Ashley Grange Nursing Home Limited

Ashley Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ashley Grange Nursing Home is a care home providing personal and nursing care for up to 55 people. At the time of the inspection 49 people were living at the home. Of the 49 people, 10 were receiving care on a short-term basis, following a hospital admission.

The home was in a village setting. People had access to a garden with countryside views. Bedrooms were located across two floors. There were communal lounge and dining areas.

People's experience of using this service and what we found
On the first day of the inspection we raised some concerns with the management team. These concerns related to observations of care which did not promote people's dignity or nutritional intake. When we returned to the home, action had been taken to address all areas identified. The actions taken promoted an improved standard of person-centred care.

The home's call bell system was loud and potentially intrusive, particularly on the first floor of the home. The system also lacked the function to monitor how long people were waiting for assistance. The managing director told us they were in the process of researching an updated call bell system.

The managing director provided assurances the use of agency staff had reduced in recent weeks before the inspection.

The management team were part of working groups to aid compliance with the Mental Capacity Act 2005 (MCA). The management team were seeking advice from professionals to aid their learning about the MCA.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests.

There was a project in the early stages to improve 'wayfinding' in the home. The management team were working with art students from a local university. The project will aim to collaboratively develop the environment and make it more dementia friendly. Improvements in signage were made during our visit, with the addition of privacy door notice to bathrooms, to identify when they were in use.

There was work taking place around the appropriate use of language and the use of health and social care terminology in the home. People and their relatives were provided with a 'jargon buster'. This detailed the types of terminology they may hear of or see in health and social care settings.

The home had an electronic care planning and record keeping system. Staff were confident in using the system and knew where information should be recorded. Records could be searched to gain an overview of the person's care. For example, a person's food and drink intake over a period of time.

Staff and the management team knew people well. People's life histories were known. The impact a personal history may have on a person's mannerisms or behaviours were understood.

Where people's health or wellbeing showed signs of change, the management team were quick to recognise this. Referrals were made to the GP or other professionals in a timely manner. People benefitted from a weekly GP round at the home.

We observed some kind and caring interactions. Staff supporting people with their lunch did so at a gentle pace, engaging with the person.

The home was clean, tidy and free from unpleasant odours.

People receiving intermediate care at the home had been supported to achieve positive outcomes. Professionals gave positive feedback about the intermediate care people had received.

An electronic medicines management system was in place. This provided greater accuracy and reduced the likelihood of errors which may be associated with paper records.

The management team completed audits of the service and had a continual improvement plan. Where our inspection identified areas for improvement, these were known by the management team. There were actions planned to address them, or action was taken promptly following our feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 4 May 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ashley Grange Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector, an assistant inspector, and two Experts-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.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information that we held about the service. This included statutory notifications received regarding events such as when a person who uses the service suffers an injury. We used the information the provider sent us in the provider information return, to plan our inspection. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection
As part of the inspection we spoke with 14 people and 10 relatives. We also spoke with nine staff, the registered manager and managing director, as well as visiting health and social care professionals. We looked at documentation and records relating to people's care, including care plans for nine people. In addition, we reviewed information relating to the management of the home. This included the training and medicines electronic systems, and audits of the service. 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.

After the inspection
We received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
• We observed there to be enough staff to meet people's needs. An electronic system was used to calculate the staffing requirements based on assessments of people's needs. There was a staff member responsible for ensuring enough staff were rostered each day.
• The call bell system lacked a function to monitor call bell response times. The management team tested response times by using the system and checking how long it took for staff to respond. This test would not give a reflective account of how long people were waiting for support each day and night. The managing director told us they were in the process of researching a new and more modernised call bell system.
• People told us the time it took to receive a response to their calls for assistance varied. Their feedback comments included, "I can see the staff chasing around and think they do the best they can, but there are others much worse off than me and they can't always get staff to come to them when they need them." "Sometimes when you ring, they don't come. It varies. You don't see many staff around at night after they have helped you to bed", "Sometimes the bell rings for a long time. I try to be patient as I know they do their best." Also, "I have waited 45 minutes before for them to help me use the commode."
• When there were gaps in staff availability, staffing levels were supported by agency staff.
• We received mixed feedback about the agency staff. People's comments included, "Some agency staff are very nice, but occasionally some aren't" and, "There have been agency staff that don't speak great English. It can be difficult to understand what they're saying. You muddle through and it can't be helped, but it can feel embarrassing at times." The management team advised us that the use of agency staff had been reduced greatly.
• There were safe recruitment processes in place. New staff were subject to satisfactory references and Disclosure and Barring Service clearance (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable adults.
• Some staff had been employed from overseas. They had participated in an online video call interview which assessed their competencies. The appropriate permits to work had been obtained prior to commencing employment at the service. There had also been checks to ensure permanent staff spoke English to a satisfactory standard.

Assessing risk, safety monitoring and management
• Fire safety checks were carried out and an independent fire risk assessment had been completed. There were areas for improvement identified in the assessment and these had either been addressed, or risk assessed with risk reducing measures in place. There were letters from the fire safety inspector confirming the service had addressed the identified risks.
• Risks to people's safety had been identified and recorded. Risk assessments were in place. These included guidance for staff to follow to reduce the likelihood of risks occurring.

• We observed safe manual handling when staff supported people to move or stand. Two staff members were responsible for delivering manual handling training. They also completed observational assessments of staff practice.
• One healthcare professional said, "I don't have to prompt for them to use the correct equipment. They just do it. If I ask them to use a piece of equipment they have not used before, they will always ask for training, to ensure they are using it correctly."

Systems and processes to safeguard people from the risk of abuse
• Staff had received safeguarding training. They knew how to identify the different types of abuse and who to report any concerns to. Staff told us they felt confident any concerns reported to the management team would be acted upon.
• The registered manager and managing director submitted safeguarding notifications to the local authority and CQC when required.
• People told us they felt safe. One person said, "I feel safe because of the kind way staff behave towards me."

Using medicines safely
• Medicines were managed safely. Registered nurses supported people to take their medicines.
• There was an electronic medicines system which ensured the safe inventory, stocktake and administration of medicines. Any discrepancies in the stock checks were flagged up by the system, as it identified any errors. The system required two nurses to sign off the checks. This system reduced the likelihood of medicines errors occurring.

Preventing and controlling infection
• The home was clean and free from odours throughout. The head housekeeper told us there was a member of the team available seven days a week. One person told us, "It's comfortable and clean. I've never seen so much cleaning going on, there's vacuuming, washing windows, cleaning my room."
• Staff had access to personal protective equipment, including aprons and gloves, to reduce the likelihood of cross contamination.
• The kitchen had been rated as five for 'very good', by the Food Standards Agency.

Learning lessons when things go wrong
• Where accidents and incidents occurred, these were reported by staff and reviewed by the registered manager. Records were analysed to identify any themes or trends. Where there were areas for improvement or change, this was communicated with the staff team.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People's mental capacity regarding day to day decisions relating to their care had been incorporated into their care plans.
• The management team had actively sought support from social workers to undertake complex mental capacity assessments and to provide guidance in ensuring the best interests of the person were supported.
• There was a lack of clarity around whether every person with an existing DoLS application had their mental capacity assessed, prior to application. DoLS applications should be made once the person has been assessed to lack capacity and a decision has been made in their best interests.

We recommend the management team continue to develop their knowledge of best practice around the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People were assessed prior to moving into the home. Care assessments included people's personal details and initial assessments of their care needs.
• People's care plans documented their needs and choices, and the support staff would need to provide.
• People with mental capacity to consent to decisions regarding their care were involved in assessments about the use of bedrails and bedroom door gates.

Staff support: induction, training, skills and experience
• There was a system in place to monitor staff training completion and due dates.
• An upgraded training system had been identified and was in the process of being obtained. The new

system offered improved functions and efficiency.
• There was a training coordinator. They were responsible for delivering some sessions and overseeing the scheduling and completion of staff training.
• Staff told us they felt they had received enough training to meet their role requirements and to support people's needs well.
• New staff received an induction to the home. This included completing mandatory training modules and shadowing more experienced staff.
• Staff received supervision meetings with a senior member of staff. These meetings were up to date and gave staff the opportunity to discuss their personal development, what was working well and any areas for improvement.
• The home had invested in the nursing associates programme and we met with one staff member who had recently started at the home in this position. The Nursing and Midwifery Council (NMC) state 'This role is designed to help bridge the gap between health and care assistants and registered nurses.'
• Student nurses also worked at the service on placements while studying.

Supporting people to eat and drink enough to maintain a balanced diet
• Where people were assessed as being at risk of dehydration or malnutrition, the amount they ate and drank was recorded and monitored by staff. We reviewed the records and could see people were being supported to reduce the likelihood of dehydration or malnutrition. These records were not readily available to people's relatives as they were recorded electronically. Three people's relatives told us they visited daily to ensure they physically saw their relatives have enough to drink. We passed this feedback to the management team and they began to plan ways in which they could help ease relatives concerns.
• We observed the dining table in the lounge/dining room was only laid if people chose to sit at the table. This did not promote encouraging people to change position and engage in the dining experience. We provided this feedback to the management team. Before the third day of the inspection staff had started to work on promoting "a sense of occasion" at mealtimes.
• Staff supporting people one-to-one to eat or drink ensured personal attention was given to the person. We saw staff engaging with people and trying to gauge if they were enjoying what they were eating.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
• The GP visited the home on a weekly basis. People also had access to other professionals who visited the home. These included opticians and chiropodists.
• People benefitted from the home having strong relationships with health and social care professionals.
• Referrals were made in a timely manner. Where guidance was received, it was included in people's care plans for staff to follow.
• Health and social care professionals spoke positively about the support people received at the home. They told us staff were responsive to their guidance and asked for assistance where needed.
• One healthcare professional praised the staff team for their work in supporting a person with their skin integrity. They said, 'I was so pleased with the progress with the pressure ulcers [...] all the care [provided by staff] has led to this outcome. All the efforts of trialling a special tilting air mattress worked and I was pleased to see the special silicone cushions being utilised to help reposition.'

Adapting service, design, decoration to meet people's needs
• The call bell system was particularly loud in parts of the home. The sound was intrusive for some people, as it could be heard clearly from their bedrooms.
• There were plans to improve 'wayfinding' in the home and to develop a more dementia friendly environment. The management team were working with art students from a local university. Improvements in signage were made during our visit, with the addition of privacy door notice to bathrooms, to identify

when they were in use.
• People had personalised their bedrooms with items such as furniture, photographs, ornaments, or pictures on the walls.
• There were plans to introduce a project based on an interactive communication system. The device would play music and provide information to people.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were invited to attend care planning meetings, however not everyone could recall having attended one.
• People were invited to share their feedback through comment cards and surveys. There were comment card boxes in the home for people to submit feedback for review by the management team.
• People's care plans documented how they should be supported to make decisions. For one person this included how staff should be aware of their body language, as this could impact how the person responded to them.

Ensuring people are well treated and supported; respecting equality and diversity
• We received positive comments about the staff team and their caring approach. One person said, "There is a carer at night, he is my favourite. He is so quick and efficient. He says he is going to do something and before you have looked around, it is all done and done properly too."
• Other people told us they felt staff supported them well by identifying changes in their health or wellbeing. One person's relative said, "They are very good at picking up on any illness and acting on it."
• Some people told us they had been apprehensive about moving to the home, but had since become comfortable receiving support. One person explained, "It was quite difficult for me at first. I was quite nervous because I had never been in a place like this. The majority of the staff are fantastic, they make you feel at ease and help you." For another person, their relatives had been caring for them at home and they wanted to continue doing so but the person's needs had changed. The home invited the family members to be as involved as they wished with providing the person's care.
• The management team explained the home had previously supported a person with their cultural dietary requirements. They worked with the person and their family to support and meet their needs.
• The home had been able to support a person who did not speak English. They had a staff member who could speak with the person in their preferred language and utilised this in providing the person's care.
• The home received compliment cards from people's relatives, praising the home for the support they gave their family member.
• We were shown a photo album, which documented a person's birthday party celebrations at the home, with a birthday cake the chef had made.
• Staff spoke with pride about the care they provided. One staff member told us, "I treat people like I would my own. They are part of our family here. To be in this job you have to be caring. If you're not, you are in the wrong career. That is why we have staff who have been here 18-22 years."
• The management team gave us examples of supporting people to achieve outcomes personal to the

individual. The registered manager explained for one person who had been supported to gain weight, "They have blossomed. They are like a new person. Their story could have been so different."
• There were examples of people's relatives being supported. The management team understood their role involved caring for relatives during what could be a particularly difficult or emotional time. They told us for one person, their family member was in a bedroom for two people, but the other bed was vacant. The home worked with the person's relative to agree for them to stay and be supported several nights per week, in the same room as their family member.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity were not consistently promoted. Improvements were made to address this, following our feedback. One person told us they felt their dignity was compromised when bathing because staff would walk in. To address this, the management team added notices to bathroom doors to indicate when they were in use. For another person, we saw their continence aid was visible when walking past their bedroom. The management team contacted a person who makes handmade dignity covers for the continence aid. People had a choice of fabric pattern, if they wanted one to be made.
• People had formed friendships in the home with other people and with the staff. One person told us, "I get on well with everyone here, some I am very fond of and they are very kind to me."
• We saw staff knocking on people's bedroom doors before entering. People and their relatives told us this was normal day to day practice at the home.
• We saw one person returning from the shops. The managing director told us the home had built relationships with a community driver who supported the person to visit the local supermarket. The person had improved their independence since living at the home.
• The management team told us how they had supported one person to develop their independence with food shopping, in preparation for returning home. Staff used online supermarket shopping to find product images the person could relate to. They used these to build a shopping list for the person to use when shopping.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People were given information about the home upon admission. This included explanations of what each colour staff uniform meant. The registered manager advised us information was provided in large print where needed.
• People also received a 'jargon buster'. This included examples of terminology used in health and social care and explanations. The managing director explained they provided this because there is lots of information people receive and hear upon moving into a care setting. They appreciated the information and terminology used could be confusing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People told us there were varied activities offered. One person said, "I enjoy the activities, things like quizzes and the entertainment we have. I do all the pots in the garden, as I am a gardener. On a Wednesday the day centre come from the village and meet here, I go along in the afternoon as I like to see different faces and join in." Another person told us about the children who visited the home. They explained, "The young children and babies from a nursery come in to see us, I love that, they lift your mood, they come running in and it's all smiles."
• People told us there were opportunities to leave the home for "outings". One person said, "We drove out to the New Forest which was lovely." We were told the opportunities were not as regular as they would like, but they were offered occasionally.
• There were seasonal activities and celebrations in the home. One person's relative told us people received cards from the home and on Valentine's Day each person received a rose. At Christmas a large snow globe had been hired at the home and people could walk inside this. The management team told us people had enjoyed this festive activity.

Planning personalised care to meet people's needs
• People had care plans in place documenting their care and support needs, preferences and wishes.
• The management team told us they did not "hesitate in investigating health issues further when people were admitted to the home." This included for example, when people were admitted with a high dosage in their prescriptions. The registered manager said, "We want to know where that started. We don't just accept what we are given. We aren't afraid to challenge the information to help people."

• There were facilities and resources to help rehabilitate people for their return home. This included a kitchenette area where people could have their independence skills assessed or developed.

Improving care quality in response to complaints or concerns
• Every person and their relative we spoke with told us they would feel comfortable raising a complaint. One person said, "I would tell matron [registered manager], she would sort it." Another person explained, "I've told matron [registered manager] before when someone wasn't doing their job properly. She quickly makes sure they do it properly."
• There was a complaints policy in place. People were provided with a copy of this.
• People and their relatives received surveys to share their feedback about the service.
• We reviewed the complaints received and could see the provider took appropriate action when investigating and responding to any complaint made.
• One staff member was appointed in a liaison role for people and their relatives. The managing director explained this role had been created for the staff member based on their skills and experience. They said, "We made that role for her. We noticed there was a gap we could get better at. She is crucial in the role she performs, she has her ear to the ground, links with families, knows them and their dynamics. She can recognise where potential complaints can be intercepted."

End of life care and support
• People's personal wishes were respected, and their cultural beliefs supported. The registered manager told us about one person who had previously received care. They explained the person's wishes were to pass away in their own home. The staff supported the person for this to happen. The registered manager explained, "We were enabling her to go home and have her death as she wanted."
• One staff member spoke with emotion about the end of life care they had provided to a person. They explained the person had been declining and the act of spending time with the person had proven to be comforting.
• People's wishes were recorded in their care plans. This included where the person would prefer to receive any end of life care and treatment, and if they wanted to be admitted to hospital.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The management team were receptive to feedback. We told them our findings after the second day of the inspection, which included some areas where we felt the care was inconsistent. Following this, creative and thorough improvements were implemented. Where our feedback related to comments different people or their relatives had told us, the management team were planning ways in which communication could improve.
• There were projects in the process of taking place which would have a positive impact for people living at the home. This included the 'wayfinding' project taking place with the local university and identifying the most suitable and modernised call bell system.
• One professional told us the management and staff team had a holistic approach to care. They explained, "They look at the whole person including their history, family and wellbeing, not just their day to day care needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The management team understood their responsibility to report any safeguarding concerns to CQC and the local authority. They acted upon their duty of candour responsibility following any events where this applied.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care
• The registered manager was the matron of the home. They worked in partnership to manage the home with the managing director. The management team were supported by registered nurses who led the care on each floor of the home.
• The management team completed a range of audits in all areas of the home. These included audits of health and safety, medicines, and infection control.
• The registered manager analysed records of any infections, falls and people's weight. The analysis enabled them to identify any patterns or trends. The records were communicated with nursing staff, to ensure they were aware of people's healthcare needs and could maintain an overview.
• The management team had a comprehensive continuous improvement plan in place.

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

characteristics
• There was a relative's social and support group called Friends and Relatives of Ashley Grange. The management team told us they introduced relatives to the group, particularly when they identified they would benefit from that support. They told us the group passed feedback to the management team about the home.
• The provider had properties in the same village as the home, to accommodate staff and enable them to live close to their workplace.
• Visiting health and social care professionals spoke highly of how the service was run. One professional wrote, 'It has to be said, of all the care homes I work in, Ashley Grange should be held up as an example of how a care home should be run.'
• Staff attended meetings and received communication newsletters. These were used to gain staff feedback, share successes and updates, as well as raising any areas where improvements were needed. The management team understood the ways in which different staff best received information and any communication needs.

Working in partnership with others
• The management team participated in and actively sought networking opportunities. They had built working relationships with a broad range of health and social care professionals.
• Relationships with professionals ensured the home received regular referrals for new admissions to the home.
• We observed a multi-disciplinary meeting to discuss people receiving short term care at the home. The managing director led the meeting and had a clear knowledge of each person at the home, their personal history and any progress they had made.