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:
24 August 2016

Date of publication:
22 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 24 August 2016. This was an unannounced inspection. Our last inspection took place in July 2015 and we found some improvements were needed. We found there was not sufficient staff to keep people safe. Checks on the service were not completed so when improvements were needed this was not identified and people were not supported in line with The Mental Capacity Act 2005. The provider sent us an action plan in September 2015 stating what action they were taking to address the concerns identified. At this inspection we found some improvements had been made, however further improvements were needed.

The service was registered to provide accommodation for up to 45 people. At the time of our inspection, 37 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.

Staff were rushed and people did not feel there were enough staff available for them. People were not always supported in a caring and dignified way and people and relatives told us they were not receiving baths or showers as preferred.

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks to people were identified and staff had the information available to manage these in a safe way. People received their medicines as prescribed and it was recorded and stored to keep people safe from the risks associated to these.

Mental capacity assessments had been completed where people were unable to consent, We saw that decisions were being made and recorded in peoples best interests. Where people were considered to be restricted applications for this had been made.

People were able to make choices about their day and were encouraged to be independent. People liked the food available and were offered choices, they were encouraged to drink sufficiently and maintain a healthy diet. When people needed support from health professionals this was provided for them. People enjoyed the activities that were offered and were encouraged to pursue their hobbies and interests. Friends and family were free to visit when they chose and felt involved with reviewing their care.

Quality monitoring checks were completed by the provider and when needed action was taken to make improvements. The provider sought the opinions from people who used the service to bring about changes. People knew who the registered manager was and they understood their responsibilities around registration with us. Staff felt listened to and were happy to raise concerns. People knew how to complain

and we saw when complaints were made these were responded to in line with the provider's policy.

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 consistently safe.
People felt there were not enough staff available to them. Staff were secondary dispensing medicines which increases the risk of the wrong person receiving the medicine. People felt safe and staff knew how to recognise and report potential abuse. Risks to people were managed in a safe way. Medicines were recorded and stored to protect people from the risks associated to them. The provider ensured staffs suitability to work within the home.

Is the service effective?

Good

The service was effective
Staff received an induction and training that helped them to support people. When needed referrals were made to health professionals and people were supported in line with recommendations that were made. People enjoyed the food and drinks and were offered a choice. The principles of the Mental Capacity Act 2005 were followed and the provider had considered when people had restrictions placed upon them.

Is the service caring?

Requires Improvement

The service was not consistently caring.
People were not always supported in a caring way and interactions between staff and people were not dignified. People were encouraged to make choices about their day and to remain independent. People's privacy was maintained and they were encouraged to keep in contact with people that mattered to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.
People did not receive support in their preferred way. People enjoyed the activities they participated in and were encouraged to pursue their hobbies and interests. People and relatives felt updated and were involved with reviewing their care. People and relatives knew how to complain and we saw the provider had responded to complaints in line with their policy.

Is the service well-led?

Good

The service was well led.
Quality monitoring was completed to make improvements to the service. The provider sought the opinions from people who used the service. Staff were happy to raise concerns and felt listened to, people knew who the registered manager was and they understood their responsibilities around registration with us.

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 24 August 2016 and was unannounced. The inspection visit was carried out by one inspector 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 also spoke with the local authority that provided us with current monitoring information. 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 spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, three visitors, three members of care staff, one member of the domestic staff and the maintenance attendee. We also spoke with the registered manager. 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 six 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 comprehensive inspection of Ashcroft Hollow on 16 and 22 July 2015, we found the provider based staffing numbers on occupancy levels and did not take into account people's individual needs to ensure there were sufficient staff to keep people safe at all times. This was a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

At this inspection we found some improvements had been made, however people still felt there were not enough care staff available to offer support to them. One person said, "They need more staff, they definitely need more staff". Another person told us, "There is never enough staff". A relative commented, "There is not enough staff at all, they do their best and they are very busy, I wouldn't say [person] has to wait very long it's just that there is no time and everything is so quick. No one talks and spends time with them". One person told us they had recently had to wait 20 minutes for support. During the inspection we observed that when people asked for support either by using a call buzzer or verbally requesting this, it was provided for them, however people did wait their turn and care appeared rushed. For example, three people requested to use the bathroom. We heard staff say, "You're next". Each person was supported to the bathroom however they were then left in their wheelchair and had to wait until all three people had been supported before they were transferred to their armchair. We spoke with the registered manager who told us since the last inspection the staffing levels had increased by one member of care staff more per shift, during the day. We looked at rotas which confirmed this. On the day of inspection one person had rang in sick, however action had been taken by the manager to provide cover. The registered manager had also sourced a dependency tool to use. This is a tool used to determine the number of staff required to support people according to their needs. They told us they had found this to be unsuitable for the needs of people living in the home and they were looking at using another one. They told us they would use this to relook at staffing levels within the service. This meant that staffing levels were not suitably monitored to ensure there were enough staff available for people.

We observed medicines being administered. We saw one staff member dispensed the medicines and another staff member took the medicines to the person and administered them. The staff member dispensing the medicines would then sign for the medicine, even though they had not administered this. This practice is known as secondary dispensing and considered to be unsafe as it increases the risk of medicines being administered to the wrong person. We discussed this with the registered manager who told us this was not something that should be happening within the home. They told us they would take immediate action to ensue this practice was not repeated and we observed that this happened.

We saw and people told us they received their medicines as required. One person said, "I have them the same time each day". 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. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. One person said, "Sometimes I have my painkillers and sometimes I'm ok but they always check with me if I need them". There were effective systems in place to store and record medicines to ensure people were safe from the risks associated to them.

People told us they felt safe living at the home. One person told us, "I feel much safer here than when I was in my own home living independently. I have people around me who keep me safe". Another person said in reference to feeling safe, "I've never felt anything else". A relative told us, "I don't worry about my relation coming to any harm whilst they are here". Staff knew what constituted abuse and what to do if they were concerned about people. One staff member said, "Its making sure people are ok and that they don't come to any harm". Another staff member told us, "I would report any bruises or bad practices or anything that I saw which I was unhappy with to the nurses or the matron. If needed I would contact the CQC". Procedures were in place to ensure any concerns were reported appropriately. We saw, when needed, these procedures had been followed by the provider.

Risks to people were identified and managed to ensure people were protected from harm. For example, one person was at risk of developing sore skin. We spoke with staff about how they would manage this risk. One staff member said, "We are aware, we visually check the areas to make sure there are no red marks. They have pressure relieving equipment so we check that is working correctly and if it wasn't we would report this straight away. We also change the position of the person every two hours to make sure the area does not develop. They have charts that we fill in so we know it has been done". The staff member commented, "I have never known them have a pressure sore so we must be doing it right". We looked at records for this person and the information recorded matched what the staff member had told us. We also saw records that showed that checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage 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.

We spoke with staff about the recruitment process. One member of staff who had recently started working within the home told us, "I had to wait for my DBS and references before I could start". The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at two recruitment files and we saw pre-employment checks were completed before staff were able to start working in the home. Checks were also completed by the provider to ensure nurses had the relevant registration qualification to work within the home. This demonstrated there were recruitment checks in place to ensure staffs suitability to work within the home.

Good

Is the service effective?

Our findings

At our comprehensive inspection of Ashcroft Hollow on 16 and 22 July 2015, we found the provider was not working in accordance with the requirements of The Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

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 (DoL).

At this inspection we found the provider had made the necessary improvements. We checked to see if the provider was working within the principles of the MCA. We found some of the people living in the home lacked capacity to make important decisions for themselves. For these people we saw that mental capacity assessments had been completed. We saw some evidence that decisions had been made in people's best interests. The registered manager acknowledged this was an area that they were still developing. Some staff had an understanding of mental capacity. One staff member told us, "It's about decisions and consent". The registered manger told us and records confirmed that half of the staff had attended mental capacity training and further training was planned for the remainder of the staff. The provider had considered when people were being unlawfully restricted and applications for approval had been made to the local authority as required.

Staff received an induction and training that helped them to support people. One staff member who had recently started working within the home told us about their induction they said, "I had face to face training moving and handling was one of them. I then had to shadow the other staff, which was good as they showed me what I actually had to do". This showed us that staff shared knowledge to offer care and support. Another staff member told us about their training. They said, "Its good training, we have competency checks within the home too so they can check what we have learnt". Another staff member said, "I think the training here is very relevant to the people that live here, it helps us to know how to support them and keep them safe".

People told us they enjoyed the food and there were choices available. One person said, "The foods nice, we usually have a choice but not on a Wednesday it's a roast dinner, but it's not a problem if you want something else you just ask in advance. I have just had a small portion today and it was really quite good". Another person told us, "I'm satisfied whatever it is". We observed that people were supported in line with their care plans and when people needed specialist diets this was provided for them. Throughout the day people had cold drinks available to them and hot drinks were offered. We also observed people were offered snacks, this included ice creams. A staff member said, "It's very warm today so we will try people with these it might help them cool down". We spoke with the registered manager who showed us a new menu that they

were introducing. They told us they had trialled some of the foods on the menu and people had the opportunity to taste these and feedback their thoughts. 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 recommendations had been made by these professionals we saw people were supported in line with these. For example, when people had problems with swallowing we food and drinks in line with these recommendations were provided for them. On the day of inspection we saw people were supported by a chiropodist, physiotherapist and district nurse. This demonstrated people had access to healthcare professionals and were supported din line with recommendation that had been made.

Requires Improvement

Is the service caring?

Our findings

People were not always treated in a caring way. For example, we observed one person spill there drink at lunchtime. After lunch, staff acknowledged that this person had done this and had not had a drink with their meal. We heard a staff member request another staff member to offer the person another drink, however this did not happen and the person was then transferred from the dining area without having a drink. We observed that staff had little time to spend with people and conversations were based on tasks that staff needed to complete with people. We also observed that areas were untidy as staff were rushed. For example, there were used aprons and bottles left on the sides in communal areas. One relative commented, "Everything seems hurried there's no quality time for people". We observed that care was hurried. People were still eating their meals in the dining area when staff were preparing the room around them for a concert that was happening that afternoon. One person said, "Isn't it noisy". When staff did spend time with people, such as lunchtime, people were not always supported in a dignified way. For example, two people were being supported separately on a one to one basis by staff with their meals, on different tables. Throughout the meal staff spoke to each other across the dining room about their personal lives without interacting or involving people who used the service. At one point we observed a person was waiting for staff to support them with their meal. This demonstrated that people were not always supported in a dignified way at mealtimes.

People's privacy was promoted. For example, when people were moved using equipment blankets were placed over people's legs and their clothes were adjusted to maintain privacy. Staff gave us examples of how they promoted people's privacy. One staff member said, "We knock people's doors before we go in". Another staff member told us, "When people use the bathroom we leave them with the buzzer, we will leave them in private and then they can call us when they are ready". We observed that staff did this and people's privacy was maintained.

People were encouraged to be independent. One person said, "They are there if I need them, I like to do as much as I can for myself and they let me. They know the bits that I can't do so they just assist with those". We observed that people were encouraged to be independent. For example, one person requested staff to support them with their meal. The staff member said, "I know you can do that yourself give it a try". The person then completed the task independently. They commented, "I know I can do it myself really".

People told us they made choices about how to spend their day. One person said, "I stop in my room, I have my things in here that I like. The staff pop in and ask me if I want to go to the other rooms but I say I'm fine". We observed people were offered choices about which lounge they would like to go in and where they would like to sit.

People were encouraged to keep in contact with people that mattered to them. One visitor said, "I come every day it's never a problem". Another person said, "My family comes every day at different times, I have lots of visitors. No one has ever said they can't come". We saw that some people had mobiles phones next to them so they could keep in regular contact with friends and family. One person said, "It's always going off, they like to check I'm okay. I don't know how to use the things but the girls check it's on and charged for

me". 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

People and relatives told us they did not receive baths and showers as preferred. One person said, "I like a bath at least once a week, it's nice to have a soak". They went on to say, "I haven't had a bath for weeks or a shower". We looked at records for this person and it was not recorded that they had a bath or shower throughout August 2016. We spoke with staff about this who were unable to confirm when the person had last received a bath or shower. A relative also raised concerns with us about the lack of baths their relation had received since they had been living at the home. They also commented on the person's level of hygiene which they described as, 'unkempt'. We looked in people's care plans and there was information included about whether people preferred baths or showers and how often they would like them. The home kept records as to when people had taken baths or showers. We looked at the records for August 2016 and there was no record to demonstrate that 12 people had received a bath or shower that month. We spoke with staff who told us there was a bathing rota in place and people received baths or showers in line with the rota. We spoke with staff about who should have had a bath on the morning of inspection and the previous day. Staff could not confirm if these baths had taken place. We spoke with a relative for one of these people. They told us, "I can tell they haven't had a bath, their hair needs washing and [person] would have told me if they had". This demonstrated people did not always received baths and showers as preferred.

People and relatives told us they were involved with reviewing their care. One person said, "There are meetings but I like my daughter to come and help me sort all that out, but I'm happy with the way they do things". A relative told us, "They keep me up to date with any changes and I am invited to meetings from time to time". We saw that care plans were reviewed and where possible people had agreed to any changes.

People told us they enjoyed the activities they participated in. One person said, "There's plenty to do here to keep us occupied". Another person told us, "I do lots of things here that I enjoy. Things that I used to do at home, like gardening". There was an activity coordinator in post who arranged activities on a monthly basis within the home. On the afternoon of the inspection there was a concert taking place. People were offered the choice to attend this or not. One person said, "We can have a sing a song it passes the afternoon its great". We observed during the concert people were clapping and singing and joining in. Other people were encouraged to pursue their hobbies and interests. One person had their knitting next to them on the table. They told us, "I used to love doing this, so the staff make sure it's always in reach". We saw that newspapers were available for people and people were watching television programmes of their choice.

People and relatives knew how to complain. One person said, "I would have a quiet word with matron". A relative told us, "I would be happy to follow the complaints procedure if needed". The provider had a complaints policy in place and a system to monitor complaints. We saw that when complaints had been made, action was taken and these were responded to in line with their policy.

Good

Is the service well-led?

Our findings

At our comprehensive inspection of Ashcroft Hollow on 16 and 22 July 2015, we found that there were no audits to check the quality of the care to drive improvement. At this inspection we found that suitable systems were in place.

We saw that accidents and incident were recorded within the home. The registered manager had introduced an action plan for each form to ensure action was taken and improvement made. For example, we saw that a person had fallen. The action taken was that a referral had been made to the falls enablement team and the checks for this person were increased. This showed us accident and incident forms were reviewed and action taken to minimise the risk of further occurrence.

Quality checks were completed at the service. This included checks on medicines, infection control and care files. Where concerns with quality had been identified the provider had used this information to make improvements. For example, we saw that a medicine error had been identified. An action was set. We saw records that the registered manager had met with the person to discuss this error and ways to minimise this reoccurring. This demonstrated that action was taken to bring about improvements.

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, "Yes I would whistle blow, no question if I saw something inappropriate". 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 the concern addressed.

People and relatives surveys were completed annually by the provider. We saw the information that was collated from the last survey. Where concerns or areas for improvement had been identified the provider had taken action. For example, it was identified through the survey that more choice could be offered at the evening meal. We saw records that the registered manager had met with the kitchen staff and discussed this. The registered manger told us that the choice at the evening meal had now been expanded. The menu planner reflected this. This demonstrated that the provider sought the opinion from people who used the service to make changes.

People and relatives we spoke with knew who the manager was. One person told us, "She is about most days; I would not have a problem approaching her". 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 can say what we like". 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.