Ashmore Nursing Home Limited

# Ashmore Nursing Home

## Inspection report

Barningham Road
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

About the service
Ashmore Nursing home is a nursing care home providing personal care to up to 36 older people. 27 people were living at the service at the time of our inspection. The service was one building over two floors that had been extended in recent years.

People's experience of using this service and what we found

Medicines practice was not always safe; the registered manager took immediate action to address this when we identified concerns.

There were sufficient safely recruited staff to care for people. Staff had a good understanding of how to recognise and report potential harm or abuse and were confident the registered manager would take any action necessary in line with local safeguarding procedures.

Nursing and care staff felt supported and had access to a range of training to provide them with the skills to meet people's needs. People's nutritional needs were met, and people spoke highly of the food provided.

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

Staff were kind and caring. Staff understood their roles clearly and knew what was expected of them. Relatives spoke positively about the service and the care their family member received.

People and their relatives were positive about the management of the service and knew how to raise any concerns and complaints should they have had any. Plans were underway to improve the opportunities for people to take part in activities.

People, relatives and staff were complimentary about the registered manager and the leadership of the service. Audits and monitoring of the service was ongoing.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The rating at the last inspection was 'Good'. The last report for Ashmore Nursing Home was published on 29 August 2017.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our well-Led findings below. | **Good** |

# Ashmore Nursing Home

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
Ashmore Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual for the provider company. We have referred to this person as the registered manager throughout this report.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including one of the directors of the provider company, the registered manager, deputy manager, nurse, care staff, housekeeping staff and the chef.

We reviewed a range of records. This included three people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● On our arrival at the home we found that the medicines room had been left with the door open and unlocked. We were able to access the secure medicines storage room and also found that a number of people's medicines had been dispensed and left in unnamed pots on the side. This meant any person living at the home or visitor could have entered the medicines room and accessed the medicines.

● We spoke at length with the nurse involved in this incident and the registered manager. The nurse expressed regret at their actions, citing an unusually busy morning and oversight as a cause.

● The registered manager took immediate action to address this error and we were satisfied that there had been no harm to people and that learning had taken place as a result to prevent a reoccurrence.

● Staff completed medicine records when they administered people's medicines, and these were completed correctly.

Systems and processes to safeguard people from the risk of abuse

● People's relatives told us they felt their family member was safe living at the home. One relative said, "I've got trust in them, yes [family member] is safe here." Another relative commented, "Oh very very safe, I've no doubts at all. The staff are excellent."

● Systems and policies continued to be in place to protect people from the risk of abuse and avoidable harm. The registered manager worked in line with the local authority safeguarding policies and procedures.

Assessing risk, safety monitoring and management

● Where there were risks to people's safety and wellbeing these had been identified and risk assessments were in place to minimise hazards.

● Care and support plans were in place and included guidelines about how to minimise risks.

● Fire safety was well managed. A fire drill with the local fire service had been held which had provided staff with detailed training on how the home would be evacuated in the event of a fire.

● People had personalised emergency evacuation plans (PEEPS) to provide guidance on the support they needed in the event of an evacuation of the home being necessary.

Staffing and recruitment

● There were sufficient staff and people did not have to wait long for their care and support. We observed call bells were answered promptly throughout our visit.

● Relatives were positive that staffing levels were adequate to meet their family's needs. One relative said, "There are always staff around, I can always find someone, and they come straight away don't make you

wait."
● The registered manager and nursing staff had assessed the required staffing levels for people's dependency needs and kept these under regular monthly review.
The staffing team was stable and consistent. Agency staff were never used at the home, with staff covering any additional hours needed. This provided continuity of care for people. A member of staff told us, "It's rare we have new staff, we have a solid stable staff group."
● There continued to be safe staff recruitment systems in place. Prior to commencing work, prospective staff had a Disclosure and Barring Service (DBS) check undertaken. The DBS help to prevent unsuitable people from working with vulnerable people. The DBS check shows if potential new staff members had a criminal record or had been barred from working with adults.

Preventing and controlling infection
● Staff had received training in preventing infection. We observed staff using gloves and aprons appropriately during our visit.
● The home was clean, tidy and odour-free. A team of house keepers were employed to carry out domestic tasks.

Learning lessons when things go wrong
● Any accidents and incidents were logged, and appropriate actions were taken to reduce the risk of a reoccurrence.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when needs changed.
● Assessments of people's needs were made using recognised tools in support areas such as nutrition and skin integrity.

Staff support: induction, training, skills and experience
● Staff were knowledgeable about people's care needs and had the skills necessary to meet their needs. A person's relative told us, "Staff are very well trained, they can do everything!"
● Staff received training appropriate to their role and used the skills gained to carry out their roles effectively. One staff member told us, "We do lots of training. I've recently carried out safeguarding and fire safety training. We can ask for any training we need."
● Nursing staff received clinical supervision to ensure their practice was up to date and had access to relevant clinical skills training. This included tissue viability, catheter care, and percutaneous endoscopic gastrostomy (PEG) feeds. PEG feeds allow nutrition, fluids and /or medicines to be put directly into the stomach through a flexible feeding tube.

Supporting people to eat and drink enough to maintain a balanced diet
● People and their relatives were complimentary about the meals and choices of food being offered to them. The chef was knowledgeable about people's dietary needs and had information available to them. One relative said, "The food always looks very good."
● People were given a choice of meals and could have something else if they didn't want anything on offer.
● Some people choose to eat in their bedroom. Lunch was taken to them in a prompt and respectful manner. For example, people were served hot meals by staff who checked to make sure they were comfortable and could reach their meal appropriately.
● Care plans were in place in relation to people's nutritional needs and any choking risks and appropriate assessments such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had any individual healthcare needs identified and recorded in their care plans. These included oral healthcare plans.
● People had access to healthcare services when required. These included people's GP, dentist and optician

for example.

Adapting service, design, decoration to meet people's needs
●The accommodation was suitable for people's needs and we found a homely environment. Despite equipment storage areas being a challenge due to lack of space, people continued to have access to the equipment they needed.
● The home was set across two floors with access provided via two passenger lifts. There was a choice of two communal lounges that people could use to spend time in or meet their friends and relatives.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.
● Staff had received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests.
● There was evidence of best interest decisions being made in conjunction with people's representatives and their family members where this was appropriate.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- Staff were caring and treated people with respect.
- During our visit we observed staff being polite, friendly and respectful to people and their visitors. Staff were keen to help people and were caring and patient when supporting them, this was confirmed by visiting relatives we spoke with. One person's relative commented, "[Family member] is happy here and as a relative we have no qualms at all. [Family member] is terribly well looked after. Staff are also friendly to relatives. It is just wonderful here."
- Staff knew people well, understood their needs, wishes and preferences having taken the time to get to know people. One member of staff told us, "People who live here are amazing and have interesting life stories. I love to chat with them." Another person commented, "[Staff] have to adapt to the person. This is their home and we respect everyone as individual."

Supporting people to express their views and be involved in making decisions about their care
- People continued to be encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.
- Staff described how they supported people to make day to day decisions about their care and support.
- Many people were supported to express their views and make decisions by their families or representatives, However, advocacy services could be accessed if needed. Advocacy services help people to access information, explore their care choices and promotes their rights.

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity was respected. Staff spoke about, and to, people with consideration and respect.
- We observed staff knocking on people's bedroom doors before entering. When assisting someone to have their personal are needs met, this was carried out in a discrete and caring way.
- People's care plans and care records were stored securely in their bedrooms so the information being held about them was easily accessible to them.
- Staff used people's preferred names when addressing them, we saw this was as reflected in their care plans.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was responsive to people's needs. Care plans were primarily nursing based assessments but did include person-centred information and people's preferences. Information was reviewed on a regular basis. Areas of care and support included personal care, mobility, medicines and health.
- The atmosphere within the home was calm and relaxed. Many people were cared for in bed or stayed in their bedroom all day. They did not access the communal areas for meals or to engage with other people. Staff told us that this was people's choice and several relatives also confirmed this.
- For other people activities and the opportunity to take part in hobbies and interests with staff was not always available. The registered manager had taken the decision to not employ specific activities staff. Instead a member of care staff was due to attend training in the provision of activities in order to share this learning with other staff. The aim of which was to promote social opportunities and engagement with people throughout the day.
- The registered manager told us of a cultural change they were implementing within the home. They said, "We are getting 'butterfly moments' going with people. It's about changing the thinking with staff that it's okay to stop and spend time with people and do something like play a game or read a magazine together. We're moving away from the idea of all activities being central based in the lounge."
- People were supported to maintain relationships that were important to them, for example friends or family could visit at any time and were made to feel welcome.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan. Staff adapted their approach and style of communication to meet people's individual needs.
- Staff were guided by the home's 'communication difficulties' policy which stated that adjustments would be made to meet people's individual communication needs. This included the provision of large print or easy read copies of literature or assistive technology in the form of talking or Braille clocks and watches.

Improving care quality in response to complaints or concerns

- There had been no complaints at the home in the past two years.
- People's relatives knew how to complain should they have had a concern about their family member. One

relative told us, "I've never had to raise a concern, it's wonderful here."
● A complaints policy continued to be in place to ensure any concerns could be reported, listened to and addressed.

End of life care and support
● There was no one receiving end of life care at the time of our inspection however the registered manager and staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences. Staff told us with compassion examples of how they had cared for people at the end of their life.
● A visiting relative of a person who had passed away at the home told us of the dignified death of their loved one. They said, "Here it's actually care but also empathy and laughter. The amount of laughter hit us. The way [family member] was cared for and treated at that time was unbelievable."
● Relatives were also supported when their loved one was at the end of their life and actively encouraged and enabled to stay at the service to be near them. The service had received many thank you cards, and notes sent from relatives and friends, complimenting staff and the registered manager on the care given to their loved ones at the end of their life.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the home was well run. One relative said, "[Family member] may not have lived as long if [person] didn't have the care that they do here. I would have no hesitation in speaking to [registered manager] about anything, I know she would just stop whatever she was doing if I had a concern and speak to me."
- Staff told they told us they felt valued, enjoyed their jobs and that the registered manager was approachable and supportive. One member of staff said, [Registered manager is caring and lovely. Staff will find her sitting in a room chatting with people, she's really involved."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Governance systems drove improvements in the quality of the service. The registered manager used a number of audit tools to monitor and review quality of care and the service people received. Audits were carried out in areas such as slips, trips and falls, infection control and overnight care. These were up-to-date and showed actions had been taken when issues were identified.
- The registered manager met their responsibilities in relation to duty of candour. Where appropriate any incidents had been reported to the authorities, including CQC and the local authority safeguarding team.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the home so people, their relatives and any visitors are able to see it. We found the registered had conspicuously displayed their rating.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people who lived at the home and their relatives. They were very visible in the home and knew people well. People, their relatives and staff told us they were approachable.
- Staff were positive about their work and felt supported by the management team on a professional and personal level.
- People were encouraged to express their opinions and views. Questionnaires were used to gather feedback from people, their relatives and staff. People were also encouraged to provide their views to staff at any time. The registered manager told us, "I leave copies of surveys at the front of the home, so that anyone can help themselves, in between more structured surveys. We also have a suggestion box, which

does get used and is available to everyone. I try to use the information from these to formulate changes, plus feedback directly from [people] and families. I find the 'open door' office gives us a more balanced view."

● The registered manager encouraged partnership working with other health and social care professionals to promote good outcomes for people. In late 2019 the service had taken part in an 'integrated geriatrician project' which involved staff working in the home being provided with training in frailty scoring. This was so they could use this alongside plans of care to identify where people would benefit from a multidisciplinary team review in order to improve their experiences.

● We observed that people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open. A relative told us, "Ashmore Nursing Home is the nearest thing we could get to [family member] living at home, it's very nearly perfect."

Continuous learning and improving care

● Continuous learning and improving care was supported. A range of information was available to support the delivery of care to people. Up to date policies and procedures were in place for staff to follow.

● The registered manager attended local forums to keep up to date with changes and subscribed to appropriate journals and medical updates to identify any learning and improvements needed.