

Leacroft Lodge Limited

Ashcroft Hollow Care 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

Ashcroft Hollow Care Home is a residential care home providing personal and nursing care to up to 45 people. The service provides support to people aged 65 and over in one adapted building. At the time of our inspection there were 38 people using the service some of whom were living with dementia.

People's experience of using this service and what we found

The provider had made improvements since our last inspection and people now had up to date risk assessments in place which were reflected of their current needs and were regularly reviewed. People were supported by staff who were trained to recognise and report on abuse. People were supported by enough staff who were safely recruited to work at the home. The provider had effective systems in place to safely manage people's medicines and effective infection, prevention and control systems were in place. Lessons were learnt when things went wrong.

People's needs and choices were assessed prior to and following their admission to ensure their needs and preferences could be met. People were supported by trained staff who were passionate about their roles. People were supported to eat and drink enough to maintain a healthy diet and they received consistent, effective and timely care. Adaptations were made to the home to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well treated and supported to express their views and were involved in their care. People's privacy, dignity and independence was respected and promoted. People complimented the staff team and the care they received.

People received personalised care which met their needs and preferences. The registered manager understood the accessible information standard. People were supported to follow their interests and maintain relationships which were important to them. People confirmed they knew how to raise any concerns or complaints. People's end of life care wishes, and preferences were considered and documented in their care records.

The provider had updated their quality assurance processes in place to ensure they identified areas for improvement and actioned any concerns. People were supported by staff who shared a positive culture which was passionate about people receiving person-centred care. Staff were encouraged to be open and honest when things went wrong. People, their relatives and staff confirmed they had the opportunity to make suggestions and improvements to the care people received. The provider worked in partnership with others.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashcroft Hollow Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Ashcroft Hollow Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashcroft Hollow Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashcroft Hollow Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home and one relative. We spoke with seven members of staff including, the registered manager, the deputy manager, two nurses, a team leader, a care assistant and a cook. We reviewed several records including people's care and medication records, audits, policies and procedures, staff files and staff training matrix. We also spoke with an external professional, who regularly worked with the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had made improvements since our last inspection and people now had up to date risk assessments in place which were reflected of their current needs and were regularly reviewed.
- People's care records now contained specific information of risk prevention strategies which guided staff on how to effectively support them. This included risks relating to mobility, pressure damage to the skin, eating, drinking and COVID-19. This ensured people's risks were effectively monitored and managed.
- The provider had an effective system in place to assess and monitor any risks associated with the environment and people had individual emergency evacuation plans in place.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on abuse.
- People confirmed they felt safe at the home. One person told us, "I definitely feel safe here, this is my home, and I feel at home." A second person told us, "I am made to feel at home, I feel very safe."
- We recently completed a direct monitoring activity (DMA); this was a structured call with the provider following a review of the information we had on the service. Since our DMA, the registered manager had reviewed their processes to ensure staff understood their responsibilities around reporting safeguarding concerns. Posters were displayed around the home informing staff of how to report any concerns and the registered manager checked staff knowledge during walk rounds. Staff we spoke with confirmed their knowledge of reporting any harm or abuse and the process they followed to raise any concerns.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home.
- People were complimentary of the staff supporting them and we observed a calm atmosphere where staff spent time with people. Whilst some people and staff told us sometimes staff were busy if they were short staffed, however, they confirmed people's needs were always met. One person told us, "It does not matter how short staffed they are, they look after you."
- The provider had an effective recruitment process which ensured the suitability of staff working in the home. We reviewed staff files which included pre-employment checks and references, this ensured all staff had the appropriate safety checks in place. For example, Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had effective systems in place to safely manage people's medicines. One person told us, "I

have no concerns with medicines, I have a lot but they [Staff] know what I have".

- People's medicine administration records were completed with separate records for specific medicines such as topical medicines or insulin for people with diabetes.
- Where people were prescribed medicines on an 'as required basis' there were clear protocols in place for staff to follow with people's individual details.
- People were involved in the management of their medicines where appropriate. People received their medicine in line with their preferences or through requests to change medicines from regular prescriptions to an 'as required basis'. One person told us, "Staff always put it [medicine] into my hand and I take it with a drink, always the way I want.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Whilst some areas of the premises had planned refurbishment to help keep them clean, people commented positively on the cleanliness and hygiene of the building. For example, one person told us, "Oh gosh it is clean, the cleaners are second to none." Another person told us, "Wherever you stand in the corridor it always smells good, that is a sign the staff are looking after us."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider followed government guidance in relation to visiting. We observed relatives visiting during our inspection.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and ensured actions were taken to mitigate the risk of reoccurrence. They completed monthly analysis of the records to identify themes and trends.
- Staff confirmed the process they followed when things went wrong, and any action taken.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed prior to and following their admission to ensure their needs and preferences could be met.
- People's assessments formulated their plan of care which provided staff with the information required to meet their needs. The registered manager told us "People's 'home page' is useful for hospital admissions as it provided a summary of information all on one page."
- One relative told us, "[Person's name] has improved since being here, they were on their own at home and quite poorly, but their health has improved here."

Staff support: induction, training, skills and experience

- People were supported by trained staff who were passionate about their roles.
- Staff we spoke with confirmed they received the right training and information to support people and meet their needs. The registered manager told us, "I cannot fault the nursing team or the whole team, I have got a good team and the nurses are so receptive to what people need."
- People and staff, we spoke with confirmed staff knew people, their needs and any risks they had. One person told us, "Staff know me and my needs very well." A member of staff told us, "People get the support they need when they need it and their preferences are met the way they want things."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a healthy diet. People's nutritional needs were assessed, documented and reviewed.
- We reviewed care records where people required referrals including the dietician or GP, due to a change in their weight or needs, these were completed and documented in their care plan and where required people's weights were monitored and recorded.
- People's care records detailed how staff were to support and prompt people to eat and drink whilst respecting their individual choices and preferences.
- We saw people's cultural requirements were documented in their care plan, for example one person's care plan detailed, "Diet of their choice in keeping with their culture, loves noodles."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received consistent, effective and timely care and staff worked with healthcare professionals to ensure people's needs were met.

- People and staff, we spoke with confirmed referrals were made for people as and when required. One person told us, "If I look pale, they ask me how I am and make referrals where needed."
- People were supported to access healthcare services for their physical and mental health and their care records detailed where health and social care professionals were involved in their care. Any guidance or support was clearly recorded to help staff meet their needs.
- People's care records contained oral health assessments which were regularly reviewed and detailed information to support staff to meet people's oral health needs. Staff also completed training in oral hygiene.

Adapting service, design, decoration to meet people's needs

- Adaptations were made to the home to meet people's needs. People had access to a range of rooms to suit their needs. For example, larger and smaller communal areas and access to outdoor space and signage was displayed to direct people and to support those living with dementia.
- The building offered flexibility to the people who lived there, and people were supported to individualise their bedrooms with personal items to reflect their interests.
- The registered manager told us of planned refurbishments including a cinema room and decoration across the home to further meet people's needs.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider made appropriate DoLS applications and had systems in place to renew authorised applications.
- In accordance with the MCA, assessments of people's capacity to consent to aspects of their care and treatment had been completed. The registered manager was in the process of updating these to ensure they were decision specific.
- People and staff confirmed people's consent was sought before staff supported them with their care. People's care records also guided staff in relation to gaining people's consent, for example, one person's care plan stated, "Always obtain [Person's name] consent before proceeding with personal care."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. We observed positive interactions between staff and people and saw staff spending time with people in a meaningful way.
- People we spoke with were complimentary of the staff and confirmed they treated them well. One person told us, "Staff are kind, they are there for you." Another told us, "I have a good relationship with the staff, I enjoy it here."
- Staff received training on equality and diversity which helped ensure they respected people's individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in their care. People we spoke with confirmed this, for example, one person told us, "I am involved in my care and if I feel something is wrong, I will talk to them [Staff]."
- People's care records included detail of any decisions they made about their care and how staff should support them in line with their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. People and staff, we spoke with confirmed this. One person told us, "The staff are brilliant, I wish I could do more for myself but they [Staff] support me with bits I can't do."
- We observed staff knocking on people's bedroom doors before entering and promoting people's independence during mealtimes. For example, staff asked people if they wanted gravy on their dinner and if they wanted to pour it themselves or if they wanted the staff member to.
- People's care plans documented throughout how staff were to encourage and promote their independence through everyday routines and decisions. For example, during personal care, when supporting people to choose their clothes, or through their eating and drinking where people could do aspects for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question required improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. People's care plans contained person-centred information of things which were important to them and were of an interest to them.
- The registered manager was in the process of updating people's care plans to include their life history and social record. They were including family members input and people's views where they could.
- The home had a hairdressing room, once a week an external hairdresser came to cut people's hair, as and when people wanted. The deputy manager also told us people could request a different hairdresser if they wanted to.
- One person interacted with people, staff and visitors coming and going from the home, they had a designated area with a desk and their name above it to inform others. They had a role as official greeter which supported their interaction and engagement with people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the accessible information standard and confirmed information could be produced in accessible formats as required.
- People and their relatives had photographs informing them of who the registered manager was and what they looked like, as posters were displayed around the home. This helped remind people who to contact should they need to.

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 were supported to follow their interests and maintain relationships which were important to them.
- People had the opportunity to take part in activities through the day, with other people or on a one to one basis with staff. We observed the activity lead and other staff members playing dominoes and darts with people. If they preferred people also spent time reading or playing games in their bedroom.
- One staff member told us how they supported one person to maintain contact with their relative who lived in Canada through regular video calls. Another person was supported to video call their relatives in Malaysia where they kept strong links with their first language and culture.

Improving care quality in response to complaints or concerns

- At the time of the inspection the provider had no formal complaints, however, the registered manager kept records of any concerns raised. We reviewed the records which detailed where investigations had been completed and prompt action had been taken.
- People confirmed they knew who to raise concerns with and posters were displayed around the home informing people, their relatives and staff how to raise a complaint. One person told us, "I know who to complain to, the manager is very good, very fair."
- The registered manager also kept compliments records. A recent compliment stated, "The home is clean, and the staff are kind, they help and listen to people's needs. Dad always looks clean and tidy." Another compliment stated, "A wonderful home, in a real home-from-home setting, outstanding care from the minute our relative arrived."

End of life care and support

- People's end of life care wishes, and preferences were considered and documented in their care records.
- Where required, people had input from specialist end of life care services. Regular reviews and discussions took place with external organisations to support people receiving end of life care, and to provide staff with guidance on how to meet their needs during their final days and following their death.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, systems were not robust enough to identify issues and make improvements and this was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and they were no longer in breach of this regulation.

- The provider had updated their quality assurance processes in place to ensure they identified areas for improvement and actioned any concerns. For example, people's care plans and risk assessments were now regularly reviewed and updated to reflect people's current needs. The registered manager also created an audit matrix where they recorded all required audits, when they were required and who by.
- Through the audits in place the registered manager had identified some people's life history and social record did not contain enough information. The registered manager was in the process of adding further information where they could gain this personalised detail.
- We found some gaps in people's electronic repositioning charts, we found no impact and staff were completing the repositioning during other aspects of people's care. The registered manager took immediate action and set a task for the electronic system to alert staff when a repositioning task was required. Staff were also notified to complete the record on the repositioning chart as soon as the task has been completed within the specified time.
- The registered manager informed us about significant events which occurred in the home within required timescales in line with their legal responsibilities.
- The home's last inspection rating was clearly displayed in the entrance of the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by staff who shared a positive culture which was passionate about people receiving person-centred care.
- People and staff confirmed the registered manager was visible and approachable. One member of staff told us, "[Registered manager] is very nice, they are approachable and follow things up." The registered manager stated, "When the management is calm, the nurses are calm, and it follows on."
- Staff we spoke with confirmed Ashcroft Hollow Care Home was a good place to work, with several members of staff stating, "It is a lovely home." One person also told us, "It is a lovely atmosphere here, it was

not previously, but it has moved in the right direction."

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

- Staff were encouraged to be open and honest when things went wrong. Staff we spoke with confirmed they could speak to senior staff and management, and felt they were open with them and people using the service.
- The provider investigated incidents fully, and actions were identified to improve people's experiences of care.

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

- People, their relatives and staff confirmed they had the opportunity to make suggestions and improvements to the care people received.
- The registered manager had recently sent feedback forms to residents' families to gain formal details of their experiences. Staff also had regular communication with people and their families where any suggestions could be raised.
- The provider also completed a 'dignity and dining audit' where people's lunchtime experience was observed, and they had the opportunity to provide any feedback. We reviewed the audits where actions were recorded following feedback.

Working in partnership with others

- The provider worked in partnership with others. Since our last inspection the provider had worked with the local authority to make improvements to the service and to the care people received. The provider had completed their quality monitoring actions identified from the local authority.
- The registered manager joined a social media forum for registered managers and providers to learn and share positive ways of working. The registered manager told us, "I see I am not on my own, we are not the only ones going through things, I feel supported through the forum."