

Warmest Welcome Limited

Ashgrove House

Inspection report

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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? | Requires improvement |  |
| Is the service well-led? | Requires improvement |  |

Overall summary

We inspected the service on 5 and 6 May 2015. The visit was unannounced. Our last inspection took place on the 17 and 20 June 2013 and there were no identified breaches of legal requirements.

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.

There was 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.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). People's care records demonstrated that all relevant documentation was securely and clearly filed.

Summary of findings

There was little guidance for staff to follow about how to give medicines which were prescribed “when required” or where there was a choice of dose. Without this information people were at risk of not being given their medicines safely and consistently. We found this a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the way staffing levels were determined at the home. We found a total of two carers were on night duty. We found this was not enough to ensure people were safe at all times. Care is provided on three floors. The registered manager told us they had at least three people that required two members of staff to support them with care needs. This means other people would have to wait a long time if they wanted support whilst those people were being attended to. We found this a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found in people’s bedrooms the call system was not in reach for them to summon assistance/help. This put people at risk and we spoke with the registered manager about this, they said they would be instructing staff at once to ensure all service users have the call system within their reach. We found this a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Staff we spoke with told us they were aware of their responsibilities with regard to safeguarding people who lived at the home. They were able to tell us about the symptoms of possible abuse taking place and how they would report this.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service.

We looked at four staff personnel files and saw the recruitment process in place ensured that staff were suitable to work with vulnerable adults.

There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice.

We looked in people’s bedrooms and found people had personalised their rooms with ornaments and photographs.

Records showed that the provider investigated and responded to people’s complaints, according to the provider’s complaints procedure.

There were systems in place to manage, monitor and improve the quality of the service provided. The provider and manager showed a commitment to seeking feedback on the service in order for it to continually improve.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

We found a total of two carers were on night duty. This was not enough to ensure people were safe at all times.

We found peoples bedrooms call systems were not in reach for them to summon assistance/help.

Overall, there were effective systems in place to manage the control and prevention of infection.

Requires improvement



Is the service effective?

The service was effective.

People had regular access to healthcare professionals, such as GPs and dieticians. Prompt referrals were made when any additional health needs were identified.

People's nutritional needs were met. Records we looked at showed there was a varied and balanced diet offered.

The service was meeting the requirements of the Mental Capacity Act 2005. Staff understood how to support people who lacked capacity to make decisions.

Good



Is the service caring?

The service was caring.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

All of the staff we observed offering people support demonstrated a caring attitude.

Staff knew people's preferences, abilities and skills. Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

Good



Is the service responsive?

The service was not always responsive.

The service was not consistently meeting the social needs of all of the people who used the service.

Care and support plans were written with a person centred approach and ensured staff had clear guidance on how to meet people's needs.

Complaints and concerns were dealt with appropriately.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

The provider had not taken appropriate measures to protect people's confidential information.

There were systems in place to assess and monitor the quality and safety of the service. However this was not robust.

People who used the service, relatives and staff spoke positively about the approach of the management team.

Requires improvement



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 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 took place on 5 and 6 May 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a pharmacist inspector and a specialist advisor with a background in dementia care.

At the time of our inspection there were 28 people living at the home. During our visit we spoke with eight people who used the service, four members of staff, the registered manager and the director of the service. We spent some

time looking at documents and records related to people's care and the management of the service. We looked at people's care records. We looked at all areas of the home including the kitchen, people's bedrooms and communal bathrooms.

We observed care and support being delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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. We also reviewed the information we held about the service and also contacted the local authority safeguarding team.

Is the service safe?

Our findings

We looked at five case files; the paperwork system was understandable and easy to follow. Within the five case files we saw evidence of care plans based on various types of assessments.

Whilst examining one person's case file for evidence of other professional's involvement, we found four other peoples' hospital correspondences in a plastic wallet put in this person's case file. This was confusing and could have been unsafe as potentially important information being wrongly filed into the wrong case file. We brought this to the attention of the registered manager.

Within the case file, we saw that one of the sections in the care plan showed that the person had a diagnosis of Dyspraxia with detailed instructions of how to communicate with them; this was confusing as the person's symptoms would indicate Dysphasia. We enquired of the registered manager the confusion of the diagnosis and the relating instructions; they explained that when they "googled this was the diagnosis that was indicated." It appears that the person has dysphasia and although the instructions of how staff are to communicate with the person the diagnosis and instructions did not match. This could cause unsafe practice.

There was evidence of all risk assessments being undertaken including medication, malnutrition universal screening tool, waterlow, skin integrity and falls risk. We saw evidence of weight loss monitoring that showed a person had lost 10lbs in the past two months; the GP had been informed and any further weight loss was to be monitored as currently the person's BMI remained within acceptable levels.

At the time of our visit no one using the service was able to look after their medicines. All the medicines were looked after and given by trained care staff. The registered manager told us that before giving people their medicines staff always explained to them what their medicines were for.

Medicines were stored securely in a dedicated medication room which was clean and tidy. However the only access to the activities equipment room was via the medicines storage room. This meant that people who were not trained in medicines handling were able to freely access the medicines room. The manager said that they were

currently considering how to resolve this issue. We also found that creams were not stored securely in people's bedrooms. During the inspection visit the registered manager and director told us how they would ensure that creams were stored securely in the future.

The system for ordering medicines ensured that everyone had an adequate supply of their prescribed medication. There was a good system in place to ensure that medication which was unavailable from their normal pharmacy supplier because of a manufacturing problem was obtained from another pharmacy.

The records about medicines were generally clear and showed that people had been given the medicines they were prescribed. However the records did not show that they had always been given at the correct times with regard to meals and food. The staff administering medicines told us that the medicines had been given safely and according to the manufacturers' directions. The registered manager showed a good understanding about the different times medicines should be given and said they had arranged a meeting with the supplying pharmacy to help them ensure the records were more accurate. They will also ensure that the applications of creams are recorded to show that creams were applied as prescribed.

Some people were prescribed a thickening agent to help them swallow liquids without choking, there were no records made by staff that they had used the thickener. It is important the use of this thickener is recorded to ensure it is always used and that people are given drinks which are the correct thickness to protect their health. We saw that there was information on a board in the kitchen which showed which people needed their drinks thickening and how they should be thickened. This meant that if those people who needed thickened fluids went to the kitchen to ask for a drink the kitchen staff could give drinks safely.

There was little guidance for staff to follow about how to give medicines which were prescribed "when required" or where there was a choice of dose. Without this information people were at risk of not being given their medicines safely and consistently. We found this a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained that various checks were made to ensure medicines were handled safely and that

Is the service safe?

when failings were found they were addressed with the staff quickly to ensure they were learnt from and not repeated in the future. However they had not picked up on some of the issues we found.

In one person's file it showed they had a risk assessment for the use of bed rails due to them having dementia and risked rolling out of bed. There was involvement with their daughter regarding this decision. We saw a capacity assessment about this in place.

We looked in people's care records and saw where risks had been identified for the person, there were risk assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to mobility, nutrition and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Two members of staff spoken with were very clear about how to keep people in their care safe. They both explained what safeguarding was and how to report abuse. One member of staff told us they had reported an abuse that they had witnessed in the past, they told they had used the home's whistleblowing policy and was supported by management all the way to the subsequent court case.

An infection control policy was in place and staff were aware of, and followed its guidance. We observed most staff following safe routines using protective equipment such as gloves, aprons and hand gel.

Staff we spoke with told us personal protective equipment (PPE) was available. We saw an ample supply of gloves of various sizes around the home. All the bathrooms and toilets contained notices regarding hand washing procedures and had liquid soap and paper towels available. These measures promoted a clean environment for people and reduced the risk of the spread of infection.

We found there was a robust recruitment policy in place. Staff we spoke with told us they had filled in an application form, attended an interview and were unable to begin employment until their Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. We looked at four staff personnel files which showed detail of the person's application, interview and references which had been sought. This showed that staff was being properly checked to make sure they were suitable to work with vulnerable adults.

We discussed the way staffing levels were determined at the home with the registered manager. We found a total of two carers were on night duty. We found this was not enough to ensure people were safe at all times. Because care is provided on three floors and the registered manager told us they had at least three people that required two members of staff to support them with care needs. This means other people would have to wait a long time if they wanted support whilst those people were being attended to. The registered manager told us they were able to increase staffing when required and would always ensure that where the dependency of people increased, they would ensure staffing levels reflected this. We found this a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst checking the environment we found in eleven people's bedrooms the call system was not in reach for them to summon assistance/help. Three people's pressure mat was plugged into the call system. Which meant people would have had to get out of bed to summon help, in one case we found the pressure mat was placed outside the service user's bedroom. This put people at risk and we spoke with the registered manager about this, they said they would be instructing staff at once to remove them and ensure all service users have the call system within their reach. We found this a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us they had made two deprivations of liberty applications to the local authority. They also told us they had prioritised other people who they thought would need an application to be made in the near future. We looked at evidence which showed the registered manager had liaised with the local authority regarding future applications.

The Mental Capacity Act 2005 covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. We spoke with two staff about their understanding of the Mental Capacity Act 2005 and they were able to talk confidently about how it impacted on the way they cared for people. One member of staff said, "If someone lacks capacity to make one decision it doesn't mean they can't make any decisions at all. It's all about helping people to make their own decisions."

We spoke also with the registered manager about the use of bed-rails. Answers we received demonstrated that when people had capacity they were consulted on the use of bed-rails and understood the action was proportionate to the potential harm. Where there was a lack of capacity or the person's capacity fluctuated, family members were consulted before bed-rails were used.

The overall environment was homely and bright. The atmosphere was busy and friendly. We were told by the registered manager the home is in the process of improving its dementia friendly environment. On the day of the inspection the registered manager told us that a 'dementia advisor' had visited earlier to give them advice on how to make the home dementia friendly. The home had made efforts to accommodate those people with dementia.

There were signage on the doors indicating toilets, bathrooms; the dining room was particularly good as it had

pictures and a display of crockery and knife and fork. The home environment had been improved by installing handrails, adding contrasting toilet seats, bedroom doors individualised by name and numbers.

We found there were areas of the home's environment which would benefit from further improvements to ensure it became more dementia friendly. Signage could be improved by larger lettering and pictures in contrasting colours in bathrooms, dining room doors. Bedroom doors could be improved by painting in contrasting colours and personalising. However, the registered manager told us they were taking professional advice on further refurbishments.

The layout of the dining room was good as there were no barriers to free movement besides the tables and chairs. We found table cloths were contrasting to plates and dishes. The tables were at times laid by people who used the service; this is good practice by encouraging people to be involved with homely tasks. At the time of inspection we saw people moving around freely, whilst others were assisted by staff who spoke respectfully, friendly and encouragingly to those being assisted. All the bedrooms that we looked at were tidy and personalised.

There was evidence that people's nutritional status was assessed and people's weights were checked at least once a month. Information about people's dietary needs and preferences was recorded in their care plans. People living in the home told us the food was good, one person said, "I always enjoy my food, they give me what I want."

We found the lunchtime meal was a social event with the majority of people sitting together in the dining room. We saw people were offered a choice of meals and staff prompted people to eat their meal discreetly when required.

We were told by staff that part of the induction process was shadowing senior members of staff and they felt they had plenty of training. One staff told us they had appraisals every 6-12 months and informal supervision. They told us that the "manager has an open door policy and we can ask her anything and she is very supportive."

Another member of the care staff had worked at Ashgrove House for many years and gained National Vocational

Is the service effective?

Qualification (NVQ) and certificate in medication administration told us they had regular supervision and appraisals, and that written copies are kept in their staff file. We saw this when we checked the files.

The staff told us they always asked people's consent before they provided any personal care or treatment and continued to talk to people while they assisted them so they understood what was happening. We observed the interaction between care staff and people who used the service. We saw care staff asked permission from the

person who used the service acted in accordance with their wishes. This meant people's rights were protected because staff understood the need for people to give consent to care and treatment.

We saw people living in the home had access to a range of NHS services and the input of other healthcare professionals, such as district nurses, GPs and chiropodists was recorded in people's care plans. This showed people using the service received additional support when required for meeting their additional healthcare needs.

Is the service caring?

Our findings

We observed staff speaking kindly to people who used the service and communicated their intentions before attempting any tasks or assisting with eating and drinking. Staff were knowledgeable about the people they cared for. For example, knowing names and their family members.

Throughout our inspection we observed people being treated with dignity and respect. It was clear from our observations that staff knew people well and people who used the service responded positively to staff. A member of staff said, "Privacy and dignity just comes naturally, we knock on doors, we try to ensure people maintain their independence. We really try to get to know people."

Another staff said, "We encourage people to make choices about how they spent their time at the home and always ask them for their consent before assisting with their personal care needs." This demonstrated the staff had clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.

Within the five case files we examined, we saw that peoples' care plans showed preferences by recording i.e. 'Prefers showers not baths' and written evidence of instructions of how people like to be dressed and if they

like to have a hairdresser do their hair. We observed that all service users appeared to be appropriately dressed and groomed. People were asked throughout the day if they want anything i.e. hot drinks, cold drinks.

Staff spoken with said, "I love making people feel better" "I love my job and it's a lovely home" and "I like people relying on me to do my best", "I like feeling I'm helping people."

The registered manager told us there were no visiting restrictions and family and friends were encouraged to visit their relatives anytime. One relative told us "It's a very good home and the staff are very nice." They went on to say "I have no complaints and I'm very satisfied with the care." They said their relative had put on weight whilst been in Ashgrove House. One relative said "The manager's been helpful and explained things to us." Another visitor said, "I enjoy visiting; the staff are friendly and keep me informed of any changes in my relatives general health and wellbeing." Another visitor said, I visit at different times during the day and I always received a warm welcome."

People spoken with said, "It's okay here, food is good." Another told us "I don't know how long I've been here but it's not bad, they are nice to me." "I know them all and they always have a bit of a chat."

Is the service responsive?

Our findings

We saw the home employed an Activity Coordinator for the purpose of arranging and planning activities. We received mixed feedback about the activities available for people using the service. Recent activities had been art and craft, exercise classes, sing a long and bingo. During the inspection we observed the activities coordinator interacted with people in a caring and compassionate way both individually and in groups. However we found more development and planning would offer a richer environment for people as there was a spread of abilities. For example those who were bed bound.

People told us they felt they had choices in how they spent their day at the home. We spoke with one person who said, "We get choices, I can choose when I want to go to bed and when I get up, nobody forces me to do anything."

We looked at the care records of five people. We saw that people's needs were assessed before they moved into Ashgrove House. This ensured the home considered how they were able to meet the needs of people they were planning to admit to the home.

We saw the care records for people for the purpose of care planning, risk assessments and daily records. We also saw there were monitoring systems in place for people for example, food and fluid monitoring.

We saw each of the care records contained a range of care and support plans which included daily living, personal care, night time support, communication, health/medical, medication and eating and drinking. All of the care plans we looked at were written in a person centred way which

provided staff with clear guidance on how to meet the person's needs. However, the monthly reviews consisted of a one line saying the same each month. The registered manager agreed to review this.

We saw the home was replacing the old 'Map of life' document with a new 'My life story'. This document enables staff to understand and have insight into a person's background and experiences. Staff told us they are working with people living at the home and their family to fully complete these records.

Staff told us the laundry ensured that people's clothes were marked with names to ensure there was no mixing up of clothes; We checked one or two garments and found that they did indeed have names of people on labels. People told us they always get their clothes back well pressed.

We looked at the way the home responded to concerns and complaints. We were told by staff they would assist people if they wanted to make a complaint, they said there was a complaints folder. Staff said they thought people would speak directly to the registered manager or deputy manager. We found the service had an up to date complaints policy and procedure in place which gave clear timescales for dealing with complaints. We saw all of the complaints had been investigated and where possible resolved to the satisfaction of the complainant. This showed the complaints people made were responded to appropriately.

The people spoken with told us they had no complaints about the service but knew who they should complain to. Relatives of people who used the service told us they were aware of the complaints procedure and would not hesitate to make a formal complaint if necessary.

Is the service well-led?

Our findings

The registered manager had been responsible for running of the home for many years. People we spoke with told us they knew who was in charge of the home and they were frequently visible and approachable.

We found confidential records relating to people who used the service in other people's file. This was discussed with the registered manager. This showed us the provider had not taken appropriate measures to protect confidential information.

We spoke with staff about the management of the home. Staff said they felt supported by the registered manager. One person said "The manager works along with us. If we have any problems we report it to her." Another member of staff said, "I love working here, the majority of people know everyone here.

Staff told us there was regular staff meetings held at the home which gave them the opportunity to give their opinions and feedback on the service. We saw minutes which showed regular, monthly meetings had been held with all staff working at the home which included catering and kitchen staff, night staff, senior care staff and the full staff team. This showed us staff was appropriately supported in relation to their caring responsibilities and was regularly updated about any changes in the service.

We saw there were systems in place to enable people living at the home to comment on the service provision. We saw that regular residents meetings were held every two

months at the home. We looked at the minutes of the meetings from February 2015 which showed a good level of attendance by people using the service. The registered manager told us they experienced a low level of attendance from people's relatives and they were looking at ways to improve this. This included the times the meetings were held. This shows that people's views and opinions were taken into account in the way the service was provided.

A relative spoken with told us they had completed a survey once about the family's satisfaction with the care. Although, the survey was a tick box there was a space to make comments.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a monthly basis by the manager. This included audits of accidents, falls, floor management folder, bed rail usage, complaints monitoring, pressure sore, weight loss action plan, medication, infection control, catering, care plans, satisfaction surveys, CQC/safeguarding notifications and the dependency tool. This was then checked by the provider representative on a monthly visit to the home. We saw that where issues were identified action plans had been put in place. These included achievable timescales to ensure issues were resolved in a timely manner. This showed there were systems in place to assess and monitor the service provision. However, they were not aware of some of the issues until we identified them at the inspection. This would suggest the system could be more robust. .

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have enough guidance for staff to follow about how to give medicines which were prescribed 'when required'.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Call system was not in reach or available for people to summon assistance/help.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure sufficient number of suitably qualified staff were available at all times.