

Ms Cherie Reynolds

# Ashgrove Care Home

## Inspection report

Church Lane  
Oswestry  
Shropshire  
SY11 3AP

Tel: 01691774101

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 5 and 6 June 2017 and was unannounced.

Ashgrove is registered to provide accommodation with personal care for up to a maximum of 10 older people. There were two people living at the home during our inspection and one person was staying at the home on a temporary basis.

The provider is registered as an individual and therefore is not required by law to have a separate registered manager. 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.

The home was last inspected on 14 and 16 November 2016 where we gave it an overall rating of requires improvement. At the last inspection we asked the provider to take action to make improvements to their governance systems. We asked the provider to send us an action plan to tell us how they would make these improvements.

At this inspection we found that the provider had not achieved all the required improvements since our last inspection and we found further concerns.

There was ineffective leadership in the service. The provider's governance systems remained chaotic and the provider lacked an understanding of their legal responsibilities. They had not made the improvements they told us they would. There was a lack of formal quality assurance systems to drive improvements in the service.

The provider had not ensured accidents were appropriately reported and analysed to prevent reoccurrence. The provider had not completed improvements to the home they said they were going to do or responded to all the maintenance issues reported by staff.

The provider did not have effective systems for monitoring staff training and development needs. Staff had the skills and knowledge to meet people's support needs but the provider was unable to demonstrate how they would meet changes in people's needs. Staff felt supported by the provider and their colleagues.

People were supported by regular staff who knew them and their needs well. However, the information in care plans and risk assessment was generic and required improvement.

Risks associated with people's needs were routinely assessed, monitored and reviewed. People felt safe living at the home.

People received their medicine as prescribed and accurate records were maintained. Staff monitored people's health and wellbeing and arranged health care appointments as necessary.

People were happy with the quality and quantity of food provided. People's nutritional needs were assessed and catered for. Where there were concerns about people's weight loss or what they ate and drank these were discussed with the relevant health professionals.

Staff sought people's consent before supporting them and provided them with information in a way they understood to enable them to make decisions for themselves.

People felt staff were patient and kind. People were treated with dignity and respect and supported to remain as independent as possible.

People felt comfortable to approach staff if they had any concerns or complaints.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was safe.

People felt safe living at the home.

Risk associated people's needs had been assessed and were known by staff.

People received their medicines as required to promote good health.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The provider lacked effective systems to monitor staff development and training needs.

Staff sought people's consent before supporting them.

People were satisfied with the quality and quantity of food offered.

Staff monitored people's health and arranged health care appointments where necessary.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness and respect.

People were involved in decisions about their care and felt listened to.

Staff promoted people's dignity and supported them to remain as independent as possible.

### Is the service responsive?

**Good** ●

The service was responsive.

People were supported by staff who knew their individual likes and dislikes.

People were able to spend their times as they wished.

People felt comfortable to raise any concerns with staff or the provider.

**Is the service well-led?**

The service was not well led.

There was a lack of effective leadership and good governance to drive required improvements in the service.

The provider lacked knowledge and understanding of their legal responsibilities and people were left at risk.

People found staff and the provider approachable.

**Requires Improvement** 

# Ashgrove 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 5 and 6 June 2017 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service. We used this information to plan the inspection.

During the inspection we spoke with three people who lived at the home. We spoke with three staff which included the provider, the deputy head of home and one care staff member. We viewed three records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records and accident reports. We spent time observing how staff supported people and how they interacted with them.

# Is the service safe?

## Our findings

At our last inspection we found the provider needed to make improvement to ensure outcomes of accidents were clearly recorded which they agreed to do. At this inspection we found that no accidents had been recorded in the accident book since the previous inspection. However, when we viewed one person care records we found that a person had fallen into the bath. We saw that staff had taken action to check the person for any injuries. When we spoke with the provider they told us they 'strongly disagreed' that this was an accident and therefore had not recorded it as so. They were unable to demonstrate what, if any action they had taken to prevent reoccurrence.

Staff told us they kept people safe by monitoring any changes in their needs and sharing this information with other staff. They told us they also looked out for any environmental hazards and reported these. The deputy head of home showed us they had introduced a maintenance report book to record any hazards or repairs that were needed. Any concerns were shared with the provider to enable them to take appropriate action. However, we found concerns were not always acted upon in a prompt manner.

The provider told us they had reduced staffing as there were only three people in the home. They said they would increase this should more people move into the home. At the time of our inspection the provider was covering all the night shifts. We were not assured this was sustainable as people living at the home had night time needs. The provider gave us a hand written rota that did not reflect the staff that were on duty on the day of our inspection. They told us that staff worked to a routine and that they recorded their hours in their diaries as opposed to a rota. There was a small staff group who covered each other for holidays and sickness.

People we spoke with found there were enough staff to respond promptly to their requests for support. One person told us, "I give them (staff) a shout if I need anything. They come pretty soon, they are very good." Another person told us the provider encouraged them to use the call bell if they needed anything. They said, "I rarely use it. When I have, they (staff) have come straight away." We observed that there were enough staff on duty to respond to people's needs in a timely manner.

People we spoke with felt safe and secure living at the home. One person said, "I feel very safe here." They went on say this was due to the stability of being supported by the same staff. This was echoed by a second person we spoke with who was also reassured by the quiet location of the home. Risks associated with people's needs were routinely assessed, monitored and reviewed. These included assessments of people's mobility, nutrition and skin integrity. Where required we saw that people had pressure relieving equipment in place to promote good skin care.

People were supported by staff who were aware of the different types of abuse and knew how to identify signs of abuse taking place. These included people becoming withdrawn and changes in their behaviour. Staff we spoke with were confident that people would report any concerns to them. They would then report any concerns to the provider or outside agencies. The deputy head of home showed us they had recently reviewed their safeguarding policy. The provider told us they would report any concerns raised with the

local authority safeguarding team.

People were satisfied with the support they received to take their medicines. One person told us that staff made sure they had their pain killers when they needed them. Staff told us and we saw that one person had recently had their medicines reviewed and changed by the GP. The deputy head of home told us they completed a stock check of medicine which they completed prior to reordering people's medicines to ensure that they were not overstocked.



## Is the service effective?

### Our findings

At our last inspection we found that the provider did not have effective systems in place to monitor staff training and development. The provider had told us in the previous two inspections that they were going to arrange training to ensure staff received training relevant to their role. At this inspection we found staff had not received the training as planned.

Staff told us they had not received an appraisal to discuss and record their training needs. However, they felt they could approach their colleagues or the provider if they needed support and guidance. The provider confirmed that they had not implemented a system to monitor staff and their own training requirements. This had not impacted on people as staff knew them and their needs well. This was confirmed by people we spoke with who were confident that staff had the ability to meet their needs. One person told us, "They (staff) are all very good."

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. Staff told us all the people living at the home were able to make day-to-day decisions. They said they used effective communication to support people in their decision making process to ensure they had heard and understood what was being said. People told us and we saw that staff they sought their consent before supporting them. Staff were clear that they would not force people to receive support. One staff member told us if a person declined support they would return at a time that was suited to them.

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). At the time of our inspection no one living at the home was subject to DoLS. The provider told us they would contact the local authority DoLS team for guidance should people's needs change.

People told us they liked the food. They said staff knew their likes and dislikes and offered them an alternative if they did not like what was on the menu. We saw that one person disliked what was for lunch and was given something of their choosing instead. Staff told us they sat down with people and discussed what they would like to be included on the menu and took this into account when planning meals. Staff told us they monitored what people ate and drank and if they had any concerns about their intake or any weight loss they would contact the GP.

People told us that staff arranged health care appointments as and when needed. One person told us the district nurses came in to see them each week. Another person explained that they recently had some medical tests and staff were following these up for them. Records we looked at demonstrated that staff sought medical advice when they had any concerns about people's health.

## Is the service caring?

### Our findings

People we spoke with praised staff for their caring approach. One person told us, "What is here, is the tender loving care and you don't get that in the bigger places." They went on to tell us, "When you come in here, within a day you feel part of the place." Another person described one staff member as a 'lovely' person.

Staff had built good working relationships with people living at the home. One person told us that staff spent time talking with them. They said, "A little bit of kindness and a laugh makes all the difference." They had lots of visitors who were always made to feel welcome by staff. They said, "The first thing they (staff) ask them is would you like a cup of tea?" Another person told us that a staff member often brought in magazines for them to read. Throughout our visit we observed friendly interaction between staff and people.

People told us they were involved in decision about their care and support. One person told us, "They (staff) do their very best." They explained that staff listened to them and they were able to spend their time as they wished. Another person told us that they were keen to maintain their independence and this was respected by staff. They said, "It takes me a bit longer to do things but there is no point in rushing." Staff told us they promoted people's choice and involvement in decisions. This was confirmed by one person who told us the provider had asked them if they wanted to vote in the forthcoming elections. Where people had communication problems staff told us they made sure they were facing the person when speaking with them to ensure they had heard and understood what was being said. We observed that staff offered people choice such as, what they would like to drink and if they wanted a snack with their drinks.

Staff were mindful of people's dignity and supported their privacy. This was confirmed by a person who explained staff helped them to get in and out of the bath safely but gave them privacy to wash themselves. Staff told us they ensured they knocked on people's bedroom doors before entering and made sure people were covered up as much as possible when providing personal care. Staff spoke with and about people in a respectful manner.

## Is the service responsive?

### Our findings

People's needs were assessed prior to moving into the home to ensure their needs and preferences for care delivery could be met. This was confirmed by one person who said they had discussed their care requirements with staff. They said, "The staff are excellent nothing is too much trouble." Another person told us, "We are very well looked after." Staff we spoke with told us that they were a small staff group and exchanged information about people's needs at handover and during their shifts. This allowed them to provide consistent support. The deputy head of home showed us that people's care plans were reviewed on a monthly basis. They explained that some people accessed short breaks at the home and they reviewed their needs with them on each admission to establish if there were any changes. Staff were able to demonstrate they knew people and their preferences well.

On the first day of the visit one person was sat in the lounge on their own for the majority of the day. They told us, "It does not bother me. I've lived a life of being on my own." They told us they were able to spend their time as they wished. This was echoed by other people living at the home who said they liked to spend time in their rooms reading or watching television. Staff told us they spent time with people and knew what they liked doing. They said they often sang and played games with people. They showed us an activity folder which contained words of songs people liked to sing as well details about the music they liked to listen to.

People told us they felt comfortable to raise any concerns they may have with staff or management. One person told us, "I've no complaints as far as staff are concerned." We saw that provider had a compliment and complaints box in place and that they had received compliments about the service. The provider told us they had not received any complaints about the service since our last inspection.

We recommend that the provider seeks advice from a reputable source on how to promote person centred care planning.

## Is the service well-led?

### Our findings

At our last two inspections on 17 December 2015 and 10 and 16 November 2016 the provider was rated as requires improvement. There had been breaches of regulations that required action and improvement from the provider. We asked the provider to make improvements and to send us an action plan detailing how these would be achieved. At this inspection we found that the provider had not made all the required improvements and remained in breach of the regulations. We also identified further concerns that needed to be addressed.

There was ineffective leadership at the service. The provider had not ensured accidents were appropriately reported and analysed to prevent reoccurrence. This showed the provider lacked the knowledge and understanding of their legal responsibilities to keep people safe from the risk of avoidable harm. The provider had also reduced staffing due to low occupancy levels and was undertaking all night shifts themselves. We were not assured this was sustainable given that people living at home had night-time needs.

There was a lack of transparency in the service. At the last two inspections the provider told us they had arranged training for staff. At this inspection we found that they still had not arranged the training they said they would. They said they had sourced another provider however, they were unable to provide confirmation of these arrangements. We also found that the provider had not completed improvements to the home they said they were going to do or responded to all the maintenance issues reported by staff. We saw that staff had reported a tear in the flooring in a communal toilet and in the kitchen in April 2017. We saw that the tear in the kitchen flooring had been taped to prevent trip hazards. However, nothing had been done to repair the tear in the toilet flooring and this was a potential trip hazard. When we spoke with the provider they said only one person accessed this toilet and that this person was 'sensible'. They therefore did not consider this as a risk. They told us and we saw that the tear had been taped by the second day of our inspection. The provider told us that they needed to prioritise work required at the home and had recently spent money repairing the boiler. The provider did not have systems in place that showed that they had considered concerns reported by staff or actioned the improvements needed. This showed a lack of consistency in how well the service was managed and led. We were therefore not confident that the concerns we had raised would have been identified and acted upon without our intervention.

The provider's governance systems remained chaotic. They told us in their action plan that they would complete audits to monitor the quality of the service. We found that there were no formal quality assurance systems to drive improvements in the service. The provider told us they completed checks on the quality of the service such as, medicine competency assessments and care plan audits, however they did not keep records of checks made. This meant they could not demonstrate what, if any action they had taken to identify or make required improvements. We found that there was still room for improvement in the information in people in care plans as identified in our previous inspection. At the last two inspections we found the provider did not complete appraisals and did not have an overview of staff training and development. At this inspection we found the provider had not taken any action to rectify this and was unable to tell us why. At the last inspection the provider told us they had submitted a disclosure and barring

service (DBS) application for one member of staff. However, at this inspection they were unable to demonstrate that a DBS check had been completed for this staff member. The provider told us they thought the staff member had done this but they had not taken any action to ensure they had. This demonstrated poor governance as the provider had not ensured that the staff member was suitable to work with people living at the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the provider had not displayed the most current inspection ratings at the home as required. This was a breach of Regulations 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that the provider had conspicuously displayed ratings at the home and was now meeting the Regulations.

At our last inspection we found that the provider had not informed of certain events in the service as they are required to do so by law. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. The provider had since submitted statutory notifications as required and were now meeting the Regulations.

The provider told us their aim for the service was to create a 'home from home' atmosphere. They wanted to ensure that people were comfortable and treated with kindness. This was a vision shared by staff who wanted to provide good care to people living at the home.

People and staff told us they found the provider approachable. One person told us, "If I want anything, I just have to ask them [provider]." Another person said, "[Provider's name] is excellent always very helpful." The provider lived at the home and formed part of the care team. Staff told us they were readily available to support them when needed.

The provider told us they maintained links with the local community through links with a local school and a representative from the local church visited the home on a regular basis. People were given the option of whether they wished to take part in a religious service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of effective leadership and quality assurance systems to drive improvement in the service.