

Ash Hall Limited

Ash Hall Nursing Home

Inspection report

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Date of inspection visit:
19 December 2016

Date of publication:
16 January 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 19 December 2016. This was an unannounced inspection. The service was registered to provide nursing and accommodation for up to 53 people at the time of our inspection 48 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to 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.

When needed people did not always have capacity assessments or best interest decisions in place. Staff did not demonstrate an understanding of DoLS or how to support people in the least restrictive way whilst approvals were considered.

Risks to people were not always managed safely. When people had been assessed to use equipment they were not always supported to use the correct type. When people had behaviours that may challenge there was no guidance for staff to follow to offer a consistent approach. There was no guidance available for staff when people needed as required medicines to ensure people received this medicine appropriately.

Staff did not always receive formal supervision and some staff training was out of date and had not been updated. Staff did not always know people's preferred routines. The systems in place to monitor quality of the service had not been completed and were not always effective to identify areas of improvement. The provider did not formally seek feedback from people who used the service to make changes based on their opinions. The provider had not ensured that staffing shortfalls in the home had been addressed to ensure the management tasks in the home could be completed.

Staff knew how to recognise and report potential abuse and staff suitability to work within the home was checked by the provider. There were enough staff available to offer support in a timely manner. People were happy with the staff and were treated in a kind and caring way. People were encouraged to be independent and make choices about their day. People's privacy and dignity was upheld.

People enjoyed the food and were offered a choice. Relatives and visitors felt welcomed and could visit anytime. People were happy with how they received their medicines. When needed people had access to health care professionals. People knew how to complain and felt happy to do so. The provider ensured complaints were responded to in line with their policy. People were happy with the activities that were offered within the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks to people were not always managed in a safe way. When people had behaviours that may challenge there was no guidance in place for staff to follow to ensure a consistent approach. There was no guidance available for staff to help identify when people may need as required medicines. People felt safe and equipment was tested and maintained. There were enough staff available and people did not have to wait for support. Medicines were stored and recorded to ensure people were protected from the risks associated with them. The provider had systems in place to ensure staff suitability to work within the home.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

When needed capacity assessments were not completed and decisions were not made in people's best interests. Staff did not understand DoLS and how to support people in the least restrictive way. Staff training had not been updated. People enjoyed the food and were offered a choice. When needed people had access to health professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff they were happy with in a kind and caring way. People were encouraged to be independent and make choices about their day. Family and friends were free to visit at any time and felt welcomed.

Good ●

Is the service responsive?

The service was not consistently responsive.

Staff did not always know people's preferred routines. Care was reviewed and people were involved. People had the opportunity to participate in activities they enjoyed. People knew how to complain and complaints were responded to by the provider.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Requires Improvement ●

The systems that were in place to drive improvements had not been completed due to staffing shortfalls within the home. When audits were completed they were not effective in identifying areas for improvement. Staff were not offered the opportunity of a formal supervision to discuss their performance and training needs. The provider did not gain feedback from people who used the service. Staff knew how to whistle blow and were happy to do so. People and relatives knew who the registered manager was and they understood their responsibilities around registration with us.

Ash Hall Nursing 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 visit took place on the 19 December 2016 and was unannounced. The inspection visit was carried out by two inspectors. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information when we were planning the inspection.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with eight people who used the service, four relatives, four members of care staff and the activity coordinators. We also spoke with the registered manager, the provider and a visiting health care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

Risks to people were not always managed in a safe way. For example, when people needed slings to transfer them using equipment we saw that people did not have individual ones available for them. Furthermore we observed staff transferring a person using a sling. We observed that a person was transferred using a 'green sling'. We checked the records for this person and it was documented that they should use a 'yellow sling' to transfer. This meant that the person was transferred using the incorrect sling that they had been assessed for, putting the person at risk. We spoke with the registered manager who confirmed this was the incorrect sling to use for that person.

When people displayed behaviours that may challenge. We saw there were risk assessments and care plans in place. However, there was no guidance in place for staff to follow when the behaviours occurred to ensure the person was supported with a consistent approach. For one person we saw that it had been recommended that charts were completed so their behaviours could be monitored. We did not see and the registered manager confirmed these were not currently being completed. This demonstrated when needed behaviours were not always monitored as they should be.

Some of the people in the home were prescribed medicines on an 'as required basis'. There was no guidance available for staff to help identify when a person may need this medicine. This meant there were no control measures in place to ensure people received these medicines as prescribed.

People were happy with how they received their medicines. One person said, "I have my tablets each day. The nurses come round with the trolley and give them to me. There are no concerns with that". We saw staff administering medicines to people and they took time with people to ensure they had taken them. There were systems in place to store and record medicines to ensure people were protected from the risks associated to them.

People we spoke with told us they felt safe living at the home. One person said, "I am very happy with everything here. The staff are very good and I find that reassuring. They wouldn't put me at risk in any way I am sure of that. If something was wrong they would help me to put it right, so yes I am more than happy with my safety here". A relative told us, "I have no concerns about anything here. This is the safest place for my relation at this time".

Staff were able to tell us about how to recognise abuse and actions they would take if they were concerned about people. One member of staff said, "The people that live here can be among the most vulnerable. I am the voice for these people to keep them safe". Another staff member told us, "I would look for a changes in character or changes in appearance". They went on to say, "I would report it to whoever is in charge". Staff were confident any concerns would be dealt with appropriately and action taken when needed. The registered manager told us and records showed us that when concerns were identified they had been reported in line with safeguarding procedures. This showed us the registered manager and staff understood how to keep people safe from potential harm.

There were enough staff available and people did not have to wait for support. One person said, "They come if I call them". Another person told us, "The staff come in and out to see if we need anything, there is always someone around. If you do need anything they respond pretty quickly". A relative said, "We have no problems with the amount of staff". We saw that when people needed support staff responded in a timely manner. For example, we saw one person pressed their buzzer to seek assistance. Staff responded to this promptly and offered support to the person. We spoke with the registered manager. They told us they had the flexibility to decrease and increase staffing levels based on people's dependency, when needed. We saw this had recently happened.

We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. The information that was recorded in the plans was specific to individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for five staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of the MCA. The registered manager confirmed some people living in the home lacked capacity to make certain decisions themselves. When people were unable to make certain decisions capacity assessments and best interest decisions had not been completed. We spoke with the registered manager who confirmed these assessments were not in place. They told us it was because no one had been trained to complete these. This meant people's rights under the MCA were being not addressed.

Staff we spoke with did not demonstrate an understanding of the DoLS and were unaware if any person living at the home was being restricted unlawfully. One staff member said, "The nurses would know that information". We spoke with the registered manager who told us a DoLS authorisation was in place and one further application had been made, however, we did not see any evidence to support this. There were no risk assessments in place to ensure people were being supported in the least restrictive way whilst their applications were considered.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us that although they had previously received training some of this was out of date. We spoke with the registered manager who confirmed this to us. People told us staff knew how to support them. One person said, "The staff have the knowledge about what we need". When new staff started working in the home they received an induction. We spoke with the registered manager about the induction. They told us, "Staff have a day in the office going through paper work and care files. They then shadow other staff to find out about people". This meant staff shared knowledge to offer care and support to people.

People enjoyed the food and were offered a choice. One person said, "The food is marvellous, they always do me a baked potato or omelette if there is something I don't like". Another person told us, "Its lovely, first class. There is plenty I have a big breakfast so I just have a small lunch. We have our evening meal about four thirty, but if I am hungry later they will do me a sandwich or something". A relative commented, "The food always smells and looks delicious". We saw people were offered a choice at breakfast and lunchtime. When people did not like the options available or had requested something different it was provided for them. Staff supported people in accordance with their needs and when people needed specialist diets this was provided for them. We saw that cold drinks were available in communal areas and people were offered a

choice of hot drinks and snacks throughout the day.

People had access to health professionals. One person said, "The GP will come if I am unwell and I am having my feet done later today". We saw the chiropodist visited the home later that day. Records confirmed people attended health appointments and referrals were made to other health professionals when needed, for example speech and language therapists. We spoke with a visiting health professional they said they had no concerns with the home and described it as, 'Lovely'.

Is the service caring?

Our findings

People and relatives were happy with the staff. One person said, "They are very kind. They are wonderful". Another person told us, "The staff are very good". A relative said, "We could not ask for better staff". We saw staff stopping to talk to people as they passed. We observed people were supported in a kind and caring way in a relaxed and friendly manner. For example when someone was transferred using specialist equipment, staff offered the person reassurance throughout.

People told us they made choices about their day. One person said, "I stay in my room, I can go down if I want". Another person said, "I have one of my beers at lunchtime every day". We saw there were three communal areas available for people and they chose which one to spend their time in. One person said, "I prefer it in here as it's much quieter". We saw staff offering people choices about where they would like to sit and which music they would like to listen to.

People told us and we saw that people's privacy and dignity was promoted. One person said, "The staff are good at maintaining that". Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. We saw that one person was repeatedly adjusting their clothing. We saw the staff member gave the person something to hold to prevent them from doing this. The staff member then readjusted their clothing to maintain their dignity. This demonstrated that people's privacy and dignity was upheld.

People's independence was promoted. One person said, "The staff encourage me to do what I can for myself. Sometimes I don't want to but they say I should try". Another person told us how they liked to go for a walk around the grounds. They said, "I go for a walk, it keeps me active and I enjoy the fresh air. I let them know when I go and when I'm back that way they can keep their eye on me. This demonstrated people were supported to maintain their independence.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said "All the staff know us well as we come most days. They are very welcoming. They ask how we are and seem genuinely interested". Another relative told us they could visit any time and commented, "I've always been made welcome". We saw relatives and friends visited throughout the day and they were welcomed by staff.

Is the service responsive?

Our findings

Staff did not always know people's preferred routines. For example, we observed one person refused their medicines. We saw another member of staff come over to the person and they took their medicines with support. After we spoke to the staff member who had administered the medicines, They explained the person's routine to us. They said, "They have the big tablets first and like to take them from you". We had observed that the first member of staff had not followed this routine. We looked at records for this person and saw there was no information available stating their preference. This meant staff were not always aware of people's preferred routines to follow.

People were involved with reviewing their care. The registered manager told us that 12 monthly review meetings were held with relatives and professionals. They said, "If people want to be involved with this they can or if they prefer then their relatives are involved. It's a full review so we look at all areas". This demonstrated that people's care was reviewed regularly to ensure it met their needs.

People told us they enjoyed the activities within the home. One person said, "We all love bingo, you can tell we nearly all don't fit in the room". We saw one person reading the newspaper and they told us they liked to do this every day. There were three activity coordinators in post. We spoke with one and they told us about the different activities they did. They said, "It can be anything from holding someone's hand when they are at the end of their life care to group sessions". They went on to say, "This morning we have had one to one, so I have been into people's room and completed an activity of their choice, some people just want to talk". They told us they had external entertainment like singers or animal shows. We saw there was information displayed in communal areas about events over the Christmas period.

People and visitors told us if they had any concerns or complaints they would feel happy to raise them. One person said, "I would tell someone or the manager". A relative told us, "I would discuss it with the manager first". People we spoke with were happy with the home and the care they received and did not raise any concerns or complaints. The provider had a complaints policy and systems in place to manage complaints. We saw that when complaints had been made the provider had responded to them in line with their policy.

Is the service well-led?

Our findings

There were some systems in place to monitor the quality of the service. However, these had not been completed for several months. We spoke with the registered manager who told us that there had been a recent shortage of trained nurses. While the position was recruited to, the registered manager had stepped into this role and therefore had not had the opportunity to complete audits. The registered manager confirmed that this role had now been filled and they had returned to their management position. This meant when needed the provider had not taken action to ensure the service was provided with management cover during this time.

The registered manager told they were currently undertaking an audit of care plans. We looked at this audit. We saw this was to see if care plans were in date. The registered manager and the records confirmed the quality of the information in the care plans was not looked at. We saw when care plans were out of date the registered manager had taken action to ensure they were reviewed. However as the information in the care plans were not reviewed to ensure it was accurate and up to date we could not be sure this audit was effective. There were no systems in place to seek formal feedback from people or relatives who used the service. We spoke with the manager who said, "We used to do these but we haven't for a few years". This meant the audits completed were not used to drive improvement.

This is a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Some staff told us they had the opportunity to raise concerns however formal supervisions were not taking place. One staff member said, "We don't have anything formal where we discuss training and things like that, but I can go in the office for a chat if I need anything". Another staff member said, "No we don't have supervisions or one to ones". We spoke with the registered manager who confirmed they were not taking place.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "If I saw something that wasn't right I would report it, I have a responsibility to the person to do that". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

People and relatives told us they knew who the registered manager was and they were approachable. One person said, "Very friendly and approachable". A relative said, "Nothing is too much trouble, it makes it easier when it's like that". The registered manager understood their responsibilities around registration with us and had notified us of significant events that had occurred at the service. This meant we could check the provider had taken appropriate action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>When needed people did not always have capacity assessments or best interest decisions in place. Staff did not demonstrate an understanding of DoLS or how to support people in the least restrictive way whilst approvals were considered.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to monitor quality of the service had not been completed and were not always effective to identify areas of improvement. The provider did not formally seek feedback from people who used the service to make changes based on their opinions. The provider had not ensured that staffing shortfalls in the home had been addressed to ensure the management tasks in the home could be completed.</p>