

Ash Hall Limited

Ash Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ash Hall Nursing Home is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. Ash Hall Nursing Home accommodates up to 60 people in one adapted building.

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

Improvements were needed to ensure systems were in place to monitor all areas of people's care needs and to ensure improvements were sustained. Improvements to care records were still needed to ensure they consistently reflected people's changing needs and preferences in the way they wished their care to be provided.

Improvements were still needed to ensure medicines were recorded consistently. Improvements to the design of the service were in progress to ensure the environment met the needs of people.

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure lessons were learnt when things went wrong.

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's nutritional risks were monitored and advice was sought from healthcare professionals to maintain people's health and wellbeing.

People were supported by caring and compassionate staff that supported people with patience. People's choices were respected in line with their individual communication needs to promote informed decision making. People's right to privacy was upheld and their independence was promoted.

People had the opportunity to be involved in interests and hobbies. People understood how to make a complaint and there was a system in place to investigate and respond to complaints received. People's end of life wishes were gained to ensure their preferences were respected at this time of their lives.

Feedback was gained from people, relatives and staff. The management team had a plan in place to continue to implement changes at the service to improve people's care.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 08 September 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two

consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ash Hall Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used the information we held about the service to formulate our planning tool. This included

notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. Before the inspection we sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four care staff, one activity co-ordinator, two nurses, the deputy manager, the registered manager, the business manager and the provider.

We viewed seven people's care records. We looked at how medicines were stored, administered and recorded for 14 people. We also looked at documents that showed how the home was managed which included staff recruitment and records that showed how the service was monitored by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records and the provider's action plan they had implemented immediately after the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same at requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Some improvements were needed to ensure medicine recording was consistently completed by staff. For example, the amount of medicines received into the service had not been consistently recorded on the Medicine Administration Records (MARS) and therefore stock held at the service did not match the amounts on the MARs.
- Staff were not consistently recording the application of topical medicines.
- Despite this, people told us they had been supported with their medicines and creams and we saw records which showed people's skin conditions had improved
- The deputy manager was responsible for completing medicine audits. However, this had fallen behind because they had been providing nurse support. The deputy manager had identified some concerns with the management of medicines prior to our inspection and had arranged for daily checks to be carried out. However, this had not been implemented at the time of the inspection.
- After the inspection we received an update from the provider which showed the immediate action they had taken to reduce the risks to people. For example; a full audit of all medicines was in progress and a memo was sent to all staff to remind them of the importance of accurately recording medicines and topical creams.
- We will assess the effectiveness of these actions at our next inspection.

Staffing and recruitment

- People told us there were enough staff available to meet their needs. One person said, "The staff come when I call for them, I don't have to wait long at all." A relative said, "I think there is enough staff, it doesn't take staff too long to come when people need assistance."
- We observed people receiving support in a timely way and call bells were answered quickly. Staff stopped and spoke with people and were available to ensure people were safe in communal areas and bedrooms.
- The registered manager completed a staffing tool to ensure staffing levels were monitored and changed in line with people's needs. There was a staffing allocation sheet in place, which ensured staff understood their allocated duties during each shift.
- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong People told us they felt safe when staff supported them.

- We observed people being supported to move by staff. Staff took their time and ensured people were comfortable. Manual handling techniques were followed in line with people's plans of care.

- People's risks to their skin were managed to protect them from harm. For example, we observed people were supported with pressure relieving cushions and mattresses as required. This had ensured people's skin integrity was maintained.
- Incidents and accidents were recorded and analysed to ensure actions had been taken to lower further occurrences.
- Staff were informed of changes to people's support through handovers, team meetings and supervisions, which ensured lessons were learnt when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "I feel very safe here because I am looked after well." A relative said, "The staff make sure my relative is safe. I have no concerns."
- People were safeguarded from the risk of abuse because staff understood how to recognise and report safeguarding concerns.
- The manager understood their responsibilities to safeguard people where suspected abuse had been identified. Where concerns had been raised the manager had made referrals to the local authority to investigate.

Preventing and controlling infection

- The service was clean and free from odours. People told us staff ensured the home was clean and ensured any spillages were cleaned straight away.
- Staff explained how they followed infection control guidance and we observed personal protective equipment (PPE) was used when they supported people such as; gloves and aprons. This meant people were protected from the spread of infection.
- The manager had completed an infection control audit and action had been taken to make improvements to the environment to ensure the risk of cross infection was minimised.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 were assessed and recorded to ensure staff had guidance to follow to support people effectively.
- Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.
- Improvements were ongoing to ensure all records contained details of people's diverse needs to meet the requirements of the Equalities Act 2010. The registered manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make decisions about their care. One person said, "The staff ask me what I need before helping me. They listen to what I want." Staff asked people's consent before they provided support.
- Where people lacked capacity to make specific decisions, mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- Referrals had been submitted to the local authority where people were being deprived of their liberty. Staff understood people's ability to make decisions and explained how they supported people in line with their authorised DoLS. This ensured people were supported in the least restrictive way possible.

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

- People told us the food was good. One person said, "The food is brilliant. Too much at times and a good choice, there is a good selection." A relative said, "The food is very good. When I come up I have a dinner with my relative, so it's like when we used to be at home and it feels the same for them. Mealtimes are pleasant, people who can interact, do interact with the carers and the carer sings to my relative which makes them smile."
- Staff asked people what they wanted for their lunch and the atmosphere at mealtimes was calm and relaxed. People who needed assistance to eat were supported in an unrushed way and staff chatted to people whilst they were eating.
- People's nutritional risks were managed and monitored. For example, people who were at risk of weight loss were supported with nutritional supplements and their weight was regularly monitored. Concerns with people's weight were reported to health professionals for advice.
- Systems to ensure people were drinking enough were effective. Fluid charts were in place which were monitored to ensure people were well hydrated.

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

- People and their relatives told us staff supported them to access healthcare professionals. One person said, "I am seen by the doctor is I am unwell. I tell the staff and they sort it."
- The records showed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- Staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift and ensured people received a consistent level of support from staff.

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

- Improvements had started to be made to ensure the design and layout of the service met the needs of people, such as a dementia friendly signage, new flooring and two new shower/bathrooms. This was an ongoing process and there was a plan in place to ensure the service met people's needs.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grabrails were in place to ensure people were safe whilst promoting their independence within the service.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were trained and understood how to care for them. One relative said, "I think the staff are well trained, they know what they are doing."
- Staff completed an induction programme and training at the service to enable them to carry out their role.
- We observed staff supporting people in line with national guidance.
- There was a schedule of training in place to ensure staff knowledge and skills were regularly refreshed. Staff had access to specific training such as dementia awareness, palliative care and pressure care. This ensured staff had the knowledge to support people with specific conditions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same at 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 told us staff treated them in a caring way. One person said, "The staff are all lovely and very caring towards me." Another person said, "The staff are all very good and look after me well."
- Relatives we spoke with told us staff were caring towards their relatives. One relative said "Staff do nice things like fetching a pillow to make my relative more comfortable. The staff are very caring all the time. It's the way they talk to my relative and ask if they are alright."
- We observed caring interactions between people and staff. Staff complimented people on their appearance, people responded by smiling and paying staff a compliment back.
- One person was new to the service and we saw a number of staff members introduced themselves by their name and explained what their role was. This ensured the resident felt welcome.
- People were supported to maintain relationships with their families and friends. Relatives told us there were no restrictions on when they visited, and they were always felt welcome.

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

- People told us they were able to make choices in their care. One person said, "I have plenty of choices and staff always ask if I need any help before doing things for me."
- We observed Staff encouraging people to make choices in the way they received their care and people's choices were respected.
- Staff understood people's individual methods of communicating and support plans were in place to give staff guidance on the most effective way to help people express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence. One person said, "I am treated in a dignified way by the staff at all times." A relative said, "The staff change my relative and put clean clothes on, which is all carried out in private. The staff most definitely treat my relative in a dignified way, even just how they talk to them and asking how they are."
- Staff spoke with people in a polite and caring way when people asked them for support. People chose when they wanted time alone in their rooms, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move. Staff encouraged people to maintain their independence and understood some people's ability to be independent fluctuated dependent on how they felt day to day.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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 and their relatives were involved in the planning and reviewing of their care. This ensured people received support in line with their wishes.
- People received personalised care because staff knew people well and understood their preferences in how they wished their care to be provided.
- Staff had access to a preference sheet and the registered manager was in the process of ensuring all people's care plans were updated to contain this important information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual methods of communicating. We observed staff giving people time to answer questions and using short sentences to help people understand what was being asked.
- Support plans were in place to give staff guidance on the most effective way of communicating to help people express their views. For example; one person had significant deafness and had specialised headphones and a microphone for staff to use to amplify the sound. Staff knew how to use this to aid this person's communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were some activities provided at the service which they enjoyed. One person said, "I enjoy the Bingo and the staff often come and have a chat with me." Another person said, "We have a lovely garden and I like to go outside when the weather is nice. I don't always feel like taking part in the activities and staff understand and respect my choice."
- We observed the activity co-ordinator carrying out a reminiscence session showing people old kitchen implements and smelling soaps from the past. This prompted discussions with residents and staff and people were seen laughing with staff as they talked about their memories.
- Activity logs showed that people had been involved in regular activities such as Bingo, music, card games, reminiscence.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I would tell the staff if I had any complaints. I'm quite happy though."
- Complaints received at the service had been investigated and responded to in line with the provider's complaints policy.

End of life care and support

- We received feedback from a relative who was very positive about the care their relative received at the end of their life. They said, "The staff and management were very compassionate and caring towards my relative. They showed a great amount of empathy and couldn't do enough for my relative and my family. I can't thank them enough."
- The registered manager had started to gain people's wishes about their care at the end of their life. People actively receiving end of life care had plans in place to ensure they were supported in line with their wishes.
- Medicines to manage pain when people were at the end of their life was available and clear instructions were recorded to ensure people were comfortable and pain free.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same at Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had recently been a shortage of nurses at the service and the management team had been providing nurse cover whilst new nurses were recruited at the service. This had impacted on the registered manager, deputy manager and business manager being able to fully complete their roles.
- Some audits had not been completed for two months, such as medicine audits, care plan audits and oral care audits. We found that medicines recording required improvements and care records had not always been updated or reviewed to contain changes in people's needs.
- However, the registered manager had completed some audits, such as wound care, incidents, fluid and mattress checks. These audits had been effective in identifying and rectifying issues.
- The registered manager and provider were aware of the impact the shortage of nurses at the service was having on their ability to carry out their monitoring of quality and were in the process of developing strategies to deal with these issues.
- The registered manager and provider were open and responsive to our feedback. The provider voluntarily agreed to forward a monthly action plan, contingency plan and medicine audit to CQC. This will demonstrate how they are progressing and ensure improvements continue to be made at the service.
- We will continue to monitor the progress of the action plan through monthly updates from the registered manager and provider.

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

- People and relatives spoke positively about the registered manager. One person said, "I know who the manager is and where to find them if I need to. They are very nice and stop to have a chat with me when I see them."
- Staff spoke positively about registered manager and provider. Staff felt able to approach the management team who were supportive. One staff member said, "I feel very supported in my role. There is always someone to go to if I have any issues. There has been an improvement in communication."
- The management team promoted a culture of openness and continually learning from mistakes within the service.
- The provider and registered manager understood their responsibilities to act in line with the duty of candour if things went wrong.

- Notifications had been submitted to us (CQC) as required by law and the rating from our previous inspection was on display.

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

- Feedback was gained from people through an annual questionnaire. We saw the information gained was used to make improvements to the service people received.
- There were relatives and residents' meetings held and the registered manager was in the process of arranging a meeting to be held within the next few months.
- Feedback was gained through supervisions, staff meetings and surveys. Staff told us this gave them the opportunity to discuss any concerns or suggestions. The manager listened to suggestions made and acted on them to make improvements.

Continuous learning and improving care

- Staff told us they had opportunities to develop their skills and knowledge. One staff member told us they had been supported to complete a nationally recognised qualification and when this had been completed they progressed to undertake the next level of qualification.
- The provider had listened to feedback received after inspections and local authority involvement. They were responsive to feedback and were continuing to make improvements to people's care.

Working in partnership with others

- The registered manager worked with other professionals, which ensured people's physical health needs and emotional wellbeing was maintained.