Care Quality Commission

Warmest Welcome Limited

Ashgrove House

Inspection report

116 Manygates Lane
Wakefield
West Yorkshire
WF2 7DP

Tel: 01924255540

Date of inspection visit:
12 September 2017

Date of publication:
01 November 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection of Ashgrove House took place on 12 September 2017 and was unannounced. The home was previously inspected in June 2016 and rated requires improvement. The provider was in breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 due to issues with medication. The registered provider had submitted a comprehensive action plan to remedy these breaches. During this inspection we checked to see whether improvements had been made.

Ashgrove House accommodates up to 30 older persons, the majority having either dementia or mental health care needs. The property is an adapted detached Georgian house. The service is owned by Warmest Welcome Ltd and is located in Sandal near Wakefield city centre, which is easily accessible by public transport. On the day of our inspection there were 24 people in the service, three of whom were on respite.

There was a registered manager in post on the day of the 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.

People and their relatives told us they felt safe, partly due to the availability of staff but also because staff were attentive to the smallest of risks, especially around falls management. Risk assessments provided detailed guidance for staff which we observed being used in practice.

Medication administration was much improved from the previous inspection. However, we found some issues with stock levels of supplement drinks which had been identified by a recent home audit and 'as required' guidance was not as detailed as it should be.

People were supported appropriately with nutrition and hydration, and were able to access other health and social care services as needed.

Staff had received relevant and detailed supervision along with regular training on key topics to ensure they followed best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff to be caring, kind and patient with people, clearly knowing everyone very well. There was plenty of positive interaction between people and staff, helping to promote a positive atmosphere in the home. We saw people's dignity was promoted such as ensuring they were dressed appropriately and had their personal effects with them. Privacy was also respected as staff spoke discreetly to people in need of assistance.

There were many and varied activities in the home which we saw people really engage in and people, relatives and staff spoke highly of all the opportunities available to join if they wished to do so.

Care records evidenced people's needs and were regularly reviewed. Staff had detailed guidance around people's preferences and how they were to support a person safely.

The home had not received any complaints since the last inspection but we saw the policy and procedure was clear and available.

The home was well led by a competent registered manager, supported by the Director of Care and provider who offered regular visits and support as needed. Staff felt valued and were confident if concerns were raised these were dealt with promptly and appropriately.

Quality assurance processes were detailed and showed any discrepancies were highlighted and action plans generated. In most instances, we saw these were completed effectively and reviews took place to ensure there were no further issues.

There was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to issues with stock control of supplement drinks and insufficient information on 'as required' medication protocols. 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?

Requires Improvement

The service was not always safe.

Administration of medication had improved but we found issues with stock control of supplement drinks and a lack of guidance for staff with 'as required' medication.

There were robust risk assessment procedures in place which we observed being actioned and people told us they felt safe.

Staffing levels ensured people's needs were met promptly.

Is the service effective?

Good

The service was effective.

Staff were supported with regular supervision and training.

The home was meeting its requirements in regards to the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards.

People's nutritional and hydration needs were met, along with any health concerns which were actioned promptly.

Is the service caring?

Good

The service was caring.

Staff demonstrated kindness, compassion and knowledge of people, and were attentive to small details.

People's dignity was promoted and their privacy respected.

People were involved in the receipt of their car support as much as possible.

Is the service responsive?

Good

The service was responsive.

People were engaged and occupied during much of the day, and enjoyed each other's company.

Care records reflected people's needs and provided sufficient guidance of staff.

There had been no complaints but there was a clear policy in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

The home had a positive, lively and friendly atmosphere and people looked happy.

Staff spoke of high levels of support and feeling valued, and where there were issues confident these were dealt with well.

The quality assurance processes were in depth and provided effective scrutiny. The issue with the medication concerns had been identified but not fully resolved at the time of the inspection.

Ashgrove House

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 checked 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 took place on 12 September 2017 and was unannounced. The inspection team consisted of two adult social care 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.

Before the inspection the provider 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. This information was also used to assist with the planning of our inspection and to inform our judgements about the service. We also checked information held by the local authority safeguarding and commissioning teams.

We spoke with 17 people using the service and three visitors. We spoke with seven staff including one senior care worker, two care workers, the activity co-ordinator, a kitchen assistant, the registered manager and the Director of Care. We also spoke with a visiting GP.

We looked at three care records including risk assessments, three staff records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection the provider was found to be in breach of Regulation 12 HSCA 2008 (Regulated Activities) 2014. We observed on this inspection, medication administration practice was safer. People were supported to take their medication safely and in an appropriate manner. For example, people were guided when tablets needed to be chewed. People were asked if they were in pain and pain relief offered where it was timely to do so. Staff received in-depth medication training every three years and annual refreshers. Their practice was also observed as part of the monthly medication audit conducted by the registered manager, and medication competency assessments were also conducted periodically. Where issues were noted, staff were retrained.

We checked stock levels of controlled drugs and found these corresponded with the records. Room and fridge temperature checks were completed and were within required limits, ensuring medication was stored safely. The number of tablets administered out of blister packs corresponded with the medicine administration record (MAR), and we saw time specific medication was given correctly in line with prescription requirements. MARs included the person's photograph to aid identification and information relating to any allergies.

However, we found inconsistencies in the records relating to fortified drinks prescribed for people at nutritional risk. Stock levels appeared higher than records showed. One person's MAR dated July 2017 showed 24 more bottles had been given than was recorded on the running stock total. The August 2017 MAR showed 32 bottles had been carried forward with no evidence of a further delivery and yet 36 had been administered. This was repeated for September 2017 where 32 had been delivered and yet 34 administered. When we checked the building there were a further 38 bottles in situ which were not recorded on the MAR. Another person's MAR for August 2017 indicated a similar issue as they had only had 22 bottles delivered and yet been administered 51. This discrepancy had, however, been identified in the home audit completed by the provider on 23 August 2017 and was in the process of being corrected with the number of bottles being logged rather than the amount of liquid in them which was where the errors had originated.

There were also issues with the information in PRN (as required) protocols which provided guidance for staff as to when to administer such medicines. In one it was recorded "one or two four times per day when required' without any further indication for staff of 'when required' meant, and in another "staff can tell by [name's] facial expression and body language." However, there was no specific information as to how this person showed they were in pain. A further person had a spray due to suffering with angina but we could not see a protocol in place despite the person having variable mental capacity. This is a breach of Regulation 12 HSCA 2008 (Regulated Activities) 2014 as the detail was insufficient to ensure medication was given when needed.

One person told us, "I feel safer than in my own home because there are always staff present." Another person echoed this view, "There's always staff to help me so I don't fall." This person's relative told us, "When they first moved in they asked whether [name] had had any falls. When they found out [name] had, they did a plan to limit the risk of it happening again." Another person told us about a recent fall they had

had, "Staff were so kind, they got me up and called the doctor to look at my leg. The carers could not have done more - they make me feel safe all the time." Staff were able to explain the possible signs of abuse and how to report such concerns.

One person told us, "Sometimes I want to go to bed early. If there are enough carers free, they take me to bed early but sometimes I have to wait." However, we observed staff respond promptly to meet people's needs. One staff member explained, "We usually have three carers, a senior and the manager. We can mostly get to people when we need to. It's very rare we can't meet someone's needs on time." Another told us, "There's always enough staff on shift." Staff rotas evidenced shifts were sufficiently covered and staff retention was good.

We looked at staffing records and found that all appropriate checks had been carried out. References were obtained and followed up if further information was required and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staff monitored risks pro-actively. We heard one staff member say, "Wheel the frame, don't lift it" to ensure a person was moving safely. Another person was supported later to leave the lounge safely, ensuring they had their balance before moving. One staff member told us how they had raised concerns about a person's ability to use equipment safely and this was promptly reassessed. They said, "Staff are vigilant and we have the right equipment."

We found person specific risk assessments in people's records which reflected their current needs. People's nutritional risk was assessed as were their risks of choking, falls and moving and handling needs where applicable. The impact of the number and variety of risks also aided identification as to a person's dependency level. Where risks were identified measures were put in place to minimise this such as ensuring a high calorie diet or close monitoring with food in bite size pieces if at risk of choking. We also saw prompt follow ups if a new concern was identified with swift assistance sought. Moving and handling assessments contained very detailed information about both method and equipment to be used which showed significant improvement from the previous inspection.

Accidents and incidents were recorded in depth and post incident observations completed which indicated where people had developed bruising by completion of a body map or required pain relief. Where necessary, other bodies had been informed such as the local authority or the Care Quality Commission.

People had personal emergency evacuation plans in place which provided clear guidance for staff as to the person's level of need based on their physical and mental health. Fire records evidenced weekly checks of alarms and all fire equipment, and monthly fire drills with details of the actions staff took.

Equipment had been appropriately checked including under the Lifting Operations and Lifting Handling Equipment Regulations (LOLER) 1998. Regular additional internal checks were also conducted on pressure cushions, mattresses and bed rails including other room checks. It was evident where an issue had been identified action was taken to swiftly resolve the problem. Staff were provided with detailed guidance including photographs showing how checks were to be conducted.

Infection control practices were in evidence as disposable gloves were worn while administering eye drops for example, and promptly disposed of afterwards.

Good

Is the service effective?

Our findings

One person told us about how "Catering staff make sandwiches if you have a hospital appointment at dinner time (so you don't miss your dinner)." Another person said, "I like the meals – breakfast is a bit basic but at lunchtime I'm allowed to have a beer with my meal." One relative told us their relation's food preferences were obtained on admission to the home and these were duly supported.

People had access to regular drinks and their preferences were always sought, such as if they wanted sugar in their drinks. Food and fluid charts were kept for people at nutritional risk, and were analysed at the end of each shift to ensure people had received adequate amounts. Where risks were noted, follow ups with appropriate professionals followed. Staff told us, "People get enough to eat and drink. They can have what they want." We observed people have their main meal in the dining room which was pleasantly set out with tablecloths and condiments. Most people chose to eat in the dining room and others were supported in the lounge or their rooms as per their choice.

Staff told us they had received an induction which covered all key aspects of the role including health and safety, infection control, dignity in care, moving and handling and safeguarding. One newer staff member told us, "I did shadow for a few days. I was an extra on the rota." They said they were introduced to all people in the home at the time and received practical training as well as theoretical. The provider had a staff development programme which showed a clear direction for all staff working for the organisation with regular reviews to incorporate changing requirements such as legislation or best practice.

Staff also spoke of the plentiful supervision and training which helped them in their role. One staff member said, "They ask how you're doing and they let us know how we're doing. They give us training if we ask for it (over and above the usual things)." We saw all supervision and training was current, and where training was due to expire soon, further sessions had been arranged. Supervision sessions had included nutritional risk management, infection control and medication administration where applicable to their role. Staff had also participated in annual appraisals where they evaluated their performance and received feedback from their line manager on their key achievements.

People told us how they were supported to make choices and felt listened to. One person said, "I had a meeting with the manager to talk about my care. I felt I was listened to and we altered the timings of my leg exercises." Another person told us, "I have regular meetings with the manager. I like to be in control and the manager lets me."

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.

We found evidence of mental capacity assessments based on an initial cognitive assessment to determine if further assessment was required. Not all of these subsequent assessments were not decision-specific and incorporated more than one decision at a time. We brought this to the attention of the registered manager who agreed to review as soon as possible. Where people lacked capacity, the registered manager had sought information about whether the person had a Lasting Power of Attorney and for which aspect, and proof of the registered documentation was in the person's care record.

Where a person was unable to assess the level of risk to themselves or others this was recorded, and staff were instructed to make a decision in the person's best interest and involve other parties as relevant depending on the complexity of the decision needing to be made. Best interest decisions were recorded although did not always show evidence of dates and times issues were discussed with other people such as relatives or the person's social worker. We saw these assessments were reviewed on a monthly basis to ensure they were still appropriate.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were aware of what action they could take if a DoLS was in place, however not all were familiar with who had one in place. One staff member said they would seek clarification at the earliest possibility. We saw the home had three DoLS in place and a further ten pending authorisation from the supervisory body.

We observed a safety gate in someone's doorway. We checked their care file and saw this has been agreed with the person. and they told us they were happy with this arrangement.

We discussed the home with the local GP who was visiting for their weekly clinic. This helped provide a regular and consistent overview of people's health needs and supported the home with prompt action where needed. They told us, "The home are very responsive to changes in people's presentation and make appropriate referrals." They stressed staff followed advice well and felt confident in the leadership of the home as it was always the same staff available who actioned any changes.

Where people had specific needs, we saw necessary referrals to services such as the dietician and this advice had been implemented, with detailed guidance for staff in people's care notes. Handovers between shifts were verbal and all staff were made aware of significant issues and any forthcoming events such as GP or hospital visits. The registered manager agreed written feedback was necessary for key issues.

The home was being extended to provide additional rooms and an improved social space. There was appropriate signage to assist people in navigating around the home and we found no malodour as the home was very clean.

Good

Is the service caring?

Our findings

One person told us, "The nurses are cracking and really look after me. You could not find a better set of nurses if you tried." Another said, "The carers get me everything I need." A further person commented, "I was always afraid of ending in a home but this is so homely and the staff so caring that I am really happy here."

People were also keen to tell us how caring staff were. Comments included, "The carers are really gentle getting me ready for bed," "The carers are really kind and gentle" and "When I first came, I was really lost but everyone was so kind and efficient that I settled in really quickly." Relatives also told us staff were kind and compassionate. One relative told us, "Staff are so gentle. When they help [name] out of their chair or into bed, you can see their kindness."

One relative commented, "The manager has regular chats with me and [name], and stuff gets sorted out then. Stuff like keeping [name's] weight up and getting them walking again." Another relative stressed, "They will talk to me about [name] but they will only do what they say and not me, which is good because [name] is very independent."

Staff clearly knew people well, addressing each by their preferred name. Staff paid attention to details including people's personal belongings and ensured people had their handbags or newspapers with them. We observed one person had misplaced their handbag and two staff promptly went to find it and returned it in a kind and patient manner. Another person had a hospital appointment later in the day and one staff member spoke to them checking they were fine about this and had everything they needed ready.

One person advised us, "When I got here, I could not walk but they gently helped me to walk again. I owe them so much." Another person also told us how staff also supported them to be independent; "They are helping me to walk more. It hurts to walk but their encouragement and kindness make me try harder."

Staff members knew how to protect a person's privacy and promote their dignity and discussed various measures they would use such as ensuring doors were closed and making sure clothing was correctly adjusted. We observed staff paying attention to this detail. One staff member told us, "I always make sure people are OK with what we're doing, I always explain. I always talk to people when helping." We saw one staff member crouch down and speak to a person in the communal lounge, very discreetly asking how they were and if they were comfortable.

People had links to a local church where the vicar and parishioners often visited the home and people could partake in a church service if they wished. The registered manager spoke with us about the local GP who had strong links with the home and was developing a 'band of champions' to provide support for people in the home to go out for local walks and trips in addition to what the home already arranged.

Some care records contained evidence of people's end of life wishes where it had been possible to obtain these. This helped the home to focus the delivery of the care in line with the person's wishes should this time arrive. The home advertised the contact details of a local advocacy service so people could seek extra advice if needed. The registered manager explained one person had regular visits from their advocate to ensure everything was still satisfactory.

Good

Is the service responsive?

Our findings

One person said, "Sometimes I nap during the day and prefer to go to bed later. Generally the nurses leave me until last at bedtime." One relative confirmed their relation's bedtime routines were gleaned on admission to the home and were respected.

People spoke with us about their enjoyment of the activities. One person said, "I like the games. The throwing games make my arms ache but I enjoy the games with balloons." Another commented, "At first I thought the games were silly but now I've got used to them, I really enjoy them." A further person said, "The games are one of the best parts of living here."

Staff also commented on the frequency and variety of activities with one staff member saying, "There's plenty for people to do." Another told us how people were supported to visit the local castle and enjoyed 'coffee and buns'. The home continued to employ an activities co-ordinator and they arranged a variety of games and tasks for people to do. We observed people throwing sponge balls in to a hat to improve co-ordination and aim, and create a competitive feel as people's scores were kept. People later played a game of 'batting the balloon' taking it in turns to alter who they sent it to and promoting companionship by trying to keep the balloon off the table for periods of time, again generating positive discussion and involvement. People were engaged and interested in what they were doing.

Care records were detailed and thorough, reflecting people's current needs. Life story books had been completed with information about a person's life and experiences including their family tree and family birthdays. People's cultural and spiritual needs were recorded including dates with special significance.

Care plans were in place for communication, eating and drinking, personal care and dressing, mobilisation, sociability, skin integrity and capacity among other areas. People's specific needs were noted and their preferences where applicable. In one record a person's frequent refusal to eat was noted but it advised staff to offer reassurance and not make it an issue which had the desired outcome. Another record noted how a person spoke quietly so staff were to ensure a quiet and calm environment was provided where necessary.

Daily notes were completed at regular intervals and included information about a person's activities, mood, and general wellbeing in addition to the practical support which had been provided. Where needs had changed, care plans were amended accordingly. We saw records were reviewed on a monthly basis but there was not always clear evidence as to how people and their relatives had been involved. The registered manager agreed this would be reflected better in records.

One person said, "If I'm upset I just let them know." All people we spoke with would not hesitate in raising any concerns with the registered manager. One person told us they had made a complaint, "I just spoke to the manager and they fixed it." A relative echoed this and told us, "The manager is very approachable and is really switched on to customer service." We looked at the complaints log but found no complaints had been received since the date of the previous inspection. The registered manager confirmed this. However, we saw there was a robust policy in place which ensured people had access to an advocate if needed and a full review of a person's needs would also take place within six weeks of the final outcome of the complaint.

The home also had compliments log and comments included, "Thank you so much for looking after my [relation]. You showed them kindness, dignity, and most of all love. Ashgrove became their family and I am so glad that the last few years they were loved very dearly" and "Thank you for the care of my [relation]. Your time and consideration to their last days made a terrible situation for them and ourselves bearable."

Requires Improvement

Is the service well-led?

Our findings

People spoke of how much Ashgrove House felt like their home. One person said, "It's my home and I love the games and the chat with other people. I was very lonely before I came here." In a provider visit record from July 2017 one person had stated, "It's a very friendly, homely home." A relative stressed how happy they were with the care and how well staff were looking after their relation. One staff member we spoke with told us, "Everything is running smoothly here. It's a good company to work for and we have a good relationship with the boss. We have everything in place which is needed."

One person living in the home told us about a questionnaire, "There was this form that came around which asked our opinions. I'm not sure if anything happened because of it" although they did not indicate if they had raised any concerns. Another person said "Sometimes we get asked our opinions on forms. I prefer just to say what I think to the manager."

Staff felt supported by the registered manager who they described as "approachable and involved." One staff member said, "If there's any problem with residents, they'll come out and help." Another staff member said, "The manager is fantastic. They're helpful and they care." This was also the view in regards to the Director of Care who visited the home often. Staff felt they could discuss any concerns with them. One staff member said, "I would recommend Ashgrove - we look after people and we do everything we can for people." Another told us, "It's a good place to work."

We saw evidence of regular staff meetings. One occurred during the afternoon of the inspection where we observed full staff participation and the opportunity to discuss relevant issues. Topics included new staff, training, the progress of the extension as the home was in the middle of building work, policy and procedure reminders, care plan evaluations and other relevant documentation. Previous meetings had included commendations for staff on high standards of care delivery and discussion of what constitutes good practice including dignity and respect. Feedback from audits was also shared with staff so they understood key messages. One staff member said, "Things get done" when asked about the importance of staff meetings.

In addition to the meetings, staff also received monthly newsletters which included lessons learnt from inspections at the provider's other homes and the sharing of other pertinent information around day to day matters. This showed the provider and registered manager were keen to embed good practice and continually seek to improve their performance. Outcomes of the home's audits were also shared with staff, again providing clarity re expected procedures and practice. The registered manager stressed how supported they felt by the provider who visited often. They said, "They're never too busy to offer help."

There was a robust quality assurance in place. Health and safety was discussed at regular periods and included a review of accidents and incidents, ensuring new staff were fully trained, any environmental or equipment risks and fire drill reviews. These meetings were supported with detailed audits of each of the above areas showing what had been checked, by whom and what action, if any, was needed.

Other audits included infection control, medication, pressure sores, accidents, dining experience and equipment. The location, time and cause were all reviewed for accidents including the extent of the injury and any trends identified. These concerns generated revised care plans for staff to follow to minimise risks further and in some cases, referrals to other bodies for specialist input. The dining experience referenced people's views and where people had expressed a desire for a particular food, this was duly arranged. All views which had been obtained were positive with people commenting how lovely the meals were and how they received what they asked for.

The medication audits were completed on a monthly basis and explored receipt of medication, storage, administration and recording but we noted the August 2017 audit had not identified the issue with the food supplements nor the lack of clarity in the PRN protocols. However, this had been highlighted in the full home audit conducted by the provider on 23 August 2017. This was in the process of being actioned; the delay was due to senior staff's annual leave. However, other issues noted in the July 2017 audit showed relevant actions had been taken including further medication training for staff.

The provider conducted monthly home audits which included observations of both people and the premises, people's opinions about living in the home, conduct of staff and scrutiny of an array of records including care records and audits. Where issued were identified these were logged on an action plan with tasks allocated to people for completion within a specific timeframe. We noted most of these were completed in accordance with each plan.

We asked the registered manager what they felt had been their key achievements over the past year and they shared with us the positive feedback received from people and their relatives, staff retention was stable and staff were all committed to providing the best possible care. They were also looking forward to the completion of the extensive home improvements and increased space.

The home had their ratings and previous report on display as required under section 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 12 HSCA RA Regulations 2014 Safe care and treatment There were inconsistent records of stock of prescribed supplement drinks and 'as required' medication guidance for staff was not sufficiently detailed.