

Chalchamere Limited

Ashfield Court - Harrogate

Inspection report

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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

This inspection took place on 17 and 18 April 2018 and was unannounced on day one.

At our last inspection in March 2017 we rated the service as requires improvement because there were breaches of regulation 12 and regulation 17. The breaches were in relation to management of medicines, recording keeping and ineffective quality monitoring of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions: Is the service safe? Is the service responsive? And is the service well-led? To at least good. At this inspection we found the provider had met the breaches of regulation.

Ashfield Court is a large detached house which has been extended and adapted for its current use. There are two main parts to the service; the original house area and a newer extension, known as "The wing." The service is situated near The Stray in Harrogate.

Ashfield Court is registered to provide nursing and residential care for up to 45 people, although we were informed that the maximum number the service would accommodate now would be 42, due to changes in room configuration. There is disabled access into and throughout the home. The accommodation is set on three floors and there is a passenger lift serving all floors. At the time of the inspection there were 34 people living at the home, all in single rooms.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post who had been at the service for more than six years. A registered manager is a person who has registered with CQC 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.

Medicines were administered safely. We raised some minor concerns about medicines on day one of our inspection in regard to the use of topical medicines. The medicine management practices were reviewed by the registered manager immediately and action was taken to address our concerns. By day two when we rechecked the system we found no further concerns or issues.

People told us they felt safe and were well cared for. The provider followed robust recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way.

Staff had completed relevant training. We found that the nurses and care staff received regular supervision and yearly appraisals, to help them fulfil their roles effectively.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were able to talk to health care professionals about their care and treatment. People could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the district nursing team.

People had access to adequate food and drinks and were assessed for nutritional risk. They were seen by the speech and language therapy (SALT) team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals.

People were treated with respect and dignity by staff. People and relatives said staff were caring and they were happy with the care they received and had been included in planning and agreeing their care.

People had access to community facilities and the range of activities provided in the service ensured people could engage in stimulating and interesting social activities.

People and relatives knew how to make a complaint and were happy with the way any issues raised had been dealt with.

People told us that the service was well managed and organised. People and staff were asked for their views and their suggestions were used to continuously improve the service. We found the service to be well managed and organised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Improvements had been made to medicine practices. Medicine management and documentation was reviewed by the registered manager, and action was taken to ensure medicines were managed safely.

The provider had effective recruitment procedures in place and there were enough staff on duty to meet people's needs.

People were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Is the service effective?

Good 

The service was effective.

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

People received appropriate healthcare support from specialists and health care professionals where needed.

Is the service caring?

Good 

The service was caring.

The people who used the service had a good relationship with staff who showed patience and gave encouragement when supporting individuals with their daily routines.

People's privacy and dignity was respected by staff.

People who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day-to-day needs.

Is the service responsive?

The service was responsive.

Improvements had been made to the care records and documentation. Care plans were person-centred and staff were knowledgeable about each person's support needs.

Staff supported people to maintain independent skills and to build their confidence in all areas.

People's complaints were listened to and action was taken to address them.

Good 

Is the service well-led?

The service was well-led.

Improvements had been made to the monitoring and oversight of quality within the service. People told us that the service was well managed and organised.

People and staff were asked for their views and their suggestions were used to improve the service.

The service had a registered manager who supported the staff team. There was open communication within the staff team and they felt comfortable discussing any concerns with the registered manager.

Good 

Ashfield Court - Harrogate

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 inspection took place on 17 and 18 April 2018. Day one of the inspection was unannounced and we told the provider we would be visiting on day two.

The inspection was carried out by an inspector and two pharmacy inspectors on day one. Day two of inspection was completed by the inspector alone.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams for their views of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information we gathered was used to plan this inspection.

During the inspection we spoke with one visiting health care professional, the registered manager, deputy manager and two registered nurses. We also spoke with one senior care staff, one supervised care practitioner, a student nurse, three care staff, the administrator and the activity organiser. We also spoke with 13 people who used the service and three relatives. We observed care interactions between staff and people who used the service, and observed the lunch time period in the dining rooms.

We looked at a range of documentation including five care records and 15 medication administration records (MARs) where staff were responsible for administering medicines. We also looked at paperwork relating to the management and running of the service. This included quality assurance information, audits, recruitment information for four members of staff, staff training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

At the last inspection we found there were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to window restrictors not being fitted appropriately and medicine management. The provider gave us an action plan detailing how they would meet the breach of regulation.

At this inspection we saw improvements to staff practices around medicine management had been made. The provider's action plan stated that 'jack-lock' window restrictors had been fitted to the identified ground floor windows with built in restrictors. These were seen in place. The breaches of regulation 12 had been met.

The majority of medicines were stored and administered safely. At the start of this inspection we found the use of 'topical medicines' were not always recorded and a cream prescribed for one person was being used for another. The temperatures of the medicines storage room and medicines refrigerator were monitored regularly in line with national guidance. However some medicines were kept in a locked cupboard outside the medicine room and the temperature of this cupboard was not recorded. Medicines may be ineffective if they are stored at temperatures above the manufacturer's instructions. The service had an up to date medicines policy but this did not adequately reflect the electronic system that was being used by the service to manage medicines. We gave the registered manager feedback about these findings at the end of day one.

Within 24 hours the registered manager had audited the medicines, replaced all the topical medicine charts with more detailed ones that included information for staff on when, where and how to administer the external creams and gels. The registered manager had spoken with staff and ensured creams in use were prescribed for that person. The creams had been checked to make sure they were dated when opened and if any were in doubt these had been discontinued and a new prescription sought from the person's GP. Temperature charts had been set up for the medicine cupboard outside of the medicine room and the provider had been contacted to organise the updating of the medicine policy and procedure. By the end of day two we found all the medicine issues raised with the registered manager had been addressed.

People told us the service was a safe place to live. Comments included, "Its lovely, If I want anybody I press this button and someone comes", "I feel safe" and "I have a buzzer and a safety mat if I need help." A visitor said, "My relative's mobility is not good. Their needs are met and they are safe here."

The dependency levels of the people who used the service were used to determine the levels of staff on duty. We looked at a copy of a dependency tool used by the registered manager and checked four weeks of the staff roster; this indicated sufficient staff were on duty over the 24 hour period to meet people's needs. The registered manager said the service was not using any agency staff. People said they were satisfied with the levels of staff on duty and we observed they were settled and relaxed in the service. Any calls for attention throughout the day were dealt with straight away and people received a good standard of care. The lunch time experience was organised and people were given assistance with their meals as needed.

Staff received training on making a safeguarding alert so that they would know how to follow local safeguarding procedures. Staff told us they would have no problem discussing any concerns with the registered manager and were confident any issues they raised would be dealt with immediately.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date. Fire safety training for staff was completed and fire drills/evacuation scenarios took place on a regular basis. Personal emergency evacuation plans (PEEPs) for people who used the service were completed and a summary of these was available for emergency situations. A PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency.

The provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

Records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Window restrictors were fitted to windows and the maintenance team looked at these as part of their monthly health and safety checks.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service.

An infection prevention and control audit had been completed in February 2018 and an action plan was in place. We walked around the service with the registered manager and looked at the communal areas and a sample of bedrooms (with people's permission). Premises were clean and there were no malodours. One person said, "The service is cleaned every day. Laundry is done well and all my clothes are nicely ironed and cared for by staff."

Is the service effective?

Our findings

People were cared for and supported by trained, motivated and skilled staff. Staff who were new to the caring profession were required to complete the Care Certificate; this ensured that new staff received a consistent induction in line with national standards.

A comprehensive training programme was in place for new staff and there was continuing training and development for established staff. Some people had different medical conditions and staff had received specialist training to meet their needs. We saw evidence of training records for medicines administration including medicines being administered to a person with a percutaneous endoscopic gastrostomy (PEG), though some carers were overdue for refresher training. The registered manager provided evidence that this was booked for April 2018.

Staff were supported by having regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Minutes of the supervision meetings were made available to us during the inspection. Staff had also received annual appraisals of their work performance.

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. Where people lack mental capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that people had been assessed for capacity, and there were documented best interests meetings with families and GP's involvement. DoLS referrals were being made to the supervisory body. An overview sheet showed that the registered manager was monitoring and updating these as needed.

Staff showed awareness of people's rights and MCA. In discussions staff were clear about how they gained consent prior to delivering care and treatment. For example, staff knew to ask people for consent before giving care. For people who were cognitively impaired, the staff said they followed their care plans, which were all individual and detailed about the support people needed.

People had access to a GP and other health care professionals. People told us, "The chiropodist comes regularly" and "The dentist hasn't been for a long time. The optician comes regularly. I see a doctor whenever I need to." Relatives comments were, "Our relation has been seen by an optician and has new glasses. We take them to their hospital appointments" and "Every week my relative sees a doctor. It's been necessary to call a doctor out and that has been successful." Evidence of visits and appointments by and to health care professionals were clearly recorded in people's care notes. There were risk assessments relating to nutrition, choking and swallowing and where appropriate referrals had been made to the dietician or

Speech and Language Therapy (SALT) team.

Staff offered people appropriate support with eating and drinking. People were offered different options of meals until they found one they liked. The food smelt appetising and there were ample portions. Most people stayed in their bedrooms through choice. They came down for lunch and went back to their rooms in the afternoon. One person told us, "I am a poor eater with a lot of food dislikes, including vegetables. However, I am always given lots of choice for alternative meals and I usually find something I like. We get plenty of drinks offered. I go down to the dining room for lunch but I prefer being in my room so I don't stay there long." Another person said, "I am very happy with the meals – no complaints from me." People told us, "We are offered a nice variety of meals." One person said, "I enjoy eating spicy foods so today's chicken curry is my choice of meal."

The environment was clean, tidy and well maintained. All bedrooms were used for single occupancy and had en-suite facilities. There was a conservatory to the front of the service which had views of the local residential area. People said they liked sitting there and watching 'the world go by'. Some bedrooms had doors opening onto an internal courtyard, making it easy for them to access outdoor space. Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included specialist beds, hoists and sensor mats. All equipment was in good working order and ensured the care being provided was safe and effective.

Is the service caring?

Our findings

People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. One person told us, "The service is excellent and staff are very good. It is a lovely home and I am well looked after." Another person said, "The care is very good and staff are marvellous."

People said staff were very caring and helpful and support was always there. We asked people if they thought staff treated them with privacy and dignity and were they respectful and polite. All comments were received were positive and one person told us, "I don't want any personal care from male staff and staff respect my wishes. They are very good about protecting my dignity. The care here is good; it is a lovely place."

We observed care interactions around the home. Staff were polite and sensitive to people's needs. They knocked on the doors of people's bedrooms before entering. Staff also helped people around the home, including taking them to the dining room or back to their rooms. One relative said, "My partner has been in the service several years. Staff care for them and I am confident they are in good hands. Staff remain here which means my partner gets continuity of care. Staff seem happy in their work and they always let me know if there are any concerns about my partner's wellbeing."

People had access to call bells and were encouraged to personalise their bedrooms to make them feel more familiar and homely. This included bringing in items of furniture and photographs. We observed that the people who lived there could choose to have their doors left open or closed whilst they were in their bedrooms and staff understood their preferences. One person told us, "Staff help me to walk with my frame, and I can go out of the door into the courtyard when I want to." Another person said, "I prefer to remain in bed as I am most comfortable here and find staff are very kind and gentle when they give me support."

People we met and spoke with were well groomed, well dressed and the men were clean shaven if that was their choice. People told us they had good access to baths, showers and bed baths as needed. Everyone was very satisfied with their care and support. One visitor told us, "The care is brilliant; fantastic staff who are lovely with my relative. Staff keep our family up to date and we can visit at any time. We are always made welcome and I think staff look after the families as well as the people who need care." Another visitor said, "I am very satisfied with my relative's care. If my relative is happy that means everything to me; they tell me that the service is marvellous."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is an

independent person who supports someone so that their views are heard and their rights are upheld.

Is the service responsive?

Our findings

An assessment was carried out prior to people's admission, to identify their support needs. Care plans were developed outlining how these needs were to be met. Involving people in the assessment helped to ensure support was planned to meet people's individual care preferences. Risk assessments had been completed and care plans were in place to make sure people stayed safe and well. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date.

The care files we looked at were person centred and descriptive of people's needs. We spoke with the registered manager about how staff could improve these by including specific care plans for people's medical conditions such as diabetes, epilepsy and dementia care. For example, one person had diabetes and received input and care from the district nurse team. The person had a past history of diabetic foot problems such as ulcers. Staff were instructed to observe and give pressure care, but there was no specific foot care plan in place. Diabetic guidance such as that published by Diabetes UK recommends this as best practice. This person had appropriate equipment in place such as a gel mattress, a wedge for their feet and a pressure cushion to sit on when out of bed. The person also confirmed that they received appropriate foot care.

A visiting healthcare professional was positive about staff in the service and said they were very responsive to advice and took any guidance on board. The healthcare professional told us that people were taken to their bedroom if any care tasks were required such as dressings changing. They said, "This is a lovely home with caring staff who are polite and respectful to people."

The nurses carried out a variety of clinical interventions as part of their role of caring for people who used the service. They used nationally recognised risk assessment tools to assess people's level of need and reduce the risk of harm. We saw they had completed nutritional risk assessments using the Malnutrition Universal Screening Tool (MUST) and assessed people for risk of developing pressure ulcers by using a Waterlow screening tool. The Waterlow scores were kept up to date, checks of a selection of scores showed they were recorded and care changed as necessary in the care plans.

Staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. People were aware of their care plans and were involved in making decisions about their care. This made sure care plans were current and continued to reflect people's preferences as their needs changed.

Where people were receiving 'end of life' care and support, we saw evidence that they, their family and their GP, had been involved in discussions around their care and support wherever possible. One individual whose care we looked at was seen to be comfortable and settled in their bed. Appropriate care was being given to meet their individual needs. A specialist bed and pressure relieving mattress was in place and their bed was clean, dry and the mattress was set to their individual weight. Their records showed that they had received input from their GP and other healthcare professionals as needed.

Staff told us, "The work here is demanding, but we really enjoy it. We have plenty of equipment to help us carry out care tasks such as moving and handling or bathing." They spoke about making sure information was kept confidential and were knowledgeable about data protection. They said, "We keep the office locked when no one is in there and our laptops are kept there as well. Care files are stored in locked filing cabinets." The registered manager was aware of the need to make information for people available in accessible formats to ensure people were able to read and understand it.

People said there were enough things to get involved in at the service and told us they enjoyed the activities on offer. There was a computer in the conservatory with internet access which was available for people to use. One person said, "I like to do craft work and I get lots of visitors. I keep in touch with my family and friends through the computer – face book, emails and skype." The library service visited the home on the first Thursday of each month. People told us the team from the library would leave them a selection of books if they were not able to choose these themselves.

The activity organiser told us, "We are doing a celebration on Saturday for the Queen's birthday. This includes a high tea." They said there was a monthly programme of activities and these were discussed at the residents and relative meetings. Families helped out with activities, for example on day two of our inspection two visitors that sang were entertaining people. Three different groups of people came into the service to carry out exercises with people who used the service. There was also a church service held once a month.

One visitor told us, "I know about the complaint procedure and I am confident of using it if necessary. Anything we have brought up about our relative's care has been dealt with quickly and effectively. The registered manager is approachable and so are staff." There was a complaints procedure on the wall and information was provided to help people understand the care and support available to them. Our checks of the complaints records showed these were dealt with quickly and those documented had been resolved.

Is the service well-led?

Our findings

At the last inspection we found there were breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to record keeping and quality assurance. The provider gave us an action plan detailing how they would meet the breach of regulation.

During this inspection we saw sufficient improvements to both record keeping and quality assurance/monitoring had been made, so the breaches of regulation 17 were met.

There was a registered manager in post who was supported by a deputy manager and qualified nursing staff. The majority of people who spoke with us were able to tell us the name of the registered manager and were confident about raising any issues with them. People who we spoke with said "The service is well managed" and "There is a high standard of care and a supportive team of staff." One relative told us, "The service is family orientated. Staff work as a team and there is a good atmosphere. Families are included and there is a close knit relationship between us all."

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. Staff told us, "We have good staffing levels and the communication within the service is effective", "Staff stay here and people recommend the service, because it is a lovely home" and "There is a real family atmosphere and our work focuses on people and their needs." Staff said that the registered manager was very supportive towards them and enabled them to give a high standard of care, through regular training updates and information sharing."

We saw copies of staff supervision sessions; the information within the records indicated that this gave staff an opportunity to discuss their work, any concerns they might have and was also a time for them to be updated with any changes needed. Staff told us they felt well supported by the management team. Staff told us, "We can always talk to the registered manager if we have any queries about people's care. They are very supportive and helpful." Staff said, "We have team meetings a least once a month and there are registered nurse meetings in addition to these. There is a good level of communication amongst staff and we can share any concerns with the management team." We found an engaged, friendly and experienced staff team in place.

Staff were not asked to undertake tasks they were not confident about completing. The staff training plan showed that all care staff completed essential training and then went on to undertake more specialist training and vocational training courses such as diplomas in health and social care to further develop their knowledge. The registered nurses were supported to maintain their registration through training and personal development. This demonstrated that people were looked after by well trained and knowledgeable staff, who were confident and capable of meeting their needs. The service had a valid quality assurance award from Investors in People. It was awarded in 2000 and revalidated in 2017.

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service. Minutes of the last resident meeting were on display with 'you said we did' feedback as well.

As part of the quality assurance process the registered manager completed monthly reports for the provider. These included a 'resident and risk' report which evidenced that there was effective oversight and monitoring of wound care, weight loss, infection prevention and control measures and end of life care. There was an annual statement of infection prevention and control in line with best practice. We discussed with the registered manager about introducing 'Learning from events' such as medicine errors or incidents. This is where the service reviews such events and the action they took; to see where improvements could be made and practices changed to ensure the risk of it happening again is reduced.

There were monthly records of the provider visits to the service. These were detailed and looked at all incidents and risk within the service to assess for trends and patterns; none had been found. The reports included an action plan for the registered manager to follow. The action plan clearly showed the action taken and when it was completed.

The registered manager carried out audits on a monthly basis. Where needed, action plans were produced and completed when actioned. Each month the provider received the dependency scores for people who used the service. The provider used these to monitor staffing levels in the service and this was then reported on in their monthly visits.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.