

## Country Court Care Homes Limited

# Ashwood Nursing Home - Spalding

### Inspection report

43 Spalding Common  
Spalding  
Lincolnshire  
PE11 3AU

Tel: 01775723223

Website: [www.countrycourtcare.com](http://www.countrycourtcare.com)

Date of inspection visit:  
27 November 2018

Date of publication:  
14 December 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We inspected Ashwood Nursing Home – Spalding on 27 November 2018. The inspection was unannounced. Ashwood Nursing Home – Spalding is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 47 older people, some of whom may experience memory loss and physical health needs.

On the day of our inspection 46 people were living in the home.

At our last inspection on 5 April 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. Systems were in place to protect them from avoidable harm and abuse. Risk assessment were regularly updated to ensure people's changing needs were identified and planned for in a timely way. Staff knew how to protect people's safety and welfare and received training to ensure their skills and knowledge were up to date. People received their medicines from staff who were appropriately trained. The home environment was adapted to meet people's needs and staff understood the importance of preventing and controlling the spread of infection.

People continued to receive an effective service. The principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were followed which meant people's rights and freedoms were protected. There were sufficient numbers of staff who were safely recruited, appropriately trained and well supported to meet people's individual needs.

People's nutritional needs were met and they had access to appropriate healthcare services whenever they needed them.

People continued to receive care from staff who were kind, patient and considerate. They were provided with comfort and reassurance when they became upset or anxious. Their privacy and dignity was fully respected and they had developed positive relationships with staff members.

People continued to receive a responsive service. They were involved in determining how their care was provided and personalised for them. Staff understood people's needs and preferences well. People were supported to enjoy a varied social life.

There was an open and inclusive culture within the home. People, their family members and staff were encouraged to express their views about how the home was run. There were systems in place to regularly

monitor and improve the quality of the services provided.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Ashwood Nursing Home - Spalding

## **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 comprehensive inspection took place on 27 November 2018 and was unannounced.

The inspection team consisted of one inspector, an assistant inspector 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. Prior to this inspection, we reviewed information that we held about the home such as notifications. These are events that happen in the home that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies.

We contacted commissioners who had a contract with the service for their views about the home and we considered the information in the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home and the services provided, what the home does well and improvements they plan to make.

During the inspection, we spoke with seven people who lived in the home and six family members for their views about the service they received. We also spent time observing the care and support people received. This was because some people had communication needs which meant we were not able to have extended conversations with them.

We spoke with the registered manager, the provider's operations manager, two registered nurses and three care workers. We also spoke with three of the housekeeping staff and one of the catering team.

We looked at specific parts of seven people's care records, as well as a range of other records relating to the running of the service. These records included staff recruitment and training documents and quality assurance audits.

## Is the service safe?

### Our findings

People who lived in the home told us they felt safe living there. One person commented, "I don't have any worries about being safe. There always seems to be someone to check on you." A family member told us, "I feel [my relative] is totally safe here. They will always ring me if anything changes."

Risks to people's health and wellbeing had been assessed and plans to manage those risks were in place. We saw that staff took care to ensure people were safe when they were using equipment such as hoists and that the environment was free of tripping hazards. We saw staff followed people's risk management plans for areas of need such as pressure damage to skin and poor mobility. A family member told us that their relative liked to retain some independence with mobility and staff supported them to do this. The person's risk of falls had been identified and planned for.

Staff had received training in health and safety issues and how to respond, for example, if there was a fire in the service. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency.

Staff demonstrated a clear understanding of their responsibilities to protect people's safety. They knew how to report any safety concerns both within the provider's organisation and to external agencies such as the local authority. There were systems in place to minimise the risk of abuse and staff had received training to ensure they were up to date with safeguarding principles. We also saw there were systems in place to review reports of safeguarding incidents and any accidents to ensure that lessons could be learned for the future.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Some people and their family members told us they had experienced some delays in responses to call bells and this was reflected in the minutes of meetings. However, since the registered manager returned from extended leave staffing levels had been increased to resolve the issues. During the inspection staff responded quickly to requests for care and support and call bells were answered in a timely manner. The manager showed us how they reviewed people's dependency levels on a monthly basis to ensure the correct levels of staff were on duty to meet their needs.

People could be assured that safe recruitment practices were followed. Records showed that before staff started to work in the home the provider carried out checks, for example, on their identity and employment history. These checks helped the provider to make safer recruitment decisions.

People received their prescribed medicines safely. One person commented that, "The staff stay with you while you take your medication." Another person said, "They look after my medication and I get what I want when I want it." We saw that staff followed good practice and national guidance when administering medicines. They completed medicine administration records when people had taken their medicines. The registered manager carried out regular audits of the medicine management systems and took action where any issues were identified.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Any odours that became apparent were dealt with promptly. We observed that all of the staff working in the home made appropriate use of protective aprons and gloves and followed hand washing guidance.

## Is the service effective?

### Our findings

Staff had received training and support to enable them to meet people's individual needs. This included a package of induction training when they started to work at the home. Staff told us they felt the registered manager and provider were supportive of their training needs and spoke about training such as end of life care and dementia awareness. Registered nurses were supported to train for extended roles in areas such as catheterisation and taking blood samples. One registered nurse told us they felt, "In a good position," in regard to maintaining their professional registration. The registered manager told us they had recently introduced a computer based learning package to complement their existing training programme. We observed staff supporting people and saw they were confident in their work and had the skills needed to care for people appropriately.

Staff told us they had regular supervision from the registered manager and were given feedback on their performance. New staff members said they were allocated a mentor during their induction period to ensure they had a consistent point of contact for help and advice. All of the staff we spoke with said they felt well supported by the registered manager and the provider. Care staff said that they also received good support from the registered nurses. One staff member told us, "I get 100% support."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We saw the registered manager and staff were working within the principles of the MCA and were meeting the conditions set out in DoLS authorisations. Staff asked for people's consent before providing their care and records indicated where best interest decisions had been taken.

People had enough to eat and drink to maintain a balanced diet. Risks to nutrition and hydration were assessed using nationally recognised tools. Where required, staff closely monitored people's food and drink intake to aid early identification of any problems. We saw that staff worked with specialist healthcare professionals when people needed extra support with their nutrition. We saw a range of information was available to people and staff, including an NHS initiative about good hydration.

An external catering company was employed to provide food within the home. People spoke positively about the food and drink that was on offer. One person said, "Staff always make sure you have a drink." Another person told us, "I eat what I like. I really like toast so they give me that." A family member commented on how helpful the chef had been when they had spoken with them about their relative's food preferences.

People had access to the healthcare services they required and staff were knowledgeable about their healthcare needs. Records showed that staff sought advice from external health professionals if people's needs changed or they had any concerns, for example, we observed joint working with a community based specialist nurse regarding a person's diabetic needs.

People benefitted from a spacious and appropriately adapted environment. The provider had recently completed the first phase of an extensive refurbishment programme which included all of the communal areas. Some people's bedrooms had also been redecorated. A person told us, "I think my bedroom is quite nice now it has been decorated." A family member told us, "The premises have got much better after the refurbishment. It's more homely now." Communal bathroom and toilet areas contained adaptations and equipment to ensure everyone could access the facilities.

We saw that signage was available in easy read and picture formats so that people could navigate the building more independently. However, the registered manager recognised that this had not been put back up on completion of the refurbishment. She also recognised that improvements were needed to help people better identify their own bedrooms and said this would be addressed in the second stage of the refurbishment.

## Is the service caring?

### Our findings

People told us staff provided care with kindness, patience and consideration. A person told us, "They are very good girls here, they will help you with anything you need. I think the staff are very considerate to you." Another said, "Oh they are lovely, they listen to me ramble on."

Family members described similar thoughts about the way staff cared for people. A family member said, "The staff are so patient with people; it's a pleasure to see." Another told us, "The staff are excellent; they really do care about the residents." We observed a nurse discussing care with a person in a very reassuring manner. Afterwards the person's family member commented, "There you are, that is what I mean, [the nurse] has an excellent bedside manner and took time talking to [my relative]."

People said that they were able to make choices in their daily lives and staff encouraged them to do this. One person commented, "Staff get me washed and dressed and they open the wardrobe door and we decide together what I would like to wear." Another person said, "I get up and go to bed when I want and I eat what I want." Information was available about advocacy services if people required support with making decisions. This meant that people were supported to make decisions that were in their best interest and upheld their rights.

We observed that people were comfortable and relaxed in the company of staff, including the registered manager, the provider's operations manager and the home's administrator. During the morning we heard people laughing and chatting during activities with staff.

Staff understood how to support people who became upset or anxious. One person became upset when chatting about their past life and staff gave them time to express their feelings and provided physical reassurance with gentle hand holding and hugs. We heard the person say, "I feel a little better now, thank you."

People said that staff respected their privacy and dignity. They made comments such as, "When they wash me they cover me up with towels so I don't feel exposed" and "They always keep things private; they shut the doors and curtains and keep you covered as much as possible." One person told us that when they had asked to have a lock on their bedroom door this was addressed straight away.

We saw that staff knocked on people's doors before entering their rooms and addressed people using their preferred names. The registered manager and staff understood the importance of keeping people's information private. Records were kept in an office which was locked when not in use.

People's visitors were made welcome and there were no restrictions on visiting times. A family member said, "I like that you can visit whenever you want."

## Is the service responsive?

### Our findings

People and their family members told us they were encouraged to be involved in making decisions about care. A family member commented, "The staff here keep me fully informed about [my relative's care], and they always grab me when I come in to update me on their situation."

Care plans recorded people's preferences about how they liked to be cared for. Staff understood what was important to people and what their preferences were. Each person had a 'Life Story' folder which promoted this understanding. Care plans were regularly reviewed. We saw staff quickly recognised when a person's needs changed and made referrals for specialist support for needs such as nutrition.

Two staff members were employed to support people to engage in activities and there was a weekly programme set out so people could choose what they wanted to do. We heard people discussing a forthcoming trip to buy Christmas presents and have lunch out. We saw people engaging in a group activity with an activity co-ordinator and others were doing puzzles or reading books. A family member told us, "They involve the relatives in the activities; [another relative] comes to any function that is going on. It makes them feel involved in [my relative's] life." Some people told us they did not want to join in with group activities in the home with one person commenting, "I stay in my room, I like it like that." We saw that activity co-ordinators had planned time in the activity programme to support people on an individual basis if this was their choice.

Staff had taken account of people's spiritual and religious needs. The activity programme included a session called 'spiritual moments' which included the use of yoga for those who wished to participate. People told us they were visited by church representatives and one person told us staff made sure they had fish on Friday as this was in keeping with their faith.

The provider had a complaints policy in place which was on display for people to use. We saw that complaints were managed in line with the policy guidance and any lessons learned were shared with staff through team meetings. People and their family members told us they felt comfortable to raise any concerns or issues with the registered manager or staff members and were confident they would be dealt with appropriately. One person told us, "The manager is easy going but she will sort out any problems you have." A family member said, "I would speak to the manager if I had a problem and her No.2 [deputy manager] is very good as well."

People and their family members had been consulted about how they would like to be cared for at the end of their life. Care plans clearly set out people's wishes and needs. We saw, for example, one person had set out an advanced decision document and staff were knowledgeable about this. We saw that staff approached people's end of life care with sensitivity and kindness. A family member commented that although discussions about end of life care were upsetting for them and their relative the staff member had, "Handled it very well indeed, she could not have done it better."

## Is the service well-led?

### Our findings

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager demonstrated a clear understanding of their role and responsibilities. They had processes in place that ensured the CQC and other agencies, such as the local authority safeguarding team were notified of any issues that could affect the running of the home or the people who lived there. The registered manager and staff worked in partnership with other agencies for the benefit of people who lived in the home. An example of this was the work carried out with a local outreach project supporting people who experience dementia.

Staff had the opportunity to meet regularly as a team. The minutes of those meetings showed that the registered manager shared learning with staff from incidents and complaints as well as giving them an opportunity to share their views. Staff told us they thought the home was well managed and there was a good level of communication in the team. One staff member commented, "It's amazing, they're open to bringing issues up and I'm confident in their responses."

People and their family members told us the manager and deputy manager were approachable and visible within the home. One person said, "Both the manager and deputy are nice; you can always talk to them." A family member told us, "I feel confident talking to the manager and deputy; they will get things sorted."

There were systems in place to monitor and improve the quality and safety of the services provided for people. Regular audits were carried out for areas such as safeguarding issues, accidents, falls and complaints. The audit outcomes were reviewed by the provider's operations manager and shared across the provider's organisation to enable wider learning.

People and their family members were asked for their feedback and encouraged to participate in the development of the service through surveys and regular meetings. Outcomes of which showed that people were generally happy with the services provided and any issues they raised were listened to and acted upon.

We saw the report and rating from our previous inspection was available to people and visitors, as required by law and easily accessible on the provider's website.