

Ashfield Nursing Home Limited

Ashfield Nursing & Residential Home

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 

Overall summary

This inspection took place over two days on 2 and 4 March 2015. The first day of the inspection was unannounced and the second day was announced. At the last inspection in August 2014 we found the provider was breaching Regulation 15 and 21. The breaches related to safety and suitability of the premises and records. At this inspection we found the provider had made

improvements and was meeting the regulations breached at the last inspection. We did however find at this inspection they were breaching Regulation 13: management of medicines.

Ashfield Nursing and Residential Home provides accommodation for up to 32 people. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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 were happy living at the home and felt well cared for. People enjoyed a range of social activities and had good experiences at mealtimes. They were supported to make decisions and received consistent, person centred care and support. People received good support that ensured their health care needs were met.

People told us they felt safe. However, there was a risk to people's safety because medicines were not always managed consistently and safely. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People lived in a

safe and homely environment although some areas would benefit from decoration. There were some minor issues with infection control practices but generally the home was clean and hygienic.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care. Complaints were investigated and responded to appropriately.

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

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 not consistently safe.

People were not protected against the risks associated with the unsafe management of medicines.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

There were enough staff to keep people safe. The recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

People lived in a safe environment. In the main, the home was clean and hygienic

Requires Improvement



Is the service effective?

The service was effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People were asked to give their consent to their care, treatment and support.

People enjoyed the meals and were supported to have enough to eat and drink.

People received appropriate support with their healthcare.

Good



Is the service caring?

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was responsive to people needs

There was opportunity for people to be involved in a range of activities within the home and the local community.

People received consistent, person centred care and support. People's care and support needs were assessed and plans identified how care should be delivered.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager was supportive and well respected.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys and meetings.

Good



Ashfield Nursing & Residential 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 over two days on 2 and 4 March 2015. The first day of the inspection was unannounced and the second day was announced. On the first day two inspectors, a specialist advisor in estates and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people services. On the second day two inspectors visited.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority, health and social care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

When we visited the service, we spoke with 13 people who were living at Ashfield Nursing & Residential Home, four visiting relatives and two visiting professionals, nine staff and the registered manager. We observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at four care plan records.

Is the service safe?

Our findings

We looked at the systems in place for managing medicines in the home and found that appropriate arrangements for the safe handling of medicines were not in place. Some people were prescribed medicines to be taken only 'as needed' e.g. painkillers that needed to be given with regard to the individual needs and preferences of the person. Clear information was not always available for staff to follow to allow them to support people to take these medicines correctly and consistently. One person was prescribed co-codamol and they could take one or two tablets. However, there was no information to help staff understand why the person required the medicine or decide when they should have one or two tablets. One person was prescribed another type of painkiller but there was no clear information about administration. The person had a care plan for the 'as needed' medicine but this did not provide guidance to help staff understand why the person required the medicine or when to administer. We also noted two people's 'as needed' medicine care plan contained incorrect guidance. They stated the person could take a maximum dose of four tablets but the prescriber's instruction clearly stated two. The nurse on duty corrected this error on the day of the inspection. There was no indication anyone had received more than the recommended dose.

It was not possible to account for all medicines, as staff had not always accurately recorded when medicines had been administered. For example, we looked at one person's stock of painkillers and noted this did not correspond with the amount of medicines that had been signed for on the medication administration records (MARs). We looked at another person's medicines for managing constipation and found the stock did not correspond with the amount of medicines that had been signed for on the MARs.

Some people were prescribed topical creams. MARs were signed by the member of staff who applied the creams. At the beginning of each cycle of medicines a MAR was created for these creams and kept in people's rooms along with the cream. However, from the beginning of the last cycle no MARs were written up so staff had not signed to show creams were being applied according to the

prescriber's instruction. Failing to administer medicines safely and in a way that meets individual needs placed the health and wellbeing of people living in the home at serious risk of harm.

The provider had a medication policy. This provided guidance on the safe administration of medicines and made reference to the Royal Pharmaceutical Society's guidance for the safe handling of medicines in social care establishments. The provider's guidance should refer to the National Institute for Health and Care Excellence (NICE) guidance, 'Managing medicines in care homes guideline (March 2014)'.

We looked at incident reports and found recently there had been an increased number of medication error reports, which included administration of an incorrect dose, medication omitted, incorrect stock balance and medication found on the floor. The incident reports showed that some errors were being picked up by other staff but the increased number was a concern. The registered manager said they would review these and ensure action was taken to reduce the risk of repeat events. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received appropriate support with their medicines. One person said, "I'm on about seven tablets and the nurses sort all that out for me. They're all measured out morning, afternoon and night time. And they're very cautious."

Staff who administered medicines told us they had completed medicines training and competency checks to ensure they were administering medicines safely; the training and competency records we looked at confirmed this.

People who used the service told us they felt safe. One person said, "I feel safe here. No one's ever hurt or threatened me." Another person said, "I feel very safe here." Another person said, "I've only been here five weeks but no I've never seen or heard anyone being hurt or upset in any way. I feel very safe and secure here." Another person said, "I feel safe. I like being in a care home. I've had no falls. The staff do the best for you. And they're always there when you want them. I've got a call bell but I don't need to use it."

Is the service safe?

Staff we spoke with told us people were safe. They said systems were in place to protect people from bullying, harassment, avoidable harm and potential abuse. Staff said they had undertaken adult safeguarding training and could describe the types of abuse people may experience in residential care settings; a member of the ancillary staff said they were waiting to complete the training. The staff we spoke with understood how to report a concern about abuse and were confident the registered manager would treat any concerns seriously.

The service had systems in place to keep people safe. We looked at a range of assessments which showed that risks to people were identified and managed. Each person's care file contained a range of assessments such as falls, pressure care and nutrition. People were provided with equipment to help reduce the risk of harm, which included pressure relieving equipment and sensor equipment to help prevent falls.

We looked around the home and found the areas of risk associated with unsafe premises that were identified at the last inspection had been addressed. Records showed fire safety equipment, emergency lighting, portable appliances and the nurse call system were tested and maintained. We saw an up to date electrical wire and gas safety certificate. There were no 'high risk' issues although some minor issues were found. For example, the fire zone map was missing from the main fire panel, a fire door was difficult to open and the fire door within the main boiler room did not close, a legionella assessment and policy was not available and safety around electrical distribution boards did not meet safety requirements. We discussed these areas of concern with the registered manager at the inspection. They agreed to take prompt action to address all the areas of concern relating to the premises.

The staff we spoke with said they had completed fire safety training and were able to describe emergency fire procedures and the actions they may need to take to protect people in the event of a fire. The home had a fire list that detailed the assistance people would require in the event of an emergency evacuation (PEEP). The list did not include the last three people who had moved into the home. Staff we spoke with were unsure where the PEEP list was kept which could cause problems in an emergency situation. The registered manager agreed to ensure the list was updated and staff were reminded of where to locate the information.

Through our observations and discussions we found there were enough staff with the right skills and experience to keep people safe. On both days of the inspection there were plenty of staff to support people throughout the day. We observed staff had time to sit and chat with people. Only one person who used the service raised concerns about staffing numbers. They told us there were not always enough staff and sometimes staff rushed around. Others told us there were enough staff. One person said, "There seems to me to be a lot of staff around and at night times too. The staff are always walking the corridors and checking on us. They always pop in and have a nice word and a bit of a chat. They always ask me if I want anything. The other morning they said how well I'd slept the night before. They must have popped in and seen me well away." Another person said, "As you can see I've got a buzzer in bed with me. Whenever I press it the staff are here in a matter of minutes." Another person said, "I only need to use the call bell occasionally but when I do they come quickly." A visiting professional said they had noticed there was "plenty of staff around."

The staff we spoke with told us there were enough staff to meet people's needs although some discussed a recent shortage of nurses, which was because some permanent staff had to take time off. The absences had been well managed; agency nurses had covered although this had not provided the same level of continuity. The registered manager discussed the staffing arrangements and said the staffing ratios and skill mix were appropriate.

The home followed safe recruitment practices. We looked at the recruitment records for three members of staff and found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

People told us they were comfortable in their environment which they felt was clean. One person said, "It's lovely and clean." A visiting relative said, "Her room's lovely and the cleaners do a great job."

We looked around the home which included all communal areas and a number of bedrooms and saw, in the main, the home was clean and hygienic. We did not note any offensive odours. Staff told us there was always a supply of personal protective equipment (P.P.E) which included,

Is the service safe?

gloves, aprons and sanitising hand wash. When we looked around the home we saw P.P.E was available. Each room had a daily, weekly and monthly cleaning schedule, however, these were not always completed.

There were some minor issues found when we looked around the home which demonstrated not all staff practices met the required infection control standards. We saw an empty urine bottle was left beside a toilet bowl. In some rooms sealant around washing facilities was damaged which is a potential infection risk. Some beds were made but not well made. Sheets were not straightened or tucked in. We found two beds had stained sheets. A senior care worker who was an infection control

champion toured the premises with us. They said the standard of bed making seen during the inspection was unacceptable and immediately arranged for the beds to be stripped and remade. Two of the three sluice disinfectors were not working; these had been reported and engineers were due to visit. A bath and adjacent sink were stained and discoloured. Even though they were not necessarily unhygienic they did not look clean. We also noted some décor in the home looked tired and worn. The manager agreed to ensure cleanliness was monitored more closely and address the concerns in relation to faulty equipment. They also said several areas of the home had been decorated and would continue improving the environment.

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. The provider had effective systems in place to make sure staff received appropriate training. We looked at training records which showed staff had completed a range of training courses including safeguarding, manual handling, infection control, first aid, record keeping, falls prevention, dementia and food for life.

We spoke with staff about training. They told us the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "We are encouraged to do training and do plenty. We do on-line and quite a bit of in-house." Another member of staff told us the training was good and all their training was up to date."

Staff we spoke with said they were well supported by the management team and colleagues. They told us they received supervision and had opportunities to talk to a senior member of staff, nurse in charge or the manager. Several staff talked to us about their team meetings and handovers, and said these were positive supportive sessions. One member of staff told us they benefitted from individual and group supervision. Staff files contained information to show staff had received supervision and an annual appraisal; some supervision sessions were overdue and the registered manager said these would be brought up to date shortly.

The staff we spoke said they had received training to help them understand the key requirements of the Mental Capacity Act 2005 (MCA). They gave good examples which demonstrated people were supported to make decisions about their care and support. A social care professional was visiting the service. They told us they spoke with senior care workers who "definitely had a good understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and a good grasp of the threshold." DoLS protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive.

We also saw from looking at people's care plans that people were encouraged and involved in making decisions about their care. The registered manager had completed assessments to help determine if people had capacity to make decisions. Where people did not have the capacity to make decisions this was clearly recorded. Staff understood

that any decisions had to be in the person's best interests. The registered manager told us they had submitted some DoLS applications and were in the process of reviewing others and would submit applications as appropriate.

People told us they enjoyed the meals. One person said, "I like the food." Another person said, "The meals are nice." Another person said, "The food is of restaurant quality. The other day we had beef, lovely thick slices of it and cooked just right too. And then there's my favourite, salmon. Big cuts of it and so, so tasty. All with lovely veg. I tell you, you should try it. And then there are desserts. I'll give you an example. A while back they gave me some kind of orange pudding which I don't like. They asked me what I would like so I said banana, Well you know not once since then have they given me that orange thing but plenty of my favourite bananas and custard. I've also noticed that it's now often on the menu too. I'm also partial to a drop of wine with my food."

People were supported to have enough to eat and drink. During the inspection we observed people were regularly offered drinks and snacks. People could choose hot drinks, cold drinks or fruit smoothies. Biscuits and cakes were also available.

We observed lunch period in the dining room, which was a relaxing and well organised experience for people. They were offered a choice of lamb cobbler or gammon and egg. People enjoyed the food and chatted to others. There were always at least five staff present throughout the meal period. Three staff were assisting people to eat and drink and gave their undivided care and attention. These staff were patient, caring, warm and responsive to the needs of the person they were supporting. Staff serving the meal responded quickly when people had finished each course by removing their used plates. They then asked people which of the desserts they preferred. People also enjoyed a glass of sherry or red wine with their lunch. Options for the tea-time meal were also varied.

We spoke with the chef who explained that menus took into account people's preferences and were changed every three months. They said there was always a good supply of provisions which included fresh fruit and vegetables. They also did home baking which we saw during the inspection. The chef had recently attended a 'food for life' training session along with other members of staff. This had provided them with information about healthy eating, how to recognise signs of malnourishment and how to record

Is the service effective?

fluid and dietary intakes. The chef had a good understanding of how to ensure they met people's individual needs. We looked at records which identified people's special dietary requirements.

People's health needs were met. People's care records showed they had regular health checks and support to meet any specialist health care requirements. A health professional visit record was maintained for each person; these detailed visits from GPs, opticians, dieticians and chiropodists. Staff had recorded where they had any concerns about people's health and the action taken. These demonstrated they consulted other professionals promptly and took advice. One person said, "I see my doctor. He's very nice and visits whenever I need him."

Another person said, "If they're at all unsure about me they always call the doctor." We noticed one person had a bad cough. They told us, "My doctor's looked at it and he's given me an inhaler. It's very good and I'm feeling much better. The optician visits sometimes too. The staff do my finger nails but leave my toe nails to a special person as I've got diabetes."

We spoke with a visiting health professional during our inspection. They told us the person they were visiting was also supported by other health professionals. They said, "[Name of person] is doing well." Another health professional told us they had no concerns about the service.

Is the service caring?

Our findings

We received positive feedback from people who used the service and visitors about the care and support provided. We also observed caring interactions between staff and people who used the service. One person who used the service said, "They treat us so well, are so kind and love us." Another person said, "The staff are very pleasant." Another person said, "They are looking after us well." A visitor said, "My relative has been here about a year. All the staff are lovely and nothing's too much bother. They look after her well. If there's anything she wants the staff are always willing to help." Another visitor said, "They make us feel really at home here. I'd recommend this home. It's really good. The staff are very caring. The food and the entertainment are great. There's nothing wrong with this place. When I hear about the goings on in other homes and then see this one, there's no comparison."

During the inspection we saw staff were caring when they provided assistance and demonstrated a kind and compassionate approach. We observed friendly chatter and people who used the service clearly enjoyed the company of staff. Staff spent time with people. For example, one member of staff sat for 20 minutes chatting and talking to a person who used the service about lots of things. This was a personal time which they thoroughly enjoyed.

Staff knew the people they were supporting. When we asked staff about people's history and current care needs

they were able to provide us with a good level of detail. Some people spent much of their time in their room whereas others chose to spend time in communal areas. People looked comfortable in their environment.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff talked about spending time with people and how they enabled people to be independent. One member of staff said, "People choose their own clothes, both those they wish to buy and wear. We encourage people to wash themselves and only assist when it's necessary. We always ask what they want to eat and that's true of all meals and drinks. If they want to go out on a little trip we encourage them to go either alone, with relative or friends or escorted by us." One person who used the service said, "I like my independence and they give it to me here. I go out to the local Church." Another person said, "I'm well looked after. I've got no complaints about being here. I can go to the toilet on my own but to get in and out of the bath and to wash my back I need assistance. The staff always ask if and what help I want before giving any."

All the staff we spoke with were confident people received good care. One member of staff said, "It's very homely. People are happy here and they really do get well looked after." Another member of staff said, "It's a really nice atmosphere. Lovely place to work and I'd be happy if my relative lived here." Staff talked to us about the importance of offering people choice and treating people with respect. They told us how they maintained people's privacy and dignity when assisting with personal care.

Is the service responsive?

Our findings

During our inspection we saw good examples of staff responding to people's needs. Staff were visible and kept checking people were ok. We saw people were encouraged to engage in different group and individual activity sessions. One group session involved a floor based dart board game. An activity worker was facilitating this session and had a nice, enthusiastic and engaging manner to which people responded positively and enjoyed the session. We also observed a game of Beetle Drive and a chair exercise keep fit session which was run by an external company, which again was enjoyed by the people who were taking part. An activity worker supported one person who needed assistance to engage in the group session.

The service employed two activity workers during the week and one on a weekend. They had a weekly rotating programme of activities which was varied. The activity workers had resource material to help ensure activities were appropriate to meet the needs of older people. We looked at what was offered for the two week period prior to our inspection and found it included, bingo, one to one sessions, skittles, chair exercises and basketball, reminiscence, dominoes, St James Church and memory ball, a quiz, bowls, sing-along and a film. A visitor told us, "They organise lots of activities including playing with bean bags and the staff sometimes take my relative into town to [local supermarket] for a cup of coffee."

The activity workers talked to us about special events, including seasonal activities. They talked about a recent valentine's day meal where the spouse of a person who used the service came and they had a romantic meal together. They said, "We decorated a special table with candles and a glass of wine." A singer visited once a month and a choir every three months. Church services were held monthly at the home and staff helped others attend religious services within the community.

A health professional was visiting the home for the first time. We asked what their initial impression was. They said, "Good. It's busy, upbeat. It's busier than other care homes I've visited. But that's good as it seems full of life here. People aren't just sat around. There's lots going on and people are moving around. The staff are helpful."

A visitor talked to us about their recent experience of their relative moving into the home. They told us they looked

around the home, had lunch and the person who moved in thought it was "just lovely." They said, "They handled my relative's admission here very well." Another person who had recently moved in said, "It's very nice. There are plenty of people here. My room is very nice. I go for walks to get fresh air. The staff are very nice so far. They show me where I want to go."

People's care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person and contained good detail about how to provide care and support. There was information that covered areas such as personal hygiene, mobility and personal safety, nutritional and hydration, social care and communication and emotional well-being. People's care files contained life story information to help staff understand and know their history. A social care professional was visiting a person and had reviewed their care records. They told us, "The care plan was really good. There was a lot of information about behaviour that can be challenging and guidance for staff during care delivery."

Although we found good information was provided some detail was not up to date. For example, one person had some health problems and had been diagnosed with a medical condition. There was no information about this in their care plan. Another person had been living at the home for over six weeks. One member of staff told us about the person's history and interests, however, when we looked at the person's social assessment this was blank. One person's records indicated they had recently shown increased signs of distress. The nurse in charge stated they were going to contact the person's allocated **community psychiatric nurse (CPN)** to discuss the changes and review the person's care plan to ensure it contained sufficient information to guide staff. This had not been completed at the time of the inspection but the nurse in charge said this would be done promptly. We discussed the care planning process with the registered manager who was going to ensure all relevant information was recorded and updated.

We saw people were comfortable talking to staff. They also told us they would raise any concerns with staff or management. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The registered manager told us they had no on-going

Is the service responsive?

complaints. We looked at the complaint's record which showed complaints were dealt with within a reasonable timescale. They were fully investigated and resolved where possible to the person's satisfaction.

Is the service well-led?

Our findings

Every person who used the service that we spoke with and all visiting relatives said they would recommend the home to others. One person said, “I can’t think of anything wrong with this home. No, I’ve got nothing to complain about. As far as I’m concerned it’s the best.” Another person said, “I’d recommend this place. There’s nothing not to like.” Another person said, “It’s like home from home. Everyone is so friendly. The staff are nice and helpful.”

The provider asked the views of people using the service and others to help drive improvement. Resident and relative meetings were held about every two months. We saw minutes from the last four meetings which showed a range of topics were discussed and changes were made following suggestions. For example, the morning refreshments were served earlier and staff were trialling name badges. We looked at survey results from June 2014 which captured people’s positive comments and suggested improvements. The registered manager said these were all actioned.

Staff were asked to comment on the service and contribute to the running of the home. Staff said they attended daily handovers which were a good form of communication. Regular staff meetings were held where they discussed quality and safety. For example they had recently covered dignity champions, care charts, teamwork, audits, end of life care, mental capacity and e-learning.

The registered manager dealt with day to day issues within the home and oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Staff spoke positively about the registered manager and said they were happy working at the home. One member of staff said, “It’s a great place to work. The manager’s very knowledgeable and knows the residents really well.” Another member of staff said, “I love coming to work. It has a proper family feeling to it.” Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation.

The provider had a number of audits which were carried out to monitor the service and identify any trends. A report log was produced each month to ensure important information was captured. Audits covered medication, accidents, incidents, in-house safeguarding, mealtimes, the environment, activities and care plans. The manager then discussed the outcome of the audits at staff meetings, with individual members of staff or sent a memo if appropriate. Although there were some effective systems in place we noted that some actions had not been followed up. The registered manager agreed to follow up any outstanding issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered person did not protect service users and others against the risks associated with unsafe use and management of medicines.
Treatment of disease, disorder or injury	