

Bank House Care Homes Limited

Ashcroft Care Home

Inspection report

Langton Road
Sutton in Ashfield
Tel: 01623444780
Website:

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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	

Overall summary

We inspected the service on 10 and 11 November 2015. Ashcroft Nursing Home is registered to provide accommodation for up to 53 older people with nursing and or dementia care needs. On the day of our inspection there were 51 people living at the home.

The home had a registered manager who was available during 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 who used the service, and their relatives, told us that they felt safe and well looked after.

Staff met people's needs effectively and people told us that they were all kind and caring. Staff told us that they enjoyed working at the home and they were very knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Staff had a good understanding of what constituted abuse and told us that they would be confident to recognise and report it. Senior staff, including the registered manager, were aware of their roles in relation to reporting allegations to appropriate external agencies.

Summary of findings

The premises were well maintained to keep people safe.

There were sufficient staff on duty to meet people's needs effectively and staff were recruited through safe recruitment practices.

Overall, medicines were stored and administered safely. However records for medicines prescribed 'as and when required' needed to be reviewed to ensure they contained sufficient information for safe and consistent administration.

Staff received a thorough induction when they first started working at the home and training opportunities were good. Staff were very positive about the training they received. Training equipped them with the knowledge and skills to support people safely and effectively in line with their specific health needs. Staff felt well supported, formally and informally and had a good understanding of their roles and responsibilities.

People's rights were protected under the Mental Capacity Act 2005 and there was evidence that they had been involved and consulted about all aspects of their care and support. Relatives told us that they had also been actively involved in sharing information with staff about people's needs and preferences.

People were provided with sufficient food and drink to maintain their good health and wellbeing. The standard

of food provided was very good. Health professionals worked closely with the home to ensure people's health care needs were met. Communication between staff and outside agencies was good.

People enjoyed a range of activities both at the home and in the community. People were actively involved in the day to day tasks associated with the running of the home.

People who used the service and their relatives were involved, or had opportunities to be involved, in the development of the service. People told us that they felt listened to and would be confident to make a complaint or raise a concern if they needed to. Staff knew the complaints procedure and we saw that it had been used effectively to improve the service.

There were opportunities for people to share their views about the running of the home and we saw that when suggestions for improvements had been made these had been acted upon. Everyone we spoke with thought that the home was well led by the management team and the providers were working with the registered manager to ensure that individual roles and responsibilities were clarified and strengthened. There were systems in place to monitor the quality of the service provided although information identified was not always reviewed by the registered manager.

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 safe.

The risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines appropriately and as and when prescribed.

Staffing levels were sufficient to meet people's needs.

Recruitment procedures ensured that only people suitable to work with vulnerable people were appointed.

Good



Is the service effective?

The service was effective.

Staff received appropriate support and induction. Training opportunities were good.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink and meals were nutritious and reflected individual tastes and dietary needs.

External professionals were involved in people's care when requested and communication with outside agencies was good.

Good



Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

Care was personalised and reflected individual needs.

Activities were in place to stimulate and engage people.

Complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

The management team were knowledgeable about the strengths and needs of the service and were currently strengthening individual roles and responsibilities within the team.

People were involved and consulted in relation to the running of the home.

Staff were well supported and had opportunities to review and discuss their practice regularly.

Good



Summary of findings

There were robust procedures in place to monitor the quality of the service although information was not always reviewed by the registered manager.

Ashcroft Care 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 inspection took place on 10 and 11 November 2015 and was unannounced.

The inspection team consisted of two 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 the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with nine people who used the service about the care and support they received. We spoke with the providers and the registered manager. We spoke with ten staff and five visitors to the home. We looked at six care records, six staff training and recruitment files and other records relevant to the running of the service. This included policies and procedures. We also looked at the provider's quality assurance systems. We also spoke with a visiting health professional.

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.

Is the service safe?

Our findings

People who used the service told us that they felt safe and well looked after. Relatives were equally confident that people were safe. One relative told us, "I'm so relieved [my family member] is here. I know that they are safe here."

Another relative said, "People are 100% safe here."

Relatives spoke to us about their confidence and trust in the staff who worked at the home. One relative said, "They are safe here because I can trust all of the staff." Another relative said, "I am always full of confidence when I leave that [my family member] is alright."

Staff told us that they felt people were safe. They told us that they had the knowledge and skills to support people safely. Staff had received training to protect people from abuse. They demonstrated a good understanding of what constituted abuse and what to look for to indicate it was happening. They understood the process for reporting concerns and said that they would be confident to report suspected abuse in order to protect people who used the service. Senior staff were responsible for reporting any allegations of abuse or poor practice to external agencies if needed. They knew why they had to do this and could evidence that when concerns had been brought to their attention that they had been referred appropriately for investigation.

We saw that when risks were identified in relation to safe care and support, assessments were carried out to identify how they could be reduced or removed. Assessments were detailed and actions were seen to be implemented. For example, one person displayed behaviours that could impact negatively upon themselves and others around them. Plans were in place to support this person and manage the behaviours safely. Records detailed how this was done and how outside agencies worked with the home appropriately to ensure that medical needs were also considered. We saw that assessments had been carried out to identify equipment to be used in order to keep people safe while maintaining their independence as far as possible. We looked at health and safety records and saw that accidents and incidents were relatively infrequent suggesting that people were receiving safe care. The management team reviewed records to ensure that the risks of reoccurrences were minimal wherever possible.

People told us that the home was well looked after and nicely decorated. We saw that the premises were safely

maintained. We saw how checks were carried out to ensure the environment was safe and action plans were seen to show that actions were taken promptly when maintenance issues were identified.

Procedures were in place to protect people in the event of an emergency, such as a fire, and we saw how regular checks and routine maintenance of the home environment and equipment ensured people were protected. Staff knew evacuation procedures and told us that they had regular updates to ensure information remained current. The provider told us that resources were available to ensure that the home was safely maintained. Housekeeping staff told us that they had sufficient resources to ensure they could keep the home clean.

We questioned the use of a door lock into a small lounge. We saw that this lock upset one person who used the service. The use of the lock was not supported by a risk assessment. The registered manager gave us an explanation for the lock but we asked that the arrangement was reviewed immediately to make sure that it wasn't acting as an inappropriate restriction to people.

People told us that they did not have to wait long to have their personal care needs met although one person told us that they often had to wait for their food. One relative told us that staff responded promptly to people's requests for support. Two relatives thought that more staff were needed at key times and they said that staff were particularly rushed at meal times. We observed that people did have to wait for food although people we spoke with did not think that this was an issue.

Most staff thought that there were sufficient staff on duty to meet people's needs safely. The management team told us how they constantly monitored staffing levels to ensure that they were adequate to meet people's social and physical care needs. They did this by reviewing and assessing people's dependency and reviewing the environment.

We looked at the recruitment files of two of the latest staff members to join the team. All required information was available to demonstrate that only suitable people were recruited. Staff involved in the process were knowledgeable about safe recruitment practices and the provider routinely checked records to ensure that policies and procedures were followed. The provider had recently reviewed practice to ensure that the registered manager was more actively

Is the service safe?

involved in recruitment activity. They had received training and were being proactively supported to do this. Staff who spoke with us had all received a robust recruitment that included all required pre-employment checks that reflected records seen.

Overall, people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. We observed staff administering medicines. They did this discreetly and appropriately. We found that overall records reflected safe administration processes. However, for some creams and medicines, that should be administered as and when required, records were not always sufficiently detailed to demonstrate consistent administration. The provider was in the process of reviewing this shortfall.

The provider audited arrangements for the storage, administration and recording of medicines. Records showed that they had identified areas where improvements were needed to recording processes and we discussed these with the provider and the registered manager.

We saw that medicines were being stored safely and records demonstrated that checks took place to ensure this happened. Records also showed that medicines were recorded upon arrival at the home and when they were returned to the chemist. This practice was in line with the home's policy and reflected safe practice.

Is the service effective?

Our findings

People felt well looked after and told us that their needs were met effectively. People told us that staff had asked them how they preferred to be supported and that they provided care and support in line with those preferences. One relative told us, They [the staff] are so good. They know my [relative's] likes and dislikes. Their wants and preferences are respected."

Staff had the skills and knowledge to meet people's individual needs effectively. Staff told us that training opportunities were good. One staff member told us, "The providers invest in training." Another staff member said, "It's very good there is lots of training here." Staff told us that the training they received was relevant for the jobs that they did. Staff talked positively about specialist training that they had accessed and in particular the dementia care training. One staff member said, "It's very good. It gave me a good understanding and a better approach." Records showed that training was planned and attended. Relatives thought that staff were well trained to do a good job. One relative said "The majority seem well trained." Senior staff told us where they were offering additional support and training to newer and more inexperienced staff once they had completed their induction period.

Staff told us that they received good training and support when they started working at the home. We spoke with one new staff member who told us that their induction was thorough. Other staff we spoke with told us that they supported new staff until they felt confident and were competent to carry out the tasks required of them. One staff member told us, "Staff are very supportive. They are good teachers." New staff told us that they were working towards the newly implemented Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff felt well supported by the registered manager and by the provider. They also told us that they worked well as a team and supported each other. Staff told us that they had formal supervision, although this was not frequent. This had been identified as an issue during a recent internal

audit. The provider and the registered manager were working on a timetable for this and we saw the progress made. Most staff told us that their day to day support came from senior staff and all commented that this was good.

Consent to care and treatment was sought in line with legislation and guidance. We saw that staff clearly explained what care they were going to provide to people before they provided it. Where people expressed a preference staff respected them.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were adhered to in that when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment had always been completed and the best interest decision making process was documented.

We saw that the registered manager had completed a DoLS application for a potential restriction. They told us that they were waiting for the formal assessment and until it was completed they were taking steps to keep the person safe. Staff were knowledgeable about potential restrictions meaning it would be less likely that a person was having their liberty deprived.

We saw the care records for people who had a Do not Attempt Cardiopulmonary Resuscitation (DNACPR) plan in place. The DNACPR forms in place and had been correctly completed and had been reviewed to ensure they continued to reflect the person's wishes.

We spoke with family members whose relatives did not always have capacity to make decisions. They told us that they had been involved and consulted when developing

Is the service effective?

care plans. They told us that people's needs and wishes were considered as the basis of all decision making. We also met with a relative who had legal responsibility for making decisions on behalf of their relative. They told us that that senior staff understood the implications of this duty and they felt consulted and involved.

Staff told us they could effectively support people who had behaviours that challenged. We asked staff about one person's needs. They knew how to meet their needs and were confident that the training they had received enabled them to do this competently and confidently.

Staff understood what constituted restraint and they all told us that physical restraint would only ever be used as a last resort as per the home's policy and procedure. They told us that they got to know people and what calmed and relaxed them. We saw them effectively support people who were anxious and upset to demonstrate this.

People told us that they enjoyed their meals and that there was always plenty to eat and drink. We saw how some visitors to the home assisted their relatives at lunchtime. Relatives told us that the food was of a good standard and there was a sufficient amount. One relative told us, "My [family member] loves the food. There is a good variety and they can have seconds." Another relative said "They [staff] put themselves out with the food. They would never let anyone go without. My [family member] likes their food and they have a big plate." On the day of our inspection people told us that they had enjoyed their meals.

Staff knew what people liked and did not like. We saw that most some people were offered choices in relation to sauces and 'extras'. Although there were no visual references for people to assist with their decision making, we heard staff ask colleagues when they were not sure about a preference or a need. Staff worked well as a team to ensure all tasks were completed. Although lunchtime was a relaxed and largely social time we did see some

people waiting to be served. One person was late into the dining room and although their meal had been kept warm, the sauce that accompanied it had not. They later told us, "It's ok, don't worry."

Care plans detailed people's likes and dislikes in relation to food, drinks and meals. The cook told us that this information was shared with them and so they were able to cater for people's dietary preferences and needs. They told us they made food look appetising. Some people had been assessed as requiring a soft diet. A relative told us, "My family member's food has been pureed but it is all separate and looks good."

When dietary supplements were prescribed they were given appropriately and recorded. Some people were having their food and fluid intake monitored. Staff actively completed records to ensure that accurate information was available to monitor this. Family members were seen sharing information with staff to update records when they had supported a person to eat or drink. We saw how changes to people's intake were shared with health professionals.

People were supported to access healthcare support when required. Some people accessed appointments independently at their own request. Relatives confirmed that people were supported to see a GP when they were not feeling well and for regular check-ups. Records documented the outcomes of these visits and care plans were updated. One staff member told us how staff shared information following hospital visits. Communication between the hospital and the home had been good meaning that staff could support the person effectively in line with medical guidance.

We spoke with a health professional who told us, "They [staff] do a good job. Staff know people well and information gets handed over. They are proactive at meeting people's health needs."

Is the service caring?

Our findings

People told us that staff were caring. One person told us, “Staff are really nice, It’s lovely. They all know me. They’re so good.” Relatives said that they saw people were treated with kindness and compassion. One member of staff was referred to as being, “Absolutely brilliant. They are like a guardian angel.”

We saw that staff were caring and kind. They spoke gently with people and used touch appropriately. We saw that this gave people comfort and reassurance. A visiting health professional described staff as being, “Very caring people.”

Staff knew people’s individual needs and preferences. They were able to use their knowledge to be compassionate and reassuring. We saw them sit with people when they spoke. They reassured people when they were becoming upset and were discreet when resolving disagreements to ensure people remained content.

Throughout the inspection we heard people expressing their views and wishes. We saw that staff listened to people. Staff told us that they knew people well and that they shared important details about people’s likes and dislikes with new staff when they joined the team. Relatives told us how they had been involved and consulted in sharing information about what was important to people. One person’s faith was very important to them. Relatives told us how they helped develop a care plan around the person’s needs and wishes so that they could continue to practice their faith in their new home. Staff were aware of the content of the plans and we saw how they had implemented it.

Some people told us that when they had shared their views about the service and felt listened to.

We saw minutes of people who used the service and their relatives’ meetings. They showed how people had been formally consulted and involved in decisions about the

running of the home. Relatives told us that if they had any suggestions at other times they could speak with staff, the registered manager or the providers. One relative told us, “There are regular care meetings but also opportunities to discuss issues on a more informal basis.”

Care records contained information which showed that people and their relatives had been involved in their care planning as far as possible. Advocacy information was available for people if they required support or advice from an independent person.

Staff promoted people’s individuality. People liked their own routines and everyone told us they had been able to personalise their own rooms and wear the clothes that they were comfortable in. People had their hair done regularly and everyone we spoke with looked well-presented and well-groomed to their individual preferences. A staff member told us, “We have the personal touch because our staff care.”

People told us they were treated with dignity and respect. A relative told us, “They are very definite about privacy and dignity. They use screens and put notices on door saying knock before entering. They always close the door when they are doing anything.” We saw staff using privacy screens when supporting people to move in communal areas. Staff demonstrated that they understood these values in conversations with us and observed in practice. We saw staff take people to private areas to support them with their personal care. We also saw staff make discreet adjustments to people’s clothing while supporting them to move positions.

People told us that their families and friends could visit whenever they wanted to. We observed that there were visitors in the home throughout the day of our inspection. Relatives told us that they were always made welcome. People were also supported to maintain and develop relationships with other people who used the service.

Is the service responsive?

Our findings

The service was responsive to people's individual needs and wishes.

People told us that they received the care and support that they needed. We saw staff support people in line with what was documented in care plans. Staff knew the people they supported well. Care was personalised and people were consulted and involved as far as they were able in developing care and support plans. People's representatives told us that they were also involved when appropriate.

Care plans were in the process of being reviewed and updated. There was a notice in communal areas to say this was happening. Our review of care files saw that some information was out of date and some charts did not detail targets and actions to take upon review. The provider told us that these issues were part of the review.

People who used the service told us that they were able to say how they would like to be supported. We saw people telling staff what they wanted and staff responded in a timely manner to support their preferences.

We saw people were assessed prior to, and at the time of their admission to ensure that the service would be able to meet their needs. The family of a person who had recently moved in told us that they had been involved in the assessment process. A staff member told us that they got to know the person for a short while before writing the person's main care plan. This meant that they could be responsive in their approach.

Activities were available to promote people's social wellbeing and to keep them active and involved in the running of the home. People told us that they enjoyed these activities. One person liked to help prepare the daily meal and on the day of our inspection they were helping with this. Another person liked to help with the cleaning and they were supported to do this. There were a number of objects of interest throughout the home that were easily accessible. We saw people picking things up and looking and touching. This visibly gave them pleasure and comfort as we saw people smiling and holding them closely. There was a timetable of structured social and leisure activities on the lounge door so that people could see at a glance

what had been arranged. On the day of our inspection people were taking part in movement to music. This is the activity that was advertised and displayed for the day. Staff told us that some activities were led by people visiting the home and these activities proved very popular. Staff told us that there were enough activities to stimulate and engage people. One staff member said, "Activities depend upon what people like. I think there is enough to do." One person's care plan identified that they liked to listen to a particular type of music. We heard that this was playing when we met with them. We asked staff about activities. One staff member said, "I think we do really well. There is plenty for people to do. It's brilliant."

People told us that they would speak with the registered manager or the providers if they had any complaints. We saw that the providers were very 'hands on' and people knew who they were. They were very approachable. One relative told us, "The owners are nice people. Very hands on." Other relatives told us that they would feel comfortable raising concerns with any member of the care team. One relative said, "I could speak to any one of the staff. The nurse is especially good."

Relatives also told us that they had regular opportunities to speak with the providers and they would be confident to raise any concerns directly to them. One relative told us, "Any qualms or complaints; they sort it out straight away." Another relative told us, "I would know who to speak to if there were any concerns about safety. [Named staff member] is very approachable."

The complaints procedure was displayed in the entrance hall making it readily accessible. It was also given to people in an information pack. Staff told us that they were aware of the complaints procedure and would share it with people who used the service if necessary. A staff member told us, "I have had a couple of complaints but action has been taken."

We saw how a complaint had been managed proactively by the provider. They had addressed the issue and discussed the concern in a relative's meeting where they identified what action had been taken. One person told us of a positive experience that they had had making a complaint. They were very satisfied with the outcome and the way that they had been treated throughout the process.

Is the service well-led?

Our findings

The service was well led. A staff member told us, “We aim to give the best quality care to the residents. We put them first. We aim to provide outstanding care. It’s the best home I’ve ever worked in.” A relative told us, “There is an open culture here.”

The registered manager and the provider sought the views and opinions of people who used the service and their representatives. People and their relatives told us that when they had shared their views about the service they felt listened to. Meetings for people who used the service took place as did relatives’ meetings. Meetings discussed activities, events, food and general issues. A relative told us that they attended these meetings and felt involved and consulted in the running of the home. The outcomes of the latest quality assurance questionnaires were seen to be very positive.

The providers took an active role in the management of the home. A number of management tasks had been delegated to others. The provider had recognised that the registered manager needed to oversee these tasks and take responsibility for them. They told us how they were doing this and the registered manager felt supported in this process.

We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. A notification is information about important events which the provider is required to send us by law.

We spoke with the registered manager of the home and they understood their roles and responsibilities. They told us how the providers were working with them to develop their skills and confidence. They described the support they received from the providers as, “Excellent.”

Staff told us that the providers and the registered manager made them feel valued and they felt that they could approach them to share their views and comments.

The providers and the registered manager told us that resources were available to enable them to make changes and improvements. The budget was constantly reviewed

and money was allocated for refurbishment and equipment as required. The home was being maintained to a good standard. A relative told us, “The home is light, bright, new and clean. We really appreciate the building.”

There were processes in place for assessing and monitoring the quality of the home. We saw regular audits that showed how systems and processes were reviewed and action plans developed. Some of these processes were more robust than others. For example some health and safety audits (including medicines) had taken place but actions had not been identified or documented as completed. The registered manager was not aware of this. The providers had identified that improvement was needed in this area.

We found that the registered manager was not always aware of certain incidents, care needs and issues relating to the running of the home. Instead they relied on key members of the support team to ‘manage’ for them. The provider was aware of this and was actively working to address it and ensure that the registered manager was accountable.

We saw that regular audits were completed by the providers, who had extensive knowledge of the strengths and needs of the service. They told us how they were committed to ensuring that people received the best quality care. They had the resources and had invested heavily in the environment and in staffing to ensure this happened.

We looked at the processes in place for responding to incidents and accidents. We saw that incident and accident forms were completed and although not always signed off by the registered manager we could see how actions had been taken to make changes to prevent reoccurrences. The number of accident and incidents had reduced over recent months suggesting arrangements were working. The registered manager did not have knowledge of a number of incidents that had been recorded relating to staff behaviours. A senior staff member did. The way that these incidents forms had been written suggested that more robust action should have been taken to keep people safe and this had been missed. We asked the providers to review this even though the incidents were not recent and the staff member involved had left.