

Ashfield Nursing Home Limited

Ashfield Nursing & Residential Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashfield Nursing & Residential Home is a care home providing personal care to up to 32 people. The home provides support to older adults and people living with dementia. At the time of our inspection there were 24 people living at the home.

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

The provider's processes for monitoring the quality and safety of the home were not effective and had failed to identify, address concerns and drive improvements. The environment was not always safe, as a recent fire inspection showed the home was not compliant with fire regulations. Some areas of the home were worn and required improvements. The provider had not ensured all staff were appropriately trained and received regular supervisions to support their learning and development.

Staffing levels were sufficient to meet people's needs however, staff were not always recruited safely. We made a recommendation to ensure safe recruitment within the home.

Systems were in place to safeguard people from the risk of abuse and people said they felt safe. Incidents and accidents were reported, investigated and measures taken to mitigate future occurrences. However, we did identify one incident which was not reported to CQC. Medicines were mostly managed safely.

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.

People told us staff were kind and caring. Relatives and friends were encouraged to visit the home and spend time with their loved ones. Staff understood and knew people's individualised needs. Care plans and risk assessments had been completed when people required measures in place to keep them safe.

People and their relatives knew how to complain and told us they could speak up. People, relatives, and staff were positive about the running of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to the management oversight at this inspection. We have made a

recommendation about the provider's recruitment systems.

Please see what action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashfield Nursing & Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of 2 inspectors and 1 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.

Service and service type

Ashfield Nursing & Residential 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with 7 people about their experience of the care provided and 1 relative. We spoke with the clinical director, registered manager, deputy manager, assistant manager, site operations manager, business manager, activities co-ordinator and 3 members of staff.

We looked around the building to check environmental safety and cleanliness. We looked at written records, which included 4 people's care records and 3 staff files. A variety of records relating to medicines, activities and the management of the service were also reviewed.

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 the rating has changed 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.

Staffing and recruitment

- Staff were not always recruited safely. Pre-employment checks were completed however these were not always with previous employers. Some staff only had either one employer reference or character references. We spoke with the business manager who was not aware of the company policy in relation to the requirements. They assured us this would be addressed.

We recommend the provider consider their recruitment policy and guidance to ensure staff are recruited safely.

- We did see evidence of completed checks with the Disclosure and Barring Service. A Disclosure and Barring Service (DBS) check was completed on all staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We looked at rotas which showed appropriate staffing levels in place for the service. Agency staff had been used; however, these were consistent staff to ensure continuity for people.
- Staff told us they felt there was enough staff. One member of staff said, "We have enough staff; I have no concerns. Everyone receives the care they need. I love the home I would have my relative in the service."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- A recent fire inspection showed the home was not compliant with fire regulations. The fire doors were not adequate to prevent a fire spreading, the homes risk assessment was not satisfactory, and staff had not completed fire drills. We discussed this with the site manager and registered manager who told us they were working towards an action plan and would be re-inspected in 3 months by the fire service. We have addressed this further in the well led key question.
- All other maintenance records and checks were up to date and regularly monitored to ensure a safe environment.
- People's care records contained risk assessments. They included guidance for staff on how to reduce each risk. Staff clearly knew people well and were able to tell us how they would support people to manage any identified risks. One person said, "I have had some falls because I felt weak. They (staff) changed the furniture around in my bedroom to give me more space; there is now tons of room."
- Accidents and incidents were recorded and investigated. Lessons learnt from incidents were recorded and actions taken. For example, one person was identified as being at risk of falls during the evenings. A sensor mat was put in place, so staff were alerted when the person needed support.

Using medicines safely

- Medicines were managed safely. Most medicines were stored securely and disposed of properly. We found prescribed creams for 2 people had been left out in their rooms. We informed the registered manager, who agreed to lock these away.
- Electronic medicine administration records (EMARs) were accurate and contained the relevant information to support safe administration by staff.
- Guidance protocols on the use of medicines to be taken only when required, (PRN) were person centred and up to date.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the home was safe. One person said, "I get quite good care and have never felt neglected."
- There were systems in place to help keep people safe and the provider had clear safeguarding policies and procedures. However, we identified 1 safeguarding referral which had not been sent to CQC. We have addressed this further in the well led key question.
- Staff had received training in safeguarding and knew how to identify and report concerns. One staff member told us, "If I had any concerns, I would speak to someone straight away. I wouldn't hesitate."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were always assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training was up not always to date. Over half of the staff employed had not completed their training in relation to Fire and Nutrition and hydration. The assistant manager made us aware they were addressing this at the time of inspection. We have addressed this further in the well led domain.
- Staff demonstrated they had good knowledge and understanding of the needs of the people they supported. Staff told us they received continued support from the registered manager and the deputy/assistant manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the home. This provided assurance people's needs could be met. Assessments contained information about peoples' needs and preferences, their requirements and what was important to them.
- People's needs were frequently assessed, and care plans reflected their needs and choices.
- Care plans were detailed and recorded people's preferences for staff to follow. This included protected characteristics under the Equalities Act 2010, such as age, culture, religion and disability.

Supporting people to eat and drink enough to maintain a balanced diet

- People were very positive about the food at the home which, they told us, had improved in recent times. One resident told us they had made suggestions about the menu at the resident's relatives meetings and things had improved since then. Comments from people included, "The food is excellent" and "The food is hotel quality."
- People were given a choice and we observed prior to lunch people were asked what they wanted, which on the day of the inspection was salmon or belly pork. People were offered alternatives if they did not like what was on the menu. We observed when one person said they did not like either of the choices and asked for an omelette, they were given a choice of different omelettes.
- People were supported to maintain a healthy and balanced diet. We observed people having their lunch and saw some people were supported to eat and drink by staff, who supported them in a calm and respectful manner.
- The chef understood people's dietary requirements and these records were available to the kitchen staff and also in people's care plans to ensure people received the correct diet and fluids.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were always supported to see health professionals when needed. One person said, "They have reduced my medication recently; they discussed it with me and explained everything."
- We saw people had involvement from dieticians, tissue viability nurses, general practitioners (GPs) and community nurses. People told us staff contacted the doctor if they were unwell. The doctor also visited the home on a weekly basis to carry out health and medication reviews. People told us staff referred them to other health services, including the chiroprapist who came in on a six-weekly basis. Some people had seen an optician at the home; others had been out to see their own optician.

Adapting service, design, decoration to meet people's needs

- The design of the home fitted in with the local residential area and there was a well-manicured garden for people to use at their leisure. However, parts of the home were worn and tired, including communal carpets and décor.
- People had personalised their own rooms and the communal areas of the home were personalised to the people who lived there.
- Some signage had been put up to direct people to different areas of the home. However, some areas, such as the lounges, did not have any signs to guide people around the home. The registered manager agreed to take action and implement these to help people orientate around the home.

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 MCA 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 found the service was working within the principles of the MCA. People told us they were asked for consent by staff. One person told us, "They always ask for consent to care; they are very good at that. I have a chat about my care."
- People's capacity to make decisions had been assessed and best interest decisions completed. For example, one person required their medicines covertly. The best interest decision was made with input from the person's family, general practitioner and staff.
- DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty, so as to keep them safe.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; Respecting and promoting people's privacy, dignity and independence

- People we spoke to were very positive about the staff, including regular agency staff, whom they described as kind, caring and helpful. Comments included, "The staff are very good, kind and lovely they're always popping in to make sure that I'm OK" and "The staff by and large are good; I am familiar with them, it's a stable staff team year in and year out which is really handy because you can build a good relationship."
- Staff knew people well and we observed nice friendly interactions with people. We found staff supported this by changing their tone or pace when talking to different people. One staff member told us, "We know people well; we are like a family."
- People told us staff treated them with dignity and respected their privacy. One person said, "Staff are helpful, and I have a joke with them. They get on with their jobs and everything is as it should be. They always treat me with dignity and respect; they make sure they ask you all the time, that things are your choice."
- People were supported to maintain their independence and care plans reflected this.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support.
- People we spoke to told us they could make everyday choices. For example, they could get up and go to bed when they wanted, choose where they wanted to have their meals and sit where they wanted in the dining room.
- There were resident meetings where people discussed the service and voiced their opinions. One person said, "I have been to the resident's relatives meetings, and we brought up the fact that there was a lack of variety on the menu, and this has improved. When I had pork, I had to ask for the apple sauce previously, but now they offer it to everyone, but they know what you like."

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 remains good. 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

- Staff were knowledgeable about people's specific needs and knew how to care for people. Care plans were person centred and accurately informed staff about people's needs.
- Desired outcomes were recorded, such as to reduce the risk of pressure sores and falls. Involvement from outside professionals were evidenced throughout care plans.
- We saw people's likes and dislikes were in place and also life histories. Staff could tell us about what each person liked to do. One staff member said, "Yes they [name of person] likes to listen to the radio and has newspapers delivered."
- People told us they were offered choices and their needs were met by staff.

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

- Most people said they enjoyed the activities offered however, some people told us they would prefer more. One person said, "I read a lot and there is a good library here. I sit and chat to people. There are plenty of activities going on; occasionally children come in."
- A range of activities were available for people to reduce social isolation. Some of these included, chair yoga, bingo, domino's, music and movement, arts and crafts, exercise, sing along and reminiscence.
- The activities coordinator told us the home had outside entertainers once a month, trips to the pub, and had also organised outings for specific events such as laying a wreath for Remembrance Day. The home had recently contacted a local project which had been set up to combat isolation and was planning to take some people out to attend afternoon tea sessions there. The project also offered advocacy services.
- People were supported to maintain relationships with their family and friends.

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.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support people to communicate.

Improving care quality in response to complaints or concerns

- People and relatives were able to make complaints or raise concerns, and these were responded to appropriately.

- Complaints were recorded and acknowledged with subsequent actions completed in response. There was a complaints policy available to people and relatives which the service followed.

End of life care and support

- The home was working towards 'The Gold Standards Framework' (GSF). The model enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a programme to help and guide staff provide the highest standard of care.
- People's wishes for their end of life were recorded in their care plans. People's wishes regarding resuscitation were also recorded appropriately, in legally recognised documentation. Where this happened people, health care professionals and relatives had been involved in the process. One person said, "I like being here. Last year the doctor asked me about end-of-life care, what I would want to do, whether I would like to go to a hospice and I told him that I would prefer to stay here. The atmosphere is a very happy one."

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 was rated requires improvement. This meant the service management and leadership was inconsistent around the management of records and risk. Leaders and the culture they created supported the delivery of person centred care.

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; Continuous learning and improving care

- Audits were not always effective or were not always completed to drive improvement. For example, recruitment files had not been audited, which could have identified the issues we found on inspection. Fire audits had not identified any of the issues highlighted in a recent inspection by the Fire Brigade.
- Some audits did not have action plans attached to show what improvements had been made to the issues identified.
- We identified shortfalls in training. Over half of the staff team had not refreshed their fire safety and nutrition training. Specific training required for epilepsy and catheter care had not been made available to staff.
- Staff meetings were held but not recorded to show what had been discussed. We saw care staff received supervisions in the home, however one nurse had only received one supervision since January 2023. One staff member we spoke with told us, "I am unsure if I have had a supervision, but I've had lots of meetings though."
- The registered manager was aware of their responsibility to notify the local authority and CQC appropriately of safeguarding concerns. However, we found 1 safeguarding incident where CQC had not been notified of the incident. This was feedback to the registered manager.

Systems and processes failed to adequately assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were clear in their responsibilities to act on concerns raised and provided effective responses to complaints.

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

- There was an open and positive culture. Staff told us they felt part of a team. One staff member said, "One thing I love doing here is the care. Managers make sure they have the right policies and procedures. You always give your best to the residents."

- People and relatives told us they felt well supported by the staff team. One person said, "By and large I feel it is well managed because if you need help they are there for you, for everyone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Daily huddles were held with staff to ensure they were updated with any new changes within the home.
- People who used the service told us there were systems in place for them to engage and feedback to management about the quality of the care and support they received. One person said, "I think it's well managed because things go along smoothly. I feel I can be involved because I can talk to [name of staff member]."

Working in partnership with others

- The home had established good working relationships with health professionals. The registered manager worked in partnership with professionals such as the GP and local specialist support services to provide people with timely access to appropriate care to meet their health and wellbeing needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's processes for monitoring the quality and safety of the home were not effective and had failed to identify, address concerns and drive improvements.