Ashdown Care Limited

Ashdowne Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service effective?	Good

Summary of findings

Overall summary

This focused inspection took place on 30 March 2017 and was unannounced.

This inspection was to follow up if the required improvements had been made following our last inspection in April 2016. At that visit, we gave the service an overall rating of 'Good'. However we rated the 'effective' domain as requires improvement because we found a breach of regulations. This was because the provider had not ensured people were supported by staff who had the appropriate training and supervision necessary. This meant they may not be able to carry out the duties they were employed to perform. We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. At this inspection we found improvements had been made. All staff were receiving the provider's mandatory training and support through supervisions and appraisals.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Ashdowne care Centre) on our website at www.cqc.org.uk"

Ashdowne Care Centre is registered to provide accommodation with nursing or personal care, for up to 60 people. The service is intended for older people, who may have a dementia or mental health need. The home is divided into two units, Ashdowne and Pinnexmoor. Each of these units has its own staff team. The two units are joined by a linked corridor. There were 50 people living at the home at the time of our visit.

The service had two registered managers, who shared the role and responsibilities. As part of their role they also scheduled to undertake nursing duties. 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.

There were systems in place to ensure staff received regular supervisions and an annual appraisal. Staff received the provider's mandatory training and updates when required. Therefore staff had received appropriate training to meet people's needs.

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

People were protected by the practice in place in relation to decision making. The registered managers and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been appropriately made when needed.

People were supported to eat and drink enough and maintain a balanced diet. People were offered a variety of meals and snacks to ensure good health. People's weight was monitored and where concerns were

identified additional snacks and higher calorie foods were offered. People were positive about the food at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

The service was effective.

There were systems to ensure staff received regular supervisions and an annual appraisal.

There was a process in place to ensure staff received the provider's mandatory training and updates when required. Therefore staff had received appropriate training to meet people's needs.

The registered managers and staff understood the principles of the Mental Capacity Act 2005. Where people lacked capacity, processes were in place to ensure decisions made were in the person's best interests.

People were provided with a healthy balanced diet which met their needs and preferences.

Advice and guidance was sought from relevant professionals to meet people's healthcare needs.

Ashdowne Care Centre

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.

We undertook an unannounced focused inspection of Ashdowne Care Centre on 30 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection in April 2016 had been made. The team inspected the service against one of the five questions we ask about services: Is the service effective? This is because the service was not meeting some legal requirements. The inspection team comprised of one adult social care inspector.

Prior to the inspection, we reviewed the information we held about the home. This included reviewing the previous inspection reports, their action plan, and from notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with seven people using the service, and spoke with one visitor. We looked at three people's care records. We spoke with nine staff which included one of the registered manager's, the provider's operations manager, registered nurses, care staff, activity staff, the cook and housekeeping staff. We looked at systems for monitoring staff training and supervision.

We sought feedback from commissioners and from health and social care professionals who regularly visited the home and received a response from one of them.

Good

Is the service effective?

Our findings

At the last inspection in April 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all staff had received the provider's mandatory training or received a supervision or appraisal. The provider sent us an action plan which said that a training plan had been drawn up and a schedule put in place for staff to receive appropriate supervisions and appraisals. The action plan also stated that the operations manager would review training and supervisions completed as part of their regular quality monitoring visits. At this inspection we found the provider had taken the action set out in their action plan and had met the requirement.

There was a system overseen by the administrator to ensure all staff completed the provider's mandatory training. Staff were given training booklets as required and attended external training as needed. When staff did not complete the training provided they would be sent a letter reminding them of the importance and requirement to complete the training. When this approach had not been successful a formal meeting was held with the registered managers and action taken if needed. The service used an external trainer's workbook system for the majority of training at the service. Staff completed and returned the workbook to the service. The workbook was then sent to the training service to be marked and a certificate issued. The provider also used the services of the NHS nurse educator and local training providers for some subjects, for example, fire training, pressure ulcer prevention and control of substances hazardous to health (COSSH). A health care professional that delivers training at the home said, "I have been consistently encouraged by the attitude of the staff that do attend training. They are attentive, positive and fully participate in the sessions." However they did raise concern regarding some training sessions being cancelled at short notice and the organisation of the training which often prevented staff being able to attend.

Staff confirmed they had undertaken a lot of training which they had found useful. One staff member said they had really enjoyed the face to face training they had received. They commented "Very good … makes it easy to understand."

New staff were supported with induction training, which followed the 'care certificate' (a nationally recognised tool for staff induction). New staff also 'shadowed' experienced staff to help them become familiar with people's needs and help them to work safely with people. New nurses as part of their induction also completed a competency assessment tool. This ensured they had all of the information needed to be in charge of a shift at the home. They had to demonstrate an understanding of what to do in the event of an emergency. For example, if they received a complaint, how to contact professionals and record keeping.

The nurses at the service completed the provider's mandatory training and also undertook additional training to ensure they had the knowledge and competence to undertake their role. This included medicine administration, syringe driver training (a small pump mainly used to administer pain relief for people receiving end of life care), venepuncture (collection of blood from a vein) and verification of death. Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and able to practice. The NMC is the regulator for nursing and midwifery professions in the UK. They maintain a register of all nurses eligible to practise within the UK.

The registered managers had set up a programme of staff supervisions and appraisals with set months allocated for each staff member when they should be undertaken. This included two supervisions and an appraisal each year and group supervisions. Where staff required additional supervisions this was provided. The operations manager said that new staff would receive supervision after three months working at the service. This gave them the opportunity to discuss any concerns and further training requirements and support they might require. One member of staff said, "If I have a problem I speak to them (registered managers)." One nurse explained about receiving supervision with the operations manager. They said how they had discussed changes that were being made in regards to documentation.

Throughout our visit staff demonstrated skills they had learnt and were very attentive to people. For example, dealing with people who had behaviours which were challenging. They were very calm and gentle and supported the person to go to the toilet. Another example was staff supporting a person with a lifting aid. They explained what they were doing to the person and reassured them throughout the process.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered managers had made appropriate applications to the local authority DoLS team.

When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. For example, for covert medicines and bed rails.

The registered manager and staff had an understanding of the MCA 2005 and DoLS and how to ensure people's legal rights were protected. The majority of staff had received training relating to the MCA and DoLS.

People had access to healthcare services for ongoing healthcare support. They were seen regularly by their local GP, and had regular health checks such as with the dentist, optician, and chiropodist. People's care records contained the contact details of GPs and other health care professionals for staff to contact if there were concerns about a person's health. Some people staying at the service had residential needs and their nursing needs were met by the local community nurses. The service had a system to ensure the staff were clear about their responsibilities in relation to these people and the need to contact the community nurse team when needed. Staff worked with health professionals such as the community nurses, dietician, speech and language therapist (SALT), occupational therapists and physiotherapists.

People were supported to eat and drink enough and maintain a balanced diet. The service had a four week rotating menu plan and people had a choice of two main meal options at lunchtime. People were asked the previous day for their meal choices. When a new person came into the home, staff informed the cook about their likes, dislikes and meal requirements. There were white boards in the kitchen where people's dietary requirements were recorded. These included their likes and dislikes, allergies and who required snacks and supplements were recorded so all staff would be aware.

Care workers were very attentive to people's needs and ensured they had drinks. People had fresh jugs of water or squash placed in their room each day. Staff had put stickers on the jugs to demonstrate the day the

jug had been replaced to ensure people had fresh drinks. One person said, "They (staff) take them (jugs) away in the evening and I get a fresh one the next morning. They leave me a drink to have overnight."

People praised the food at the service. Comments included, "The food is very good. I have as much as I want. They will give you something different if you don't like, always a choice and you pick which you like best", "Food is lovely, really nice" and "I can't fault the food."

Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had recommended soft or pureed food, each food was separately presented. People were weighed each month and where they had been assessed as at risk of weight loss, they had their weight monitored more regularly.

In November 2016 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored five with the highest rating being five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.