe living here." A relative told us, "[Person] is safe here, I feel reassured when I go home they are well taken care of."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse, maltreatment and neglect, and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- Systems were in place for checking the safety of the environment and equipment.
- A fire risk assessment of the building was in place and each person had a PEEP (personal emergency evacuation plan).
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people.

Staffing and recruitment

- There were enough numbers of staff to provide people with safe and, consistent care and support. One person told us, "There is always someone around to help me as I need."
- People received care and support by staff who were familiar with their needs and routines. The service did not rely on agency staff; wherever possible, any sickness or absences were covered by permanent members of staff, including the registered manager.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medication was administered by nursing staff whose competency was regularly assessed.
- Medicines were stored safely and locked away.
- Medication administration records (MARs) contained the necessary information for safe administration of people's medicines.
- Protocols which were in place for the use of medication prescribed to people to be taken 'when required' (PRN), guided staff on how and they were to be safely used. One person's PRN medication had been discontinued as staff had used alternative techniques instead of giving medication. This was good practice.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.

- The service was clean and well maintained. Some parts of the building were in the process of being fully refurbished.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed by registered manager to identify themes and trends. This helped to prevent the risk of incidents reoccurring.



# 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.

People's outcomes were consistently good, and feedback from people and relatives confirmed this.

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

- People's needs and choices were assessed and they received care and support in line with standards, guidance and the law.
- Care records evidenced the involvement of people and relevant others such as relatives. This helped build up a picture of the person. One member of staff told us, "We try to put the person's past into their everyday life, we learn about the whole person."
- Records contained details of people's preferred daily routines and preferences.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Staff were competent, knowledgeable and skilled and felt supported by managers to develop further. For example, most staff had completed external courses in care such as National Vocational Qualifications (NVQs). These qualifications were funded and encouraged by the service.
- Most staff had undergone more specialised training to help meet the specific needs of the people living at the service. For example, in Dementia Awareness and End of Life Care. The service was 'Six Steps' accredited, which was part of the Gold Standards Framework, this meant that it was recognised as achieving excellence in standards in End of Life Care.

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

- All meals were home cooked on the premises using fresh ingredients and people were given a choice of food and drink.
- People helped devise the menu through resident meetings.
- Care records contained information on how staff were to support people with their dietary needs and maintain a balanced diet. Care and kitchen staff were aware of people's individual dietary requirements.

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate. A relative told us, "Staff here are on the ball and very quick to respond."
- People were supported by staff to attend any external healthcare appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak

on their behalf.

#### 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff assumed people had the capacity to make decisions, unless assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment. There was evidence of mental capacity assessments and best interest decisions, when needed, and their outcomes.
- Staff ensured people were involved in decisions about their care and treatment and supported them to have maximum choice and control of their lives. Staff asked and explained to people before giving care and support.

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

- People's bedrooms were decorated and personalised to meet their needs and choices.
- During our inspection the service was undergoing refurbishment. Many parts of the service had already undergone improvements.
- Providers have a duty under the Equality Act 2010 to make reasonable adjustments for people using their services. Reasonable adjustments could include changing the physical environment in which care is provided. We saw that the service followed best practices guidance in relation to adapting the environment to better meet the needs of people living with dementia. For example, patterned carpets had been replaced with plain flooring, this can help people feel more orientated when mobilising.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- There were positive and warm interactions between staff and the people they were supporting. It was clear that staff knew the people they supported well.
- Staff were motivated and passionate about ensuring people were well treated and supported. One staff member told us, "Everybody is treated equally here, we lead by example and work as a team to deliver good care." Comments from relatives included, "Staff are motivated, well-equipped for the job and really do care," and "Because of the care here, it allows me to get on with my life, I don't have to worry."
- Each person had their life history recorded in their care plan and staff told us they used this information to get to know people. Relatives were often involved in providing this important information.

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

- The service adhered to the Accessible Information Standard principles. This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. We saw that one person with a sight impairment used talking newspapers to keep abreast of current affairs.
- People's communication needs and any assistance they needed was recorded in their care plan.
- The service provided people with alternative methods of communication, for example, by the use of PECS (picture exchange communication system) cards. One person had communication cards which they wore on a pendant. Staff supported people with the use of phones and iPads to help them communicate with their relatives.
- Staff made every effort to communicate with people where English was not their first language. They spoke with people using their native language as much as possible.
- Staff supported people to make decisions and choices about their care and knew when people needed help and support. People were encouraged to make decisions for themselves such as what they wanted to wear and what activities they wished to engage in.
- People and their relatives were given the opportunity to express their views and opinions through regular meetings.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- Friends and relatives could visit their loved ones anytime they chose. The registered manager told us that staff had built up strong relationships with relatives over the years. This in turn helped people to maintain strong family bonds.
- People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained. Staff offered people assistance and support in a considerate and compassionate manner and encouraged

independence wherever possible.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records contained detailed information about people's preferences in relation to their support and treatment. Staff used this knowledge to care for people in the way they preferred. For example, people could choose their preferred gender of care staff and between having a bath or shower. One person told us, "Staff know me and personalise my care. They treat me with dignity."
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs were identified and planned for.
- People's protected characteristics were recorded such as their religion and culture.
- People were encouraged to make choices and have as much independence as possible, including preferred activities. People were offered a range of activities to meet their needs and choices.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- At the time of our inspection, no complaints had been received about the service. People told us they knew how to make a complaint but had never needed to.
- The registered manager encouraged an open-door policy to deal with any issues as and when they arose. They told us they would use any complaints they did receive as opportunities to improve the service for people.

End of life care and support;

- People were given the opportunity to discuss and plan their end of life wishes.
- People at the end of their life were treated with compassion, dignity and respect. Staff provided emotional support and comfort to relatives. There were facilities available for relatives to stay overnight during such times.
- The service worked proactively with other health and social care professionals to ensure people had a comfortable, pain-free and dignified death.

# 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;

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The service had an effective system to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.
- The registered manager promoted a person-centred approach to care. They continually strived to improve and adapt to change to deliver personalised care. For example, when recruiting new staff, in addition to qualifications and experience, the manager looked for people who were caring and compassionate.

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

- The registered manager was supported by a deputy manager and both encouraged an open-door policy. This helped ensure transparency in the running of the service. Staff described management as being, 'approachable', 'dynamic', and 'supportive.' Staff told us the manager was happy to help staff look after people during busy periods.
- Staff told us they felt adequately supported to make suggestions about how to further improve practice.
- The registered manager submitted any required notifications to CQC in a timely way.
- The prior inspection rating was displayed prominently within the service and on the provider's website in accordance with regulatory requirements.

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

- People's feedback was obtained and their views listened to. Regular meetings were held for people living at the service and people could choose what topics they wanted to discuss.
- The registered manager held regular staff meetings. Staff told us they found meetings beneficial as they encouraged good communication.
- The service also held meetings for relatives. We looked at the compliments file and saw written feedback from relatives, comments included, "[Person's] dignity was always respected, their wishes always respected and they were treated just like at home," "Thank you for including me in [person's] care decisions and for your support" and "All staff are friendly and attentive and always willing to take time for a chat."
- The service took an active role in promoting the well-being of its staff. For example, staff had access to a free counselling facility.

Continuous learning and improving care

- The registered manager told us they had plans to redevelop the outside space to help further meet the

needs of people living with dementia. There were plans to install raised flower beds so people could become involved in gardening. The service accessed national best practice guidance to help implement positive changes to the environment.

#### Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.
- Relationships were established with the local nursery, primary school and Scouts club. Children visited and sung or read to people. The registered manager told us this was enjoyed by both the children and the people alike.