Leacroft Lodge Limited

Ashcroft Hollow Care Home

Inspection report

18a Stafford Road
Huntington
Cannock
Staffordshire
WS12 4PD

Tel: 01543574551
Website: www.ashcroft-hollow.co.uk

Date of inspection visit:
27 October 2017

Date of publication:
01 December 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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We inspected this service on 27 October 2016. This was an unannounced inspection. Our last inspection took place in August 2016 and we found improvements were needed. We found there was not always sufficient staff to offer support to people. People were not always supported in a dignified or caring way. People's preferences were not always considered and improvements were needed when people lacked capacity to consent. At this inspection we found the provider had not made the necessary improvements.

The service was registered to provide accommodation for up to 45 people. At the time of our inspection, 35 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.

There were not enough staff available and people had to wait for support. The provider used a dependency tool to work out staffing levels however we could not be assured this was accurate as it did not always reflect people's individual needs. The lack of staff in the home meant care was rushed. People were not always treated in a dignified and caring way by staff.

Care plans and risk assessments were not always reviewed to reflect people's current needs. People's preferences or cultural needs had not always been considered. When people lacked capacity to consent this was often unclear and we could not see how decisions were made in people's best interests. Staff did not demonstrate an understanding when people were being restricted unlawfully or how to support people who lacked capacity to make decisions for themselves.

Not all of the audits introduced were effective in highlighting concerns or making improvements. We could not be assured the recruitment systems in place kept people safe. Previous improvements had not been sustained by the provider. People did not feel confident to complain as they were concerned about the consequence of doing this.

Staff knew what constituted abuse and how to protect people from potential harm. Staff received an induction and training that helped them offer support to people. There were effective systems in place to administer record and store medicines to ensure people were safe from the risks associated to them.

People were given the opportunity to participate in activities they enjoyed and were happy with the food and were offered a choice. When needed people had access to health professionals. Staff felt supported by the registered manager and people knew who they were. The registered manager understood their responsibility of registration with us and notified us of important events that occurred in the service. The previous rating was displayed in the home in line with our requirements.

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 this 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?

Requires Improvement

The service was not always safe.
There were not enough staff available for people and they had to wait for support. Some risk assessments were not always reviewed to reflect people's current needs. Staff knew what constituted abuse and how to protect people from potential harm. There were effective systems in place to administer, record and store medicines to ensure people were safe from the risks associated to them.

Is the service effective?

Requires Improvement

The service was not always effective.
It was unclear when people lacked capacity to make decisions for themselves and when needed decisions had not always been considered in people's best interest. Staff did not demonstrate am understanding of the act. Staff received an induction and training that helped them to support people. People enjoyed the food and were offered a choice and had access to health professionals when needed.

Is the service caring?

Requires Improvement

The service was not always caring.
People were not always supported in a dignified or caring way. Staff did not have time to spend with people as they were rushing to complete tasks. People were offered choice about how to spend their day. Friends and family were free to visit when the liked.

Is the service responsive?

Requires Improvement

The service was not always responsive.
People did not always receive care in their preferred way. Care plans were not always reviewed to reflect people's needs and when people had cultural needs these had not always been considered. People were concerned about the consequences of raising complaint. When formal complaints had been made the provider had responded to these in line with their procedures. People had the opportunity to participate in activities they enjoyed.

Is the service well-led?

Inadequate

The service was not well led.
The provider had not demonstrated that they can make and sustain improvements. Not all of the audits introduced were effective in highlighting concerns or making improvements. The provider sought feedback from people however this was not always effective in identifying the concerns within the home. The provider was displaying their rating in line with our requirements. Staff felt listened to and had the opportunity to raise concerns.

Ashcroft Hollow Care 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 27 October 2017 and was unannounced. The inspection visit 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. 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR however our concerns within well led were not identified as areas of improvement.

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 twelve people who used the service, four relatives, four members of care staff, a nurse and the registered manager. We also spoke with an occupational therapist and a physiotherapist during our inspection. 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 ten 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.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection in August 2016, we found some improvements had been made since our previous inspection in 2015 when the service was in breach of regulation 18 staffing. However in 2016 we found further improvements were needed as people felt there were still not enough staff available to offer them support. At this inspection we found the provider had not sustained the improvements they had previously made.

People had to wait for support. One person said, "There is never enough staff and we do have to wait a long time. Early afternoon is usually the worst. I have a buzzer here but I can press that all afternoon and no one will come. Yesterday afternoon I timed it and I had to wait for well over an hour to go to the toilet. There was just no staff around and no one came in this room for at least an hour that I could ask to help me". Another person told us, "Most days there are not enough of them and I have to wait ages. The worst thing is when they sit us in the dining room ready for breakfast or lunch; if I am one of the first to be sat in there I can wait on that hard chair for a very long time whilst they get everyone else ready".

We saw that people had to wait for support from staff. For example, we saw that two people needed assistance from staff to be transferred from their wheelchair into their more comfortable chair. We saw both these people waited over 35 minutes until there were two staff available, as required, to help them transfer safely. One person commented, "You can get a bus quicker than this". Another person told us they had been waiting for support from staff to leave the dining room since 08:20. We saw on arrival at 09:10 there were nine other people waiting for support to leave this area. We observed at 10:10 the last of the nine people received support from staff, meaning some people had to wait more than one hour for support. This meant there were not enough staff available for people and they had to wait to receive support they needed.

We spoke with the registered manager who told us that since the last inspection staffing had been increased. They showed us a dependency tool they had implemented. We looked at the dependency tool however it was unclear how people's individual dependency levels had been assessed. For example people with 'higher dependency' were awarded four hours care. We spoke with the registered manager about this who confirmed to us that some people living at Ashcroft Hollow may exceed this and the tool did not consider this. This meant we could not be assured how effective this tool was in assessing staffing levels within the home.

This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Risk assessments were not always reviewed to reflect people's needs. We observed that one person was transferred using a hoist and a sling. We looked at the moving and handling assessment for this person. This stated the person should use a 'small sling'. However, when we checked the size of the sling that had been used it was a medium. We spoke with staff about this who confirmed to us there were no small slings available within the home and this was the sling the person always used. As the person had used a larger sling this had placed them at an increased risk of falling. The risk assessment we looked at for this person

had been recently reviewed. There was no consideration that there was no small sling available within the home. Furthermore we observed two other people were transferred using the same sling. By people using the same slings this increases the risk of cross infection. We spoke with staff who confirmed that not all people living at the home had their own slings. One staff member said, "They used to have their own but we just use the one that is on the hoist for people". This meant we could not be assured people's needs had been assessed and the correct equipment was available for all people.

Other risk assessments had been completed and were followed to ensure people were protected from harm. For example when people were at risk of developing sore skin. We saw guidance and risk assessments were in place for staff to follow. One staff member said, "When people are at risk we have to ensure they are turned into a different position when they are in bed, this way it reduces the risks for them". They went onto say, "For some people we write down what time we change their position so we can make sure we are doing it as often as needed". We looked at records for people and saw this was being completed in line with people's requirements. This showed us staff had the information available to manage these risks to people.

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

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "It's protecting the residents from any kind of abuse that may occur". Another staff member said, "We have to look out for signs of abuse or changes to people and report them appropriately to make sure people are safe". They told us, "I would report to the nurse or to you the CQC if I was concerned". Procedures were in place to ensure any concerns about people's safety were reported appropriately. There were no recent incidents that should have been reported to safeguarding for consideration.

We saw and people told us they received their medicines as required. One person said, "I have my tablets each day the nurses know what they are doing with those. If I am in pain I will ask for some of those tablets". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection we found some improvements had been made and capacity assessments had been completed when needed. However, the registered manager acknowledged this was an area that they were still developing. At this inspection we found the improvements needed had not been made.

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 or 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. We saw the provider had an inconsistent approach and it was often unclear if people lacked capacity to make decisions. We saw some capacity assessments were in place however these were in relation to living at the home and we did not see any other areas had been considered. For example, when people were using bedrails or having medicines administered. When capacity assessments had been completed we did not see how the decisions had been made. If people lacked capacity to make decisions for themselves there was no evidence these had been considered in people's best interests. Some people had been assessed as 'having capacity' however relatives had signed consent forms and risk assessments agreeing to their care. People who have capacity are able to consent to their own care. Although staff told us they had received training in MCA the staff we spoke with were unable to demonstrate an understanding. One staff member told us, "It's safeguarding and protecting vulnerable people". Another staff member said, "It's making sure everyone has everything they need". This demonstrated that the principles of the MCA were not fully understood or considered.

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

The provider had considered when people were being restricted unlawfully and application for DoLS had been made. There was no guidance in place for staff to follow while these applications were considered and staff did not demonstrate an understanding in this area. One staff member said, "I don't know what that is without looking and I don't know who would be at risk of that here". Another staff member told us when we asked that, "No one here comes under that". This meant that staff did not demonstrate an understanding of when people maybe being restricted unlawfully and how to offer support to these people.

Staff received an induction and training that helped them to support people. Although staff told us the training they received helped them support people. We could not be assured how effective the training was. For example, staff told us they had received MCA and moving and handling training since the last inspection. Staff did not demonstrate to us an understanding in this area and we observed poor moving and handling

practices. The provider was not checking staff competency's after training had occurred to identify areas of concern or if further work was needed. This meant we could not be sure the training offered helped staff to support people as needed.

People enjoyed the food and were offered a choice. One person said, "I quite like the food and they chop it up for me to make it easier to eat I have no complaints". Another person told us, "They ask you what you want. The food is nice". When people had preferences they told us this was catered for. One person explained, "I don't have white meat or strawberries. They have been very good with that and give me an alternative". We observed that people were supported in line with their care plans and when people needed specialist diets these were provided for them. One family member told us. "My relation has to have a soft mashed up diet so they normally manage to do this quite well". Throughout the day people had cold drinks available to them and hot drinks and snacks were offered regularly. Records we looked at included an assessment of people nutritionals risks. We saw when these risks had been identified people had their food and fluid intake monitored. We saw that any concerns with this were recorded and reported to the nurse so that further action could be taken.

We saw when needed people had access to healthcare professionals. For example, we saw referrals had been made to a range of professionals including speech and language therapists and specialist nurses. When recommendation had been made by these professionals we saw people were supported in line with these. This demonstrated when needed people had access to healthcare professionals.

Requires Improvement

Is the service caring?

Our findings

At our last comprehensive inspection we found people were not always supported in a caring and dignified way. At this inspection we found the provider had not made the necessary improvements.

During the inspection we observed two people did not receive support from staff to access the toilet in a timely manner. Neither of these people were able to tell us about their experience and these experiences demonstrated people were not always treated in a dignified way.

We observed that another person displayed a behaviour that was undignified for them and others. This person continued this behaviour throughout lunchtime. People who were viewing this behaviour during their meal were unable to tell us about their experience. We looked at records for this person and there was no reference to this behaviour documented. We spoke with the registered manager who told us that the person ate outside of the dining room because other people had not been happy with the person's behaviour. There had been no consideration regarding where the person now ate their lunch, the people who we saw observing this behaviour were not able to express their views on this or independently transfer away from this behaviour if they chose to.

There were mixed views about the staff that worked within the home; however, people did not feel they had time to spend with them. One person said, "The staff are all very nice. They do their best but sometimes they have to work really hard and are really busy". Another person told us, "Most of the time the staff are very kind and friendly however sometimes they can be horrible". A relative told us, "Most of the time the staff are caring and kind, they are shortest at weekends and this can be when they are more stretched and when the care suffers a bit". We saw staff were rushed and they didn't explain what they were doing or spend time with people. For example, tasks were often carried out without staff telling people what they were doing or gaining consent from them. At lunchtime we observed one staff member was offering support to a person with their meal. We saw that half way through this staff member swapped roles with another staff member as they were needed somewhere else. They did not explain the reason for this to the person they were supporting. This meant staff did not have time to treat people in a kind and caring way.

This is a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People told us they made choices about how to spend their day. One person said, "I'm waiting to go back to my room I prefer it in there. After dinner I may come down for a while but I can decide what I would like to do". Another person said, "We can chose what side we have on the TV, us girls have our day time programmes that we like to watch". When people were able to make choices staff asked which lounge they would like to go in and where they would like to sit. Records we looked at considered how people could make choices.

People were encouraged to keep in contact with people that mattered to them. One visitor said, "I can visit when I chose". Another person said, "I have lots of visitors, no one has ever said it's a problem". We saw

friends and family visited freely throughout the day and were welcomed by staff within the home.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection we found people's preferences were not always considered and people did not always received baths or showers as preferred. At this inspection we found the provider had not made the necessary improvements and we found other areas of concern.

People were not always having baths or showers. One person told us, "I am supposed to have a shower once a week but I can't remember the last time I had one. I haven't been very well but I do feel a real mess because I haven't had my hair done either. I used to be very conscious of my appearance but I don't have much choice now". Another person said, "They help me with a bath twice a week". We asked this person if they were able to have a bath during the evening if they chose. They said, "There are only three night staff so that would not really be possible" We looked at records for people and we saw people had been allocated a bath day. We looked at records for five people and on the day that was their allocated bath day, there was no evidence that these people had received a bath.

Care plans were not always reviewed to reflect people's current needs. For example, we looked at records for one person and saw they had a medical need that required checking three times a day, We observed this did not happen. When we spoke with the nurse they told us this was inaccurate and this was now checked daily. We saw records that this was being completed daily. We looked at care plans for two other people and found the same concerns with moving and handling and falling.

People's cultural needs were not considered or assessed. When people had different cultural backgrounds the provider had not considered how their care could be planned to meet specific needs; for example, skin care or food choices. Staff and the registered manager confirmed that no people received care or support in relation to their culture. This meant that people's human rights were not met under the provider's equality policy.

This is a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People raised concerns about the consequences of raising a complaint within the home. One person said, "If you complain they make sure you are last so I'm zipping it". Another person said, "I am conscious not to complain about the few things that bother me. On the whole, I am very happy but I have to live here now and I don't want to upset anyone as it may make it difficult for me". We shared this information with the registered manager who said they would look into this immediately. When formal written complaints had been made by relatives we saw there was a procedure in place and the registered manager had responded to these in line with the procedure.

People told us they enjoyed the activities they participated in and spoke highly about the activity coordinator. One person said, "They are really nice and organise lots of activities, they always ask me if I want to take part but usually I don't, but that's my choice. They will help me by fetching a take away if I fancy something different". Another person said, "They are marvellous; they try really hard to make us

happy. They are a lovely person who is very down to earth and I can talk to them about anything". A relative commented, "You can tell when the activity coordinator is here because there is a different atmosphere Although during the inspection we did not see any activities taking place as the activity coordinator was unavailable people told us there were lots to do. One person said, "There's always something we can do, bingo singing you name it".

Inadequate

Is the service well-led?

Our findings

We have carried out three comprehensive inspections at this location since July 2015. On all three occasions this home has been rated as requires improvement. At this inspection we found that despite concerns raised from our previous inspections few improvements to the provision of the service had been made. Furthermore, when improvements have been made these were not sustained. For example at the inspection in July 2015 we identified concerns with staffing levels within the home, this was a breach of Regulation 18 of the Health and Social Care Act 2008. At the next comprehensive inspection in August 2016 we found some improvements had been made in this area, however further improvements were needed. At this inspection we have found on-going concerns with staffing levels at the home and the provider is again in breach of this regulation. This demonstrated the management systems in place were not driving improvements and were inconsistent.

The provider sought feedback from people and relatives who used the service. However as the surveys only asked people questions on the food and their rooms for example, we could not be sure this information covered all keys areas. The provider did not ask people their opinions on staffing levels within the home and we identified this as a key area of concern during our inspection. Furthermore when we spoke with staff about the lack of suitable toilets within the home and people having to wait. They confirmed to us the manager was aware as people waiting to access these areas happened on a daily basis. The manager also confirmed to us this was an issue. We did not see any evidence that the registered manager had actioned these concerns raised by staff. For example, we did not see these had been discussed with staff in team meetings. This meant when concerns had been identified staff did not always receive guidance or support to resolve these issues.

We saw that audits were completed by the provider however they were not always effective in identifying areas for improvement. For example, we saw a care plan audit had been introduced. This did not identify that care plans did not always have accurate information about people's needs or incorrect information in them.

We could not be assured the provider carried out suitable checks to ensure staffs suitability to work with the home. On the day of inspection the provider could not provide us with evidence a DBS check had been carried out for member of staff when we requested it. The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We gave the provider the opportunity to send us this information after the inspection however at the time of writing this report we had not received this. Furthermore when concerns had been identified around staff suitability to work within the home, relevant risk assessments had not always been completed. This meant we could not be sure the provider had a suitable recruitment process in place to ensure people were safe.

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

At the last inspection concerns were raised around the toileting facilities within the home. We identified that

people had to wait their turn, as there were only two suitable bathrooms people who needed support with the hoist and wheelchairs could use. People continued to tell us this was a concern. One person said, "There are not enough toilets here and so we have to wait ages. I had a urine infection last week and this was a real problem for me because I couldn't wait. I got really upset about it". Another person told us, "There is a problem with the toilet facilities. Some of the toilets are really old, smelly and not very nice and so I don't like to use them. There is only one that can fit a big chair in so there is always a queue for that one". At this inspection although information had been gathered about renovating other areas, no action to start or complete this work had commenced. The registered manager was unable to confirm to us when this work would be completed. Furthermore other people told us the equipment they needed was not available for them. One person told us, "I used to have a shower or bath but now they say it is too unsafe. I have asked as I would really like one". We spoke with the registered manager who told us this person was unable to have a bath as the home did have the equipment available to bath this person in a safe way. We looked at the facilities and saw one of the bathrooms areas was too small for people to access; this had not been adapted with rails for example, to meet people's needs. Furthermore in one of the bathrooms we saw that the rail next to the toilet was hanging off the wall. We spoke with the registered manager about this who confirmed no risk assessment was in place and no action had been taken to fix this. This meant the provider had not acted when concerns with equipment had been identified.

This is a breach of Regulation 15 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

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, "This is about the process of raising something you see that you are worried about, I would be happy to do this if needed". We saw there was a whistle blowing procedure in place.

People and relatives we spoke with knew who the manager was. One person told us, "I know the manager well she is always about if you need anything". A relative said, "Yes I know who the manager is". Staff felt supported and were given the opportunity to raise concerns. One staff member said, "We have team meetings and supervisions, we have the opportunity to sit down and discuss things". The registered manager understood their responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken. The previous rating was displayed in the home in line with our requirements.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not always having baths or showers. Care plans were not always reviewed to reflect people's current needs. People's cultural needs were not considered or assessed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated in a dignified way. Staff did not have time to treat people in a kind and caring way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent It was unclear when people lacked capacity to make decisions for themselves and when needed decisions had not always been considered in people's best interest. Staff did not demonstrate an understanding of the act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment the provider had not acted when concerns with equipment had been identified. Equipment people needed was not always available for them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not demonstrated that they can make and sustain improvements. Not all of the audits introduced were effective in highlighting concerns or making improvements. The provider sought feedback from people however this was not always effective in identifying the concerns within the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff available for people and they had to wait for support.