

Winnie Care (Macclesfield) Limited

Ashfields Care 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

Ashfields Care Home is a residential care home providing accommodation and personal care to 36 people at the time of the inspection. The service provides support to older people and those living with dementia or physical disabilities. The service can support up to 39 people. Ashfields Care Home is a detached, adapted building with 2 floors accessible by lift. There are 5 self-contained flats adjacent to the home and a large garden area.

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

The management of medicines was not always effective or robust. Records relating to medicines were incomplete or inaccurate. Recruitment checks for new staff were being completed, but these did not always include checks of employment history. We made a recommendation about this. Risks relating to people and the environment were assessed and monitored, and people told us there were enough staff to meet their needs.

Quality systems were not always effective in identifying issues relating to the management of medicines, recruitment practices or health and safety. Staff and people told us there was a positive culture in the home, and people spoke positively of the registered manager. People and staff were engaged in the running of the home, and people benefited from the home's partnership working with external agencies.

People's needs were assessed and used to develop person centred care plans. 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 received support personalised to them, from a staff team who felt supported by the registered manager.

Staff treated people with respect and understood the needs of people well. Staff understood the importance of providing care which promoted dignity, privacy and independence, and people spoke positively of the staff approach to providing care. People and their relatives were engaged in reviewing their care plans in accordance with their changing needs.

People received care tailored to their needs and were engaged in a range of meaningful activities both in the home and the local community. People were supported to maintain relationships with their loved ones, and relatives spoke positively about the service their loved ones received. Complaints and concerns were managed effectively, and people's communication needs were met.

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

Rating at last inspection and update

The last rating for this service was good (published 14 May 2019). At this inspection, we found the overall

rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and good governance at this inspection. We have made a recommendation regarding staff recruitment.

Please see the 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 ●

Ashfields Care 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 Health and Social Care Act 2008.

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 was undertaken by 1 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.

Service and service type

Ashfields Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashfields Care Home is a care home without nursing care. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from professionals at the local authority 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 all this information to plan our inspection.

During the inspection

We spoke with 11 people and 2 relatives about their experience of the care provided. We spoke with 8 staff members, including the registered manager, deputy manager, a senior carer, healthcare assistants and the activities coordinator. We reviewed 3 staff files in relation to recruitment and 3 people's care plans. We looked at 9 people's medicines records and reviewed records relating to the management of the service, such as meetings, audits, health and safety checks and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question 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.

Using medicines safely

- Medicines were not always managed safely. The controlled drugs register did not always have a witness signature for administration of controlled drugs. Stock counts of controlled drugs were correct, but this was not recorded accurately in the controlled drugs register.
- Peoples medication administration records (MAR's) did not always contain all the required information, such as people's allergies, date of birth or details regarding their GP. Some people's MAR's had gaps where staff should have signed, to indicate medicine had been given. This meant we were unable to determine if people received their medicines as prescribed.
- MAR's were not always accurate regarding medicine dosage. For example, a medicines label stated to administer 3 times a day, but it was only being administered once a day by staff.
- Liquid medicines had not been marked with a date of opening. This meant it was difficult to determine the shelf life of the medicine and if it should have been discarded.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were protocols in place to guide staff on when to administer 'as and when required' medicines to people.
- Topical medication administration records (TMAR's) were completed accurately, and people received topical treatments as prescribed.

Staffing and recruitment

- Staff recruitment checks were not always robust. Staff files did not always contain a full employment history, and gaps in employment history for staff were not always explored or explained. We have made reference to this in the well led section of the report. The registered manager took prompt action to obtain the missing information during the inspection.

We recommend the provider reviews their recruitment process to ensure it is in line with current legislation.

- The provider had completed pre-employment checks such as obtaining references, ID checks and Disclosure and Baring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make

safer recruitment decisions.

- People told us there were enough staff to meet their needs, and this was observed during the inspection and evidenced on the rotas. They said, "Living here is peaceful and I feel safe. There are lots of people around if I need anything" and, "I feel safe as I have a buzzer. I just have to ring that, and staff come."

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and monitored to keep people safe. People had emergency evacuation plans, but these did not contain sufficient detail to guide staff on how to evacuate people safely. The registered manager took immediate action to rectify this. There was a comprehensive fire risk assessment and fire drills were routinely undertaken.
- People had risk assessments in place which were reviewed and updated regularly. However, where people had individual health needs such as diabetes or asthma, a care plan had been completed but not a risk assessment. The registered manager took immediate action to rectify this.
- Risk assessments were completed in the areas of personal care, moving and handling, falls, medicines and community access. Staff understood the importance of following risk assessments when supporting people to keep them safe.
- Risks to the environment were assessed but were not always monitored to keep people safe. We have addressed this in the Well Led section of the report.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Staff had access to a safeguarding policy and were able to identify the different types of abuse, as well as their signs and indicators.
- Staff had access to a whistleblowing policy and understood the concept of whistleblowing well. A staff member told us, "If you see any signs of abuse then you should report them without fear of any persecution. I'd go to my manger first, and if nothing was being done, I would go to the police or CQC."
- Staff had completed training in safeguarding. Where safeguarding concerns had been identified, the registered manager had submitted referrals to the local authority in a timely way.
- People who lived at the home told us they felt safe. They said, "I feel totally safe" and, "I feel safe here as there are staff around."

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was supporting visitation to the home in line with current government guidance.

Learning lessons when things go wrong

- The registered manager understood the importance of completing a lessons learned process for when things go wrong, and we saw completed examples of this and the subsequent actions taken.
- Accidents, incidents and falls were recorded in detail. These were analysed monthly to identify trends and themes. Actions from these audits were completed to help mitigate the possibility of similar incidents from occurring in the future.

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. The rating for this key question has remained good. 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 needs and choices were assessed and reviewed regularly. The registered manager had completed pre-admission assessments for people, and these were used to develop care plans which were reviewed monthly.
- People's care plans were person centred and contained information on their needs, preferences and choices. People had one-page profiles outlining a summary of this, as well as care plans which outlined their choices in the areas of personal care, food and fluids and social interests and activities. A person told us, "I always make my own choices."
- Staff understood the importance of offering choices when supporting people. A staff member told us, "I will always offer choices to people and show them options. I would want people to offer me a choice so you should always offer people one."
- People told us staff understood their needs well and offered them choices regularly. They said, "If I go out, they [staff] arrange transport for me, nothing is too much trouble" and, "All the staff are good, I know them all, and they know we all like to sit at the same place for meals. They know what I like to eat and drink. I think they know everything about me."

Staff support: induction, training, skills and experience

- Staff were supported by management to undertake training and development. Staff received regular supervisions as well as an annual appraisal. A staff member said, "I've just had a supervision today, they're frequent with the management team. Appraisals are once a year, we fill it in prior to going, what we like, what we dislike, what our aspirations are for the future. It's good and it's part of the job."
- New staff completed an induction before starting at the home. This included a shadowing period, where they could observe and learn from existing staff about the needs of people and the running of the home.
- Staff completed mandatory training as well as training specific to the needs of people. Training records for staff were up to date and staff told us they felt the management team supported them well.

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff completed food and fluid charts, which evidenced people consuming regular food and fluids.
- People spoke positively of the food being offered. They said, "I can go to the main building for lunch and dinner, or the staff will bring my breakfast and drinks" and, "You get a choice of food, and the food is good." People's weights were recorded weekly and where people had lost weight, actions were taken to address this.
- People had nutrition care plans which outlined their preferred choices, consistency of food and any

allergies they had. The serving of meals was organised, and staff knew people and their preferences well.

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

- Staff worked alongside other agencies to ensure people received consistent and effective care. A staff member told us, "The district nurses visit twice a week and the GP once a week. We always have a handover before they go." A person told us, "The chiropodist visits and the GP if you are unwell. I would tell a member of staff and they would call the GP for me."
- People had medical services logs which evidenced them receiving treatment and assessment from healthcare professionals in a timely way. Records outlined the reason for the visit as well as the outcome and any changes to the person's care. We saw evidence of the involvement of chiropodists, social workers, physiotherapists and other medical professionals.
- The staff and activities coordinator encouraged people to take part in armchair exercises, dancing and movement to music exercises.

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

- The service was clean, bright and airy. New furniture such as dining tables and chairs had been sourced and other furniture was in a good state of repair. There was a large conservatory which people enjoyed using during mealtimes and activities.
- Peoples' bedrooms were person centred and decorated to suit their preferences and choices. They contained personal items of the persons choosing and were clean and well maintained. A relative told us, "The home is clean and tidy with no unpleasant smells."

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 checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in accordance with the MCA and people's rights were respected.
- Mental capacity assessments had been completed and applications to deprive people of their liberty had been made appropriately. This meant people were kept safe with minimal restrictions. The registered manager monitored the application and outcomes of DoLS to ensure people received care in line with their individual capacity.
- Where people had capacity to understand certain decisions, consent forms had been signed. People told us, "I am not restricted and can go out when I want to" and, "I have plenty of freedom and not many restrictions." Staff had received training in the MCA and understood the importance of providing care in line with people's needs and capacity.

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. 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

- People were supported by staff who respected them and treated them as individuals. People's care plans outlined their religious and cultural needs and included a 'day in the life' record to guide staff on how to support them in accordance with their needs and choices. A person told us, "The staff call me by my first name and are always respectful." A relative said, "The staff are always polite."
- The home benefited from a stable and long serving staff team who knew people well. We observed staff knocking on bedroom doors before entering, engaging in humour appropriately, and taking an active interest in people's lives. A person told us, "I feel very fortunate living here. There are people that I can talk to who genuinely care."
- People and relatives praised the staff approach and spoke positively about the care they received. They said, "The staff are lovely; I love them all," "The staff are good; I enjoy banter, all the staff are pleasant" and, "They [staff] are very patient and supportive."
- Where people had religious beliefs, members of their preferred church visited the home so people could be involved in religious services.

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

- People were supported to express their views and be involved in making decisions about their care. Resident meetings were taking place and people's views were recorded and acted upon in the areas of activities, food and fluids and community access.
- People and their relatives were involved in the care planning and review process, so they could contribute to the delivery of their care. Relatives told us, "I feel involved in the care plan, with regular reviews and updates. The staff know people really well" and, "I have been involved in my loved one's care. The staff are lovely."
- Where possible, people had read, reviewed and signed their own care plans so they could be involved in reviewing their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood the importance of promoting people's privacy, dignity and independence. Staff told us of practical examples of how they do this, such as knocking on doors, closing curtains, and good communication and obtaining consent before providing care. A staff member told us, "You have to show people dignity and respect, they deserve that, as some of the jobs you do are personal. You have to show them that respect."
- People were supported to maintain their independence. People were supported to go out into the

community frequently with staff, as well as on their own where appropriate. Staff understood why this was important for people's wellbeing. A staff member said, "Encouraging people to do things for themselves is important. If you do everything for them then people will lose their independence."

- The home had 5 self-contained flats where semi-independent people could exercise more freedom and control. A person told us, "I chose this flat as I was given the choice. I am independent and choose what I want to do to."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received care which ensured they had choice and control. People's care plans outlined their personality and preferences in areas such as social activities, interests, clothing and hairstyle for example. People told us they were with happy with the care they received, and we saw they were supported in their chosen way. A relative told us, "My loved one has always attended a dementia club. I was concerned the home wouldn't be able to accommodate this. The home has arranged transport both ways and I am very grateful, as is all the family for the support and care they show towards my loved one."
- Staff understood the importance of promoting person centred care. Where people were not native to the UK, activities and menus had been planned around the persons home country to make them feel welcome and appreciated in the home.
- Outcomes for people were recorded in individual care plans, which guided staff on how to provide care which met the person wants, needs and preferences. Staff also completed 'person centred care' training to facilitate this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the importance of the Accessible Information Standard and there was a policy in place to support this. Documentation could be provided to people in an accessible format such as large print if required.
- People had communication care plans which were reviewed monthly. These included information on people's mood, cognition, function, behaviour, orientation and any aids they required. We observed staff communicating with people in a friendly, warm and compassionate way.

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

- People were supported to develop and maintain relationships. We observed people socialising with each other and visiting relatives during the inspection. A relative told us, "The home keeps me well informed of any updates; the communication is good."
- There was an activities coordinator who was passionate about engaging and involving people to take part

in activities in the home. We saw evidence of reminiscence sessions for those living with dementia, nail care and music sessions. The local football team visited the home frequently to spend time socialising with people and playing games. Themed afternoons were taking place, where people and their relatives were invited to celebrate cultural observations and religious holidays.

- There was a strong emphasis on supporting people to engage in meaningful activities in the local community. People were supported to go to the local garden centre to buy plants, and staff supported them to plant these in the grounds of the home. People took part in all day barge trips on the local canal, went to the aviation viewing park at Manchester airport frequently and enjoyed coffee and meals out in the community.

Improving care quality in response to complaints or concerns

- There was a system in place to manage and monitor complaints, which was supported by a complaints policy.
- Very few complaints had been raised, but where they had, they were recorded and resolved in a timely way, with actions taken to resolve the complaints outlined clearly.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life. However, where people needed care at the end of their lives, this was provided in partnership with the local district nurse teams and GP.
- Staff received end of life training from local district nurses and understood the importance of providing end of life care which respected people and valued their wishes in line with their care plans.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality monitoring at the home was not always effective in identifying and rectifying problems with the delivery of care.
- The management team completed monthly audits of medicines, but this had not identified the issues found with medicines during the inspection and outlined in the safe section of this report. The controlled drugs register had been signed to evidence it had been audited, but discrepancies with missing witness signatures were not identified.
- Audits of staff recruitment files had not been effective in identifying the issues outlined in this report, such as incomplete employment history or unexplained gaps in employment for new staff.
- A staff meeting held in April 2023 outlined the need for improvement in safe management of medicines. However, during the inspection we found multiple issues regarding the safe management of medicines.
- The management team completed monthly health and safety checks, but these did not include checks of window restrictors and mattresses at the home. The registered manager took immediate action to rectify this.

Quality assurance systems were not robust. This placed people at increased risk of harm and was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team completed a range of other audits including regular checks of people's bedrooms, IPC practice and an analysis of falls.

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

- There was a positive culture at the home which was reinforced by an established staff team who knew the people they supported well.
- Staff felt valued and listened to by the registered manager. Staff told us, "[Registered manager] is brilliant, and very professional. It's a good place to work" and, "[Registered manager] is great. They go above and beyond and always come out when we need help, they're very flexible."
- People and their relatives knew the registered manager well. The registered manager provided care and support to people and communicated with relatives effectively. People told us, "The registered manager is very approachable, listens and acts on things, and keeps me well informed of any updates. The communication is good" and, "The home is well run, I know everyone here and the staff don't change

much."

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

- The registered manager understood the concept of the duty of candour and the requirement to be open and honest when things go wrong.
- The registered manager had submitted statutory notifications to the CQC for notifiable events in a timely way.

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

- People and staff were actively engaged in the running of the home and contributed to this frequently.
- A range of staff meetings were being undertaken, including general staff meetings, senior staff meetings and night staff meetings. Discussions from the meetings were recorded clearly, and outcomes and actions were documented.
- People and their relatives received an annual satisfaction survey. This was detailed and included feedback in the areas of staff competency, complaints, food and fluids, activities, atmosphere in the home and referrals to health professionals. The feedback from the most recent survey in May 2023 was wholly positive. Any issues arising from people's feedback had been acted upon with documented actions taken to make improvements.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the need for continuous learning and improving care. We saw evidence of people directly contributing to their development of care. People had raised ideas regarding new activities in the community and we saw this had been followed through. There were plans for people to take part in a sign language course and refurbishment of the home's interior had been completed.
- The registered manager understood the importance of effective partnership working and the effect this had on people's lives. We saw evidence of the involvement of GP's, district nurses, physiotherapy, speech and language therapy, occupational therapists and social workers.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were managed safely. Regulation 12 (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not robust or effective in the areas of medicines management, safe recruitment and health and safety. Regulation 17 (1)(2)(b)