Ashfield Care Homes Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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:

• Ashfield Care Home limited (99 Ashley Road) is a care home for people with a learning and/or physical disability. The home is registered to provide accommodation and personal care for up to 10 people. At the time of our inspection there were six people living at the home.

People's experience of using this service:

• People told us they felt safe living at Ashfield Care Home. Relatives told us they found Ashfield Care Home provided a safe place for their relative to live and had no concerns.

• People had individual risk assessments completed which ensured they were supported to live their lives as independently as possible while minimising any identified risks.

• People received care and support in an individualised way, which was planned and delivered to meet their needs.

• Ashfield Care Home was staffed with sufficient levels of trained staff who were themselves supported with a system of regular supervision and annual appraisals. Staff felt supported and commented positively on the training they received.

• People's medicines were being managed safely, stored securely and administered by trained staff.

• We have made a recommendation regarding the upkeep of the premises to ensure infection control risks are minimised.

• People and their relatives were fully involved in assessing and planning the care and support they received. People were referred to health care professionals as required.

• People were supported to maintain and increase their independence. People were supported to access the community and trips to places of interest each day. People's privacy was protected and they were treated with dignity and respect.

• People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

• Relatives expressed confidence in the management team and felt the service was well led.

• More information in Detailed Findings below.

Rating at last inspection: Good (The date the last report was published was 8 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains rated as Good overall.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

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 not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was Effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one CQC Inspector over both the days of the inspection visit.

Service and service type:
Ashfield Care Home Limited is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. A registered manager is a person who has 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.

The service had been developed and designed in line with the values that underpin the registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Notice of inspection:
The inspection on day one was unannounced.

What we did:
Before the inspection we reviewed information we held about the service. This included information about incidents the provider had notified us of and contacting health professionals for their views on the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the inspection, we spoke with most of the people living at Ashfield Care Home, six members of staff which included the registered manager, the deputy manager, the cook and maintenance member of staff as well as care staff. We spoke with a visiting professional and immediately following the inspection we spoke with three relatives on the telephone and obtained their views on the service Ashfield Care Home provided. We also received e-mail feedback from health professionals who had regular contact with the home.

We observed how people were supported and to establish the quality of care people received we looked at records relating to their care and support. This included individual care and support plans, and every bodies Medicine Administration Records (MARS). We also looked at records relating to the management of the service including; staffing rotas, staff recruitment, supervision and training records, premises maintenance records, training and staff meeting minutes and a range of the providers policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe, improvements were needed to ensure people's safety.

Preventing and controlling infection
• In some areas of the home flooring was worn, stained and ripped. This is an area for improvement. When ripped, impervious flooring can pose a risk to infection control and can pose a trip hazard to people. During our inspection, temporary measures were taken to ensure the ripped flooring was covered and made safe for people.
• People's washstand units were also worn with the impervious surfaces chipped and flaking exposing the wood underneath. This could pose an infection control risk to people.
• The registered manager told us the provider had plans to redecorate and refurbish the home and the flooring and washstand units would be included within these plans.
• Personal protective equipment was available for staff who wore it when it was appropriate to do so.

We recommend the provider adheres to current infection control guidance to ensure risks to people's health were minimised.

Systems and processes to safeguard people from the risk of abuse
• People and relatives told us they felt Ashfield Care Home was a safe place to live.
• Staff received safeguarding training and spoke knowledgably on how to spot the signs of potential abuse. They were aware of the correct action to take should people raise concerns with them.

Assessing risk, safety monitoring and management
• Risks to people and the service were assessed and staff demonstrated detailed knowledge on how people preferred their care and support to be given.
• Risk assessments were detailed and personalised and guided staff to support people safely whilst still maintaining their independence.
• Risk assessments were regularly reviewed and reflected the changing needs of each person to ensure their safety.
• Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
• Regular water systems checks to reduce the risk of legionella. Certificates showed Ashfield Care Home was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment
• People, relatives and staff told us there were generally enough trained staff available on each shift to ensure people were supported safely.
• One relative told us, "There is always plenty of staff and people around. I have no worries, I am very happy

with the care provided."
• The registered manager managed two homes for the provider. Some staff felt although they received a good level of support they felt at times it could be difficult not having a manager based full time at Ashfield Care Home. One member of staff said, "Most of the staff will say the same thing, we do manage but it's just not ideal."
• The staffing rotas reflected people were cared for by appropriate numbers of staff. The provider had a system in place to ensure any planned or unplanned staff absence could be covered with staff who knew the people living at Ashfield Care Home. This ensured people received consistent care from people they knew.
• Recruitment records showed staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Ashfield Care Home. This ensured staff were suitable to work with people in a care setting.

Using medicines safely
• Medicines were managed and administered safely. Records showed stock levels of medicines were correct. People had their allergies recorded and there was a clear system to ensure 'PRN' as required medicines were administered to people safely.
• People's medicines were administered and checked by two members of staff. This ensured people received their medicines safely and as prescribed.
•Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.
• Regular medicine management audits were completed to address any issues in medicine administration.

Learning lessons when things go wrong
• There was a robust procedure in place for reporting accidents and incidents.
• Information regarding incidents and accidents was discussed with staff during daily handovers and staff meetings. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.

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.

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

When we inspected the service in July 2016 we found staff had not all received regular supervision meetings and annual appraisals. At this inspection we found improvements had been made. Staff had received supervision meetings and annual appraisals and there was a clear, forward programme of staff supervision and appraisals in place. Therefore, the rating for this key question has improved to Good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People's care and support was planned and delivered in line with current legislation and good practice guidance. Assessments, individual care and development plans were individualised for each person and reflected their preferences and wishes.
• Care and support plans were regularly reviewed and updated in consultation with people, family and health professionals when appropriate.

Staff support: induction, training, skills and experience.
• The majority of the staff had been employed at Ashfield Care Home for many years and told us the induction they had received when they joined had been thorough, supportive and useful.
• Staff told us and records showed, staff were well supported with regular supervision sessions and annual appraisals. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning.
• Training was delivered in a variety of different ways, these included individual one to one training, online e-learning, classroom training delivered by an independent training provider and practical face to face training such as fire safety and training on how to mobilise people safely. Staff told us they enjoyed the training and found it very helpful and well delivered.
• Relatives told us they felt the staff were well trained and supported people effectively in ways they preferred. One relative told us, "All the staff are helpful and know what they are doing and how to care for [person]…I have no worries."

Supporting people to eat and drink enough to maintain a balanced diet.
• We observed two meal times during our inspection at Ashfield Care Home. Meal times were relaxed and friendly with people choosing where they wanted to eat their meals. People's choices were respected if people wished to eat their meal in private. People received home cooked meals that were planned to ensure they received healthy, nutritious food. We spent time talking with the cook who knew people very well. They spoke knowledgably about their food likes and dislikes and how people needed supporting to eat their food safely.
• People were supported to eat and drink and care plans reflected clear guidance about any specific support people may need. For example, adaptive cutlery, plate guards and effective plate secure devices were used

which helped people to continue to eat independently which was important for their sense of well-being.
• People were given choice with their meals, fresh fruit, yoghurts, snacks and a variety of hot and cold drinks were available at all times at Ashfield Care Home.
• People were supported to receive appropriate nutrition. If required, referrals were made to appropriate health professionals for further advice and guidance.
• For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

Staff working with other agencies to provide consistent, effective, timely care.
• A variety of specialised professionals supported people at Ashfield Care Home and worked closely with staff. Effective working relationships had been built between staff and these professionals.
• Staff spoke knowledgeably about people's health needs and recognised the importance of being pro-active in seeking guidance and support from health professionals.
•Records showed staff consulted and referred people to health professionals when people experienced difficulties or had a decline in maintaining their mental health.

Adapting service, design, decoration to meet people's needs.
• People's bedrooms were highly personalised and included items and belongings that were of comfort to them. People could choose what colour they preferred their bedroom to be painted.
• Shared communal areas, were comfortable and homely. Some communal areas needed redecoration. One member of staff told us, "The furnishings do need modernising, carpets need replacement. There is meant to be a plan in place to replace the furnishings, it hasn't happened yet but it may do in the future. The home wasn't designed for wheelchair users and needs to be improved for wheelchair access…it needs wider doorways and wider communal areas." We discussed the premises with the registered manager who said the provider was looking into making premises changes and updating some areas of the home.
• The premises had adaptations to ensure people with restricted mobility could be cared for safely. These included, stair lifts, overhead hoists, bath lifts, stand aids, hand rails and grip rails. The provider employed maintenance staff who managed the day to day maintenance of the building.
Supporting people to live healthier lives, access healthcare services and support
• There were systems in place to monitor people's on-going health needs. A range of health professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure they received the right healthcare. Records reflected this was the case for ongoing or emerging health issues.
•Staff gave detailed examples of when they had followed specific health care advice and guidance and had persevered and encouraged the person through a very difficult time in their lives. This ensured the person recovered their health and improved their sense of well-being and independence.
• People were referred to appropriate health care professionals such as speech therapists, dieticians or specialist health services when required.
• People had 'hospital passports' completed for them. These documents contained summarised relevant information regarding each person to ensure they were cared for safely should they need to go into hospital or move to another service.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where there were restrictions on people's liberty, these had been authorised or applications were being processed by the local authority.

• The service worked within the principles of the MCA and worked closely with an independent advocacy service.

• People's care records continued to identify their capacity to make decisions. People had been involved and had signed their care records to show they consented to their care and support.

• Staff had received training in The Mental Capacity Act 2005 and spoke knowledgably regarding how it applied to the people they supported at Ashfield Care Home.

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

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

Ensuring people are well treated and supported; equality and diversity.
• People smiled at staff and sought them out to talk and spend time with. Relatives praised the staff who they said were, "Kind, caring and friendly." One relative told us, "The staff always talk and encourage all the residents to do as much as they can…it's like a real family with everyone knowing each other very well." Another relative said, "[person] is a lot better living at Ashfield than he was at the other service. They do a lot with [person], they take them out when they want and look after them very well."
• Staff demonstrated a thorough knowledge of each person, how they preferred to receive their care and support and what interactions worked best for each person.
• Throughout the inspection we observed staff treated people with kindness, warmth and patience. Staff knew people very well and were attentive to their individual needs.
• Staff offered support and reassurance to people and gave detailed descriptions of how people preferred to communicate and what actions they took to calm people if they became agitated, distressed or anxious.
• People's care and support records reflected their cultural and religious beliefs and staff respected their views.

Supporting people to express their views and be involved in making decisions about their care.
• Records showed people, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. People were supported by staff to make choices affecting their daily care and support.
• The service worked closely with an independent advocacy service to ensure people had their choices and views respected. Decisions regarding people's support and care had been made in their best interests.
• Relatives told us they were kept well informed at all times and felt fully involved in people's care and support. One relative said, "I feel fully involved, if anything happens I am always told about it, communication is good."

Respecting and promoting people's privacy, dignity and independence
• We observed people were treated with dignity and respect by a consistent staff team who knew them very well.
• People's privacy was respected. Staff knocked before entering people's bedrooms to maintain their privacy.
• People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• A visiting professional told us, "The staff take on board all our thoughts and follow advice really well...staff are open to discussion and are accommodating everything [person's] needs."
• People's assessments were detailed, regularly reviewed and supported staff to understand people's strengths and weaknesses. The assessment provided the basis for people's individual care and support.
• People had detailed, individual care and support plans. These focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.
• Staff told us communication within the home was good. Handovers were completed at the start of each shift and there was a communication book that held all the details staff needed to know to care and support people well.
• People were supported to communicate in ways that were meaningful to them. Their methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard. Picture cards and symbols were used and for some people the use of a visual schedule with activities to choose from were in use which allowed people to communicate effectively.
• There was a system in place to record daily interventions with each person. The entries reflected all the action and interventions the staff had supported each person with and gave a clear record of events or incidents and action taken that had occurred.
• People were supported to take part in a range of activities they enjoyed. The provider had their own mini bus that was used each day to take people to places they enjoyed. Daily activities formed a large part of people's lives and included, attendance at day centres, picnics, shopping trips, park visits, trips to the pub, visiting garden centres, coffee shops and in the warmer weather trips to the beach and river.
• The provider had systems in place to ensure people received responsive care and support. For example, bed and alarm mats were used to alert staff when people were mobilising from their bed so staff could ensure they were able to get to people in time to support them to mobilise safely.

Improving care quality in response to complaints or concerns.
• The provider had a clear complaints policy and relatives told us they knew how to make a complaint and were confident any concerns would be addressed.
• One relative told us, "Communication is good…I'm very happy and have no concerns about anything."
• The provider had not received any complaints since the previous CQC Inspection.
• People and relatives were encouraged to have their say about the service they or their relative received, this ensured any improvements or concerns could be raised and practical solutions implemented.
• There was a weekly house meeting where all the people living at Ashfield Care Home could attend if they wished. This enabled people to freely express any worries or concerns they had which were then addressed.

End of life care and support

• The service was not supporting any person with palliative or end of life care needs at the time of our inspection.

• Staff were in the process of obtaining completed end of life wishes documentation from people's GP's , health professionals and relatives. This would ensure people received care and support in the way they wanted at this time of their life.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
• Relatives, health professionals and staff told us they felt the service was well led, with a clear management structure in place. One health professional provided written feedback that stated, "The management communicates effectively… and informs when there are any issues which needs addressing from our end. My professional dealings with the management of the home has been effective and great."
• Staff and relatives spoke positively about the service and felt there was a friendly, relaxed, supportive culture at Ashfield Care Home.
• The service had a motivated staff team who spoke passionately about their roles. Staff told us they felt very well supported in all areas of their employment by a management team who were approachable, friendly, open and professional.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they all worked very well together as a team. They were confident in the quality of care and support they were able to offer people.
• There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
• There was a schedule of audits in place to ensure the quality of service was maintained and any shortfalls identified and acted upon.
• Notifications to CQC as required by the regulations had been appropriately made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
• There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, relatives and health professionals. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
• Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
• Regular staff meetings were held to keep staff up to date with changes and developments within Ashfield Care Home and the people who lived there. Meeting minutes were clear, detailed and made available for all staff. This ensured any staff that had been unable to attend had sight of the discussions that had taken place.

Continuous learning and improving care.
• There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
• There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
• Information regarding incidents and accidents was discussed during staff meetings and handovers. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.
• The registered manager told us the provider would shortly be implementing a system of electronic care planning into the home. This would mean all care and support plans could be more easily maintained and quickly updated which would result in improved care records for all people, and allow staff more time to spend with people.

Working in partnership with others.
• The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received from the variety of health care professionals had made positive impacts on the lives of the people who lived at Ashfield Care Home.
• The registered manager was given the opportunity to meet regularly with their peers within their provider network. This allowed valuable sharing of good practice and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being.