

Ashfields Care Limited

Ashfields Care Home

Inspection report

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22 February 2017
06 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 and 9 December 2016 and breaches of legal requirements were found. The provider was in breach of regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action against the provider in relation to regulation 12 and 17.

We undertook this focused inspection to check that they had made improvements in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to confirm they now met that legal requirement. This report only covers our findings in relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfields Care Home on our website at www.cqc.org.uk.

We inspected the service on 22 February and 06 March 2017. The second visit was specifically to look at end of life care. Both inspection visits were unannounced. Ashfields Care Home is a nursing home which provides support and nursing care to up to 46 older people, some of whom live with a dementia related condition. Two beds in the service are designated enhanced beds for people who are nearing the end of their life. On the days of our inspection visits there 41 and 40 people respectively, were using the service.

The service had a registered manager in place at the time of our inspection. 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.

Improvements had been made in all aspects of the care we looked at. People were supported to maintain their nutrition and hydration. People receiving end of life care could be assured this would be managed effectively and without unnecessary discomfort and pain.

Some improvements had been made in relation to aspects of the assessment and planning of people's care and support. People were supported by a caring and compassionate team of staff who responded to their needs in a timely way and were able to facilitate activities.

During the inspection we found the service met the breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not completely effective.

Improvements had been made in relation to people being supported to maintain their nutrition and hydration.

We could not improve the rating for effective from requires improvement because not all key lines of enquiry were inspected. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Improvements had been made in the service. We could not improve the rating for caring beyond requires improvement because not all key lines of enquiry were inspected. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Improvements had been made in relation to aspects of the assessment and planning of people's care and support. Staff were more responsive to people's needs. We could not improve the rating for responsive because not all key lines of enquiry were inspected. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Ashfields 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.

We undertook an unannounced focused inspection of Ashfields Care Home on 22 February and 06 March 2017. This inspection was carried out to check improvements had been made as planned by the provider in order to meet legal requirements following our inspection on 8 and 9 December 2016. The team inspected the service against three of the five questions we ask about services: is the service effective, is the service caring and is the service responsive. This is because the service was not meeting some legal requirements. On the first day of the inspection the inspection team consisted of three inspectors and on the second day one inspector and a specialist advisor who specialised in end of life care.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service.

During the first day of our inspection visit we spoke with three people who used the service and the relatives of two people. On the second day of our inspection visit we spoke with two people who used the service and three relatives.

On the first day of the inspection visit we spoke with five members of support staff, a qualified nurse, catering staff, the registered manager and the provider. We looked at the care records of six people who used the service. On the second day we spoke with the provider, the registered manager, the newly appointed clinical lead/deputy manager and one qualified nurse. We reviewed the records of three people.

On the first day of the inspection visit 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.

Is the service effective?

Our findings

When we inspected the service on 8 and 9 December 2016 we found that needs in relation to nutrition were not always assessed and planned for to ensure people were supported to eat and drink enough to maintain their health. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this visit we found the required improvements had been made in relation to supporting people to eat and drink enough.

The registered manager told us that since our last visit there was an extra member of staff on duty who was responsible for overseeing mealtimes to ensure people received the support they should. We observed lunch and saw this member of staff was present and the lunch experience was much better than when we last visited. The atmosphere was calm and staff were organised. We spoke with the member of staff who was overseeing mealtimes and they told us, "Staffing levels are much better now and this is having a big impact on meals and everything." Other staff described lunchtimes as having, "Got better" and being more organised.

One person, who was underweight, who we had concerns about at the last inspection was given appropriate support during this visit. Their nutrition plan had been expanded to include detail of how staff should support them to eat more. There was specific guidance for staff, for example to provide the person with a teaspoon and to prompt if the person was not eating their meal. We observed staff followed all of the guidance in the plan and the person was given the teaspoon and staff gave prompts when needed. At one point the person stopped eating their meal and staff offered to give assistance and this was accepted. Staff were recording the person's food intake and monitoring their weight in line with guidance in their care plan. Another person's plan stated they were now more independent with eating their meals and we observed this to be the case and saw staff offer regular encouragement when it was needed.

We observed other people being supported with their meal and saw they were given appropriate support where needed and where people were on specialist diets these were catered for. People who chose to eat in their rooms had their meal taken to them and assistance was provided with eating their meal when needed. We heard one person say to the cook when they had finished their meal, "Thank you for my dinner it was very nice."

A fridge had also been installed in a communal area with snacks for people and for relatives to take and support their relation to eat in between meals. We looked at the care plans of three people who were at risk of weight loss and needed support from staff. The care plans had been improved to include details of the support staff would need to give to meet the needs of the individual. This included frequency of weights, food intake monitoring and any referrals which might be needed.

We saw people were regularly offered hot and cold drinks. A mid-morning hot drink included a choice of light snacks, including a selection of chocolates. The registered manager said these had been well received by people and had the added benefit of providing them with additional calories. A staff member went to fetch one person a yoghurt when they were not eating any of the snacks on offer. We also heard care and

kitchen staff discussing what would be best for a person to have that they could swallow easily.

The registered manager had implemented a weight tracker and was monitoring people's weights to ensure appropriate action was taken if any risks were identified. They were also in the process of implementing a new system to use moulds, to make food more appetizing for people who were provided with a soft diet. There was training booked for catering staff and the registered manager told us they would then start to introduce the moulded food which would resemble the food the way it was before it was pureed. Specialist crockery had been ordered with the intention of supporting people living with a dementia related condition to eat independently. The registered manager told us they were holding discussions with a relative of a person who used the service and wanted to engage them as a volunteer to further improve the dining quality experience. Discussions had also been held with people who used the service and their relatives in relation to nutrition and the dining experience and an action plan put in place. For example, people had asked for input into the new menus and this was being set up with catering staff.

This showed the registered manager and the provider had made the improvements required in relation to supporting people to maintain their health with the help of adequate nutrition. As all key lines of enquiry have not been assessed the rating remains unchanged.

Is the service caring?

Our findings

When we inspected the service on 8 and 9 December 2016 we found that needs in relation to end of life care were not always assessed and planned for to ensure people were supported to end their life pain free and with dignity. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we found the required improvements had been made in relation to supporting people with pain relief and to ensure people ended their lives in a dignified manner.

The service offered an 'enhanced' provision of retaining two beds for people who were discharged from hospital to receive end of life care in the community. These were commissioned by the Clinical Commissioning Group on behalf of the local NHS Trust.

We looked at how the service supported these people. An important part of this care was pain management we looked at how three people were or had been supported in this.

Those people who were able to speak to us told us they were happy with how their pain was managed and the relatives of another person said they were, 'More than happy,' with how [relative] was cared for.

One person's care and pain relief, in particular, was very complex. This was due to their many allergies to the most used and most effective pain relief medication. We spoke with them and reviewed their notes including their medication administration chart (MAR). They said they were happy with the pain management. They said they would like to be without pain but understood to have the active life they now enjoyed they could not always be completely pain free. They also said when they wanted pain relief staff responded quickly both during the day and at night.

One person's pain management had included a recent four week hospital admission to a specialist ward for review of their medication to ensure they had been offered optimum pain management. The person had expressed a wish not to return to hospital. To meet this request the service liaised with the local commissioning team, community health professionals including the GP and the Macmillan Nurse. Their relatives were aware of and understood the complexity of the situation and were confident the service were providing the best possible care. Relatives confirmed their relative was involved in their own pain management and their wishes were respected in relation to balancing pain relief with an active life.

This person's pain relief was well documented as were their allergies. The provision of oral pain relief medication was given regularly as prescribed together with a quick acting medication for breakthrough pain. We saw this was reviewed regularly using a continuous assessment chart. This chart was used for all people who were receiving end of life care. The continuous pain assessment form documented staff had checked regularly on the person during the night and recorded 'asleep' and not disturbed them. The chart showed that when breakthrough pain relief was administered staff used a numerical pain assessment score pre and post administering pain relief to assess if the medication was effective. The documents reviewed

indicated pain relief was administered with effect. Staff were aware if a person's pain did not respond to medication administered they liaised with the specialist palliative care staff and obtain advice.

Relatives we spoke with said they had unrestricted visiting if their loved ones condition deteriorated. Relatives were welcome to stay with their relatives as they approached the end of their life. Relatives we spoke with confirmed they were consulted in their relatives care decisions and plan of care.

Staff we spoke with were very passionate that they wanted to give the best possible end of life/palliative care possible. They felt they were supported to do this by colleagues, the registered manager and the provider. We saw that people's spiritual needs at the end of life had been considered.

On the first day of our inspection visits we saw there was a new team of nurses working in the service and we received positive feedback prior to and during our visit about their caring approach. A relative told us, "The new nurses are brilliant" and added, "They explain things to you and are always on hand. They anticipate things." They also told us that the registered manager was a "Real asset" and they "Work ever so hard." A health professional involved in the service described the new nurses as being engaged with the service and working to improve standards of nursing care. They told us they felt they could approach the nurses and the registered manager with any issues and had confidence these would be acted on appropriately.

We observed other people being given support from staff throughout the day we visited and saw many examples of positive interaction. Staff were engaging in a game of skittles and people were chatting and laughing during the game. Catering staff joined in at one point and there was a happy exchange of banter and laughter from one person who used the service during this exchange. We also saw people encouraging each other when it was their turn, as well as enjoying a bit of competition in order to win a prize. One person who used the service told us, "I have lived in other places and this is the best. I wouldn't go anywhere else." A relative told us, "I can't fault it. The staff are caring."

We observed staff supporting a person to move from a chair to a wheelchair with the use of a hoist and staff gave reassurance to the person and showed compassion throughout making sure the person was involved, saying things like, "Are you ready to go up." One person was struggling with their meal at lunchtime and a member of staff said in a kind voice, "[Person] would you like me to help you?" The person accepted help and the staff member helped them to finish their meal. A relation we spoke with told us that staff were lovely to their relation and that there was a, "Brigade of very good staff". They told us, "If you want to spend some time watching love and care go and sit in the lounge at Ashfields."

One person told us that the care they received was, "Perfect". They told us they felt like they were loved and cared for and said the registered manager frequently visited them and was, "Very kind." They affectionately described the nurse who cared for them and told us they, "Really loved" the nurse. This person also described the registered provider as being kind and told us they brought a newspaper in each day and had responded to a request they made to have some entertainment equipment installed and got it fitted straight away. A relative told us the provider, "Had his heart in the right place." They told us how they had seen the provider bring some mementoes back for one person when they had visited the region they had been brought up in, including a local newspaper. They told us this had made the person, "So happy."

The provider had made improvements in relation to supporting people to orientate themselves in the service. Attractive signage had been sourced and fitted and this would make it easier for people to find their way around the service. Individualised signs had also been ordered for people's bedroom doors. A relative told us they had been impressed with the improvements that had been made to the décor of the home. They described it as welcoming and modern.

As all key lines of enquiry have not been assessed it is not possible to change the rating beyond requires improvement.

Is the service responsive?

Our findings

When we inspected the service on 8 and 9 December 2016 we found that needs in relation to people's care and support were not always assessed and planned for to ensure people were cared for safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we looked at people's care plans and found they had been developed since we last inspected the service. One person who had a lack of care plans in relation to their health needs now had care plans in place detailing their health needs and how they needed to be supported with these.

There were care plans in place for three people who were at risk of developing a pressure area and these gave staff guidance on minimising the risk of this. All three detailed that the people should be supported to change their position on a regular basis. We looked at the records kept to show this was being done and we saw the position changes were recorded as specified in the care plans of two of the people. For the third we saw that the positional changes were recorded through the day but not during the night. The registered manager assured us this would be addressed following our visit.

One person who had a risk in relation to their mobility now had information in their care plan detailing how staff could reduce the risk of falls. However, we found they had recently had a fall out of bed. Although a crash mat had been put in place to reduce the risk of injury if they fell from bed again, a sensor mat was not in place to alert staff to such a fall. The registered manager addressed this on the day of our visit and updated the care plan to reflect the need for a sensor mat.

Staff described the way they ensured one person had the assistance they needed with their personal care. They knew ways that encouraged and comforted the person at times when they were known to become agitated and told us this was what all staff did. However, these methods were not described in the person's care plan. We discussed with the registered manager the need to further develop the plans to include how staff would recognise people's health needs were deteriorating and what to do, for example in relation to epilepsy and diabetes, and to keep these under constant review.

Care workers confirmed they felt that people's electronic care plans now contained a lot more information and they had got used to using these. They told us that they made sure people had the care they needed and dealt with any reminders generated by the electronic system when they were able to without affecting people's care. Staff had received further training in the use of electronic care plans since we last visited the service. Staff told us the provider and registered manager were very proactive in developing the service and had purchased a lot of new equipment recently and they felt they had all the equipment they needed to meet people's needs.

Staffing had been increased and a clinical lead/deputy manager had been recently appointed. This meant nursing staff could have in-house supervision and direction. We spoke with this staff member and found them to be knowledgeable and experienced in end of life care. They spoke of their plans for developing the service and training staff. This included the introduction of reflective practice to look at care given to people

at the end of their life. To seek to learn lessons from this and to introduce a constant improving model of care.

Staff generally were being given more leadership since we last inspected the service and we observed this resulted in staff being more responsive to people's needs. There was a member of staff designated to the main lounge in the service and we observed this worked well and provided people with a focal point to ask any questions and someone who was on hand to attend to any needs promptly. For example, when one person spilt a drink the staff member was on hand to clean this up.

This member of staff spent time with people facilitating activities and ensuring they had their requests and needs met. Staff we spoke with were familiar with people's needs and care plans had been extended to include people's preferences and details about their life and what was important to them. Staff told us the recent increase in staffing had meant they did not feel so rushed and felt able to sit down and spend some time talking with people without feeling guilty they were leaving other staff to do all the practical tasks.

We saw information about preferences had been used to develop the care plans since we last visited and this meant staff had more information to enable them to provide care and support in an individualised way. Staff told us that people now had a lot of one to one time which they enjoyed. They told us how one person had come on "In leap and bounds" over recent weeks. They told us how their independence had increased in a number of ways, for example, they no longer needed much assistance to eat their meals.

There were two activities coordinators employed who usually organised the daily activities programme. On days when the hairdresser visited the home the activities coordinator was responsible for organising people to come and go from the home's designated hairdressing salon.

They also told us about recent trips out that had been organised, including going to the cinema, having meals out and visiting a garden centre. One staff member told us they had accompanied one person to the local library so they could do some research on their family history. They also spoke of a birthday party that had been organised to celebrate a significant birthday for one person.

Staff told us that if there was an occasion coming up, "They will celebrate it". They told us they had recently celebrated Chinese new year, Valentine's day and Burns night. Staff told us they were in discussions about organising a regular fish and chips night and there were notices displayed showing forthcoming events. These included a pizza making day and plans to celebrate the traditional Pancake Day.

As all key lines of enquiry have not been assessed the rating remains unchanged.