North Yorkshire County Council

Ashfield (Malton) (North Yorkshire County Council)

Inspection report

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Date of inspection visit:
25 April 2017

Date of publication:
16 May 2017

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

Ashfield (Malton) (North Yorkshire County Council) is a service that provides accommodation for people who require residential care. The service can accommodate a maximum of 31 people and is situated in the town of Malton. It is close to local facilities and transport routes and has disabled access into the building. There is car parking facilities on-site for staff and visitors. At the time of our inspection there were 25 people who used the service, seven of whom were living with dementia.

This inspection was unannounced and was carried out on 25 April 2017. The inspection was to check that the registered provider was now meeting the legal requirements we had identified at our last inspection on 16 February 2016. We asked the registered provider to take action to improve their quality assurance system in relation to audits and record keeping.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from June 2016. We found these improvements were sufficient to meet the requirements of Regulation 17. This meant the service was now meeting legal requirements.

Improvements had been made to the quality assurance system including the safety of the service, the risks relating to the health, safety and welfare of people who used the service and the way feedback from people who used the service and staff was obtained. The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We received positive feedback from people who used the service, visitors, relatives and staff about the changes taking place in the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager who was registered with the Care Quality Commission (CQC). 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 and were well cared for. The registered provider carried out recruitment checks to ensure they employed suitable people and there were sufficient staff employed to meet people's needs. Medicine management practices were being reviewed by the registered manager and action was taken to ensure medicines were given safely and as prescribed by people's GPs.

Staff had completed relevant training. We found that they received regular supervision and yearly appraisals, to fulfil their roles effectively.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was evidence that the registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People said they enjoyed good food. People's health needs were identified and their independence was promoted. Staff worked with other healthcare professionals, to ensure these needs were met.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

There were sufficient numbers of staff on duty to meet people's needs. Medicine management practices were reviewed by the registered manager and action was taken to ensure medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People received appropriate healthcare support from specialists and healthcare professionals where needed.

Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff.

People who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day-to-day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. The staff were knowledgeable about each person's support needs, interests and preferences, in order to provide a personalised service.

Staff supported people to maintain independence skills and to build their confidence in all areas.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who supported the staff team. There was open communication within the staff team and they felt comfortable discussing any concerns with the registered manager.

Improvements had been made to the quality assurance system. The registered manager carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked there.

Ashfield (Malton) (North Yorkshire County Council)

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 checked whether the registered 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.

The inspection took place on 25 April 2017 and was unannounced. The inspection was carried out by two adult social care (ASC) inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the CQC to inform us of important events that happen in the service. The registered provider submitted a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with four people who lived at the service, three relatives/visitors, two members of staff, the deputy manager and the registered manager. We looked around communal areas of the home and observed staff interacting with people who used the service and the level of support provided to people throughout the day. We also spent time looking at records, which included the care records for three people who lived at the home, the recruitment and training records for three members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and well cared for. They said, "I feel totally safe living here, I am well looked after in every way" and "I feel safe living here because people are around me all of the time". One visitor told us, "Because my relative is frail the staff walk behind them and don't let them go."

Staff received training on making a safeguarding alert so they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with the registered manager and were confident any issues they raised would be dealt with immediately. There was written information around the service about safeguarding and how people could report any safeguarding concerns.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. Accidents and incidents were recorded, analysed each month and were audited to identify any patterns that might be emerging or improvements that needed to be made.

We observed that staff used the correct equipment and used safe moving and handling techniques when assisting people to mobilise. When needed, people had been provided with equipment such as pressure relieving mattresses to reduce the risk of them developing pressure sores.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. A copy of the fire procedures was on display and a fire risk assessment had been carried out in January 2017. People who used the service had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. Fire drills were undertaken to ensure people knew what action to take in the event of a fire.

The registered manager told us they used a dependency tool to determine staffing levels. People and visitors who spoke with us felt there were enough staff on duty. One person said, "The staff are very good and always around if you need them" and a visitor told us, "There always seems to be someone around to attend to my relative. They do not have to wait long when they need assistance." During the day, we saw that call bells were answered within a reasonable time frame; and even at busy times, such as lunch time, we saw that at least one member of staff was available to assist people if they needed support and that other members of staff could be called upon if required.

A healthcare professional said, "I have never had any issue with there not being enough staff on duty. There is always enough staff for one to come with me when I am seeing people who use the service. They are very good at that." Staff told us, "Yes there are enough staff on duty, we all work as a team." The registered manager told us they kept staffing levels under review and deployed staff flexibly around the service to ensure people received support in a timely way.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

People told us they got their medicines on time and staff waited until they had taken them before moving on. Everyone we spoke with was happy for the staff to administer their medicines. One person told us, " I don't self-medicate. The staff see to it. Best thing in a place like this."

The deputy manager informed us that the senior staff had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge was checked daily and recorded to monitor that medicine was stored at the correct temperature. There was a thermometer on the wall of the medicine room but no evidence that staff were recording the room temperature formally. The deputy manager told us they would add this check to their monitoring records.

Controlled drugs (CDs) were regularly monitored by the senior care staff. We found that the CD register was completed accurately and CD stocks matched those recorded in the register. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001.

The deputy manager was able to tell us about how they returned unused and unwanted medicines to the pharmacy supplier. There was a 'return medicines' book in place and a locked medicine trolley for return medicines to be kept in. The return medicines were picked up by the pharmacy on a regular basis.

We found that handwritten entries on the MAR charts did not have two staff signatures to show that what had been recorded by the staff matched the instructions on the pharmacy label of the medicine packet or bottle; this is considered to be good practice. The registered manager told us that they would speak to the staff immediately and ensure best practice was followed at all times.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). There were a few minor issues that we discussed with the registered manager on the day of our inspection. These included missing signatures on the MAR sheets and a lack of personal details about the residents, such as date of birth and GP, on handwritten medicine sheets. We found no evidence that people had not received their medicines as prescribed, but there were some recording errors.

The registered manager had completed a recent audit and this showed they had already noted these issues. We were informed that a senior staff meeting was to be held the day after our inspection to discuss these practice issues. Competency checks were being completed at the time of our inspection and more frequent audits were planned in to ensure staff practice improved.

All areas we observed were very clean and had a pleasant odour. People were satisfied with the laundry service and said, "My clothes always come back to me and they are washed beautifully."

Good

Is the service effective?

Our findings

The service was effective. People who used the service were interested in what we were doing in the service and the majority were able to verbally communicate with us. One person told us, "I love it here, it is like living in a hotel."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that people had been assessed for capacity, and where appropriate DoLS authorisations had been sought. There was recording of Best Interests decisions and the service was also ensuring that families provided copies of Lasting Powers of Attorney's (LPA) where they had been registered with the Office of the Public Guardian (OPG).

Staff showed awareness of people's rights and the MCA. In discussions staff were clear about how they gained consent prior to delivering care and treatment. For example, one member of staff knew to ask people for consent before giving care, but was also aware there were people who were cognitively impaired so followed their care plans, which were all individual and detailed about the support people needed.

People told us the staff supported them to remain as independent as possible and offered them choices in their daily lives. People said, "The staff do not bother you much. I can come and watch television in my room when I want and the staff pop in to see if I am alright" and "The staff ask you if want help. They let you get on with it if you choose to be more self-sufficient, but are around if you need them."

We saw that the registered manager had updated the care files to include consent forms which were signed by the person using the service and people had signed their care plans to indicate they had read these and agreed with them. One visitor told us, "There is a good level of communication between the staff and our family. My relative is consulted about their care and is able to say what they want and what they do not want. The staff listen to them and act on their wishes and decisions." We asked if they were aware of any restrictions within the service and one visitor said, "Last week, there was a 'bug' going around the home so visiting was restricted until it cleared up."

There was a robust induction and training programme in place for all staff. New staff were mentored by more experienced workers until their induction was completed and they received additional supervision

during their probationary period. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. There was a staff supervision plan in place and the staff files showed that staff received regular supervisions and yearly appraisals.

We saw that staff had access to a range of training deemed by the registered provider as essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. Each member of staff had their own training record which was kept on the computer system. The registered manager told us that they monitored the effectiveness of the training sessions through the use of feedback forms for staff at the end of sessions, discussions about learning during supervisions and direct observation of staff practice.

We spoke with a healthcare professional who told us, "The team visits regularly to check people's blood sugar levels and give injections or to monitor pressure areas. I have found the staff are good at communication with the community teams. The staff are helpful and up to date about people's conditions and needs."

Information in the care files indicated people who used the service received input from healthcare professionals such as their GP, dentist, optician and podiatrist. One visitor said the staff were very good at getting professional help when needed. They told us, "The staff arrange for the district nurse and GP to visit my relative when they require their input." Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment of their swallowing/eating problems. The staff completed food and fluid charts for people assessed as 'at risk' and the records we saw had been filled in appropriately.

We asked people about the quality of the meals they were served and we received a positive response. People told us they liked the food and were offered plenty of choice. They said, "Yes, the food is home-made, tasty, and there is always an alternative" and "Yes I like some but not others. I have some good meals sometimes." Visitors commented, "There is a really good cook" and "My relative is able to choose what they want for each meal."

Observation of the lunch time meal showed that people were given a choice of where to sit in the dining room and lounge areas; some people chose to eat in their bedrooms. Portion sizes were adequate and people were given their choice of food, which was served to them by the staff. We noted that each meal met with the person's dietary needs/requests and people were able to ask for extra portions if they wanted. Care staff offered people support and help with cutting up food and the meals looked and smelt appetising.

People had good access to fluids throughout the day and we noted that a table had been placed at the side of each easy chair in the lounge. On each table was a jug of water and orange juice.

Good

Is the service caring?

Our findings

The service was caring. We found the atmosphere to be calm and relaxed and as we walked around the building in the morning we saw that people were well presented and dressed appropriately for the weather. Observations showed that people got on well with the staff and there were some very positive interactions with a lot of laughter and good humour.

We asked people what they thought of the service and the staff and we received some good feedback. People said the staff were, "Very good, very helpful" and "Very kind, very thoughtful. There to help when needed. Only have to press the call button and the staff are there." Another person told us, "I think the staff are lovely. And they help. If you have a problem you go to them and they put it right."

People were able to move freely around the service; some required assistance and others were able to mobilise independently. We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the home indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time.

People said they were treated with compassion, dignity and respect. People and visitors confirmed to us that staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when completing care tasks. One person said, "The staff treat me very well. I always feel safe and the staff respect you." Other people commented, "The staff give you time alone. You get plenty of privacy and if I want to I can go to my room and be undisturbed" and "If you have visitors you can go to your room to have a private conversation."

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

Through our discussions with staff we found there was evidence that staff knew people's personal tastes, but we saw they also checked with people for confirmation. Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager and was also on the notice board in the entrance hall. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

We found that people who used the service were dressed in clean, smart, co-ordinating clothes. Their hair was brushed and a number of people had chosen to visit the in-house hairdressers, including the males. Finger nails and hands were clean and well cared for and gentlemen were clean shaven (if that was their choice). We were told by people that they could have a bath whenever they wished and one person said "I am very happy with the care given to me. The staff look after me well."

People's wishes and choices around end of life care were documented in their care files. Care plans recorded when people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place. We met two professionals from St. Catherine's Hospice who were visiting the service as part of their 'care home training programme'. They told us, "The staff here are very enthusiastic about learning. They are working through level 1 of our training programme on end of life care. Our observations of their practice show that they are putting the training into practice and we have seen some very good support taking place."

Good

Is the service responsive?

Our findings

The staff were knowledgeable about people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care. A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well.

We saw that the care plans reflected the care being given to people. For example, moving and handling information was documented to show where a person was independent or used a walking aid. One person who relied on staff hoisting them had clear instructions in their risk assessment and care plan for the type of hoist and sling to use. People we spoke with used a variety of different equipment in their daily lives including pressure cushions, pressure mattresses and bed sensors. These were all risk assessed and documented in their care plans. This meant new and existing staff had an up to date record of people's care needs and abilities.

People's care files contained consent forms for care and treatment and for taking photographs..These had been signed by individuals using the service or their family member where they had a lasting power of attorney for health and welfare. People told us they were asked by staff for their views about their care. One person told us, "The staff come and chat to me about my care." Evidence in the care files showed us that people's views were sought and listened to, and that families were also involved in reviews of people's care.

People told us there was a good range of activities and entertainment that met their needs. Some people told us they preferred to follow their own interests and pursuits while others enjoyed the games and quizzes offered daily. People were able to celebrate festivals such as Easter and Christmas time and birthdays were celebrated as people wished.

The activities room was very cheerful, with bunting decorating the walls. Lots of boxes were evident, which were full of activity projects. We observed the activity coordinator helping one person with their knitting. They were very patient and kind. We saw people taking part in a quiz during the afternoon of our visit; this was well attended and people enjoyed answering the questions. There was lots of banter and good humour between the staff and people who used the service and everyone was encouraged to join in.

Relatives and visitors were made welcome in the service. Relatives told us they were able to visit at anytime although one relative said, "We were asked if we could avoid meal times to enable people to focus on their eating and drinking." Relatives said they felt involved in decisions about the health and welfare of their loved ones and that communication between the service and themselves was acceptable. Relatives were aware of the meetings and that they were welcome to attend to express their views. They also felt comfortable speaking directly to the registered manager.

People had access to a copy of the registered provider's complaint policy and procedure in a format suitable

for them to read and understand. Our check of the complaints folder showed there had been no complaints made in the last 12 months.

People we spoke with had not made a complaint about their care, but they told us if they had a problem they would speak to the registered manager or a member of staff. One person said: "I feel staff do listen to me and I feel comfortable speaking to the manager."

Good

Is the service well-led?

Our findings

At our comprehensive inspection in February 2016 we found that the service had failed to operate good governance systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from June 2016. These improvements were sufficient to meet the requirements of Regulation 17. This meant the service was no longer in breach of this regulation.

Improvements had been made to the quality assurance system, including the safety of the service, the risks relating to the health, safety and welfare of people who used the service and the way feedback from people who used the service and staff was obtained. The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We received positive feedback from people who used the service, visitors, relatives and staff about the changes taking place in the service.

There was 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.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC by March 2017. This was completed and returned with the given timescales. The information in the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open and transparent and that the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy for people using the service, families and staff.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. People told us they felt they could have a say in how the service was run. We were given access to the documented meeting minutes and surveys.

Quality audits were undertaken to check that the systems in place at the home were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, and these were then used to make improvements. The last recorded audits were completed in

February 2017 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding and health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. We found the registered manager had notified the Care Quality Commission and other agencies of incidents which affected the welfare of people who used the service.