

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Ashdale Care Home

Ashdale
Golden Lane
Pembroke
SA71 4PR

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Registered provider:	Ashdale Care Limited Susan M Harris
Registered manager:	Denise Alderman
Number of places:	43
Category:	Care Home Nursing - Older
Dates of this inspection episode from:	to:
Dates of other relevant contact since last report:	
Date of previous report publication:	
Inspected by:	Frances Rayner

Introduction

Ashdale Care home was situated within a residential area in the town of Pembroke. It was a purpose built building providing accommodation all on one level apart from an upstairs flat for one able bodied person.

Ashdale was registered to provide nursing and personal care for forty three (43) persons, over the age of sixty five (65). Respite and day care was also available.

The responsible individual for Ashdale Care Limited was Susan Harris and the registered manager was Denise Alderman.

Summary of inspection findings

What does the service do well

Service users and relatives think highly of the service and the staff who support them.

Service users were able to exercise choice and control over their lives.

Provides a good standard of accommodation.

Provides a good standard of social and recreational opportunities.

The home held a food standards agency hygiene rating of 5.

Service users were well supported and received a good service from a stable and competent team of staff.

Most members of staff had either commenced or had completed a National Vocational Qualification (NVQ) or Qualifications and Credit Framework (QCF) level in care.

There were dedicated cleaning staff and the standard of cleanliness in the home was very good.

What has improved since the last inspection?

The inspector considered that the care home continued to provide a high standard of care and opportunities for service users.

The management continued to look at ways that they could improve standard of the care documentation.

What needs to be done to improve the service?

a.) priorities

None

b.) other areas for improvement

The temperature should be recorded in all areas medication was stored.

The medication keys should be held by the nurse in charge at all times.

The registered persons should consider discussing what improvements could be

made in relation to equipment with the housekeeping staff.

Inspection methods

The following methodology was used for this inspection episode:

Two unannounced visits.

This inspection visits was used for the inspection of documents, direct testing of policies and procedures, observations of daily life and practice of the home and the case tracking of four (4) service users. The latter involved the examination of how assessments were translated into care plans and how the care impacted directly on outcomes for service users.

Examination of the pre inspection documentation.

The inspector spoke to a number of service users, visiting relatives, staff, registered manager and provider.

The inspector sat in on an afternoon handover.

The inspector joined in some of the planned activities for the day.

Questionnaires were sent out to twenty five staff and seven were returned.

Questionnaires were sent out to fifteen relatives and eight were returned.

The inspector toured the home internally.

Choice of home

Inspector`s findings:

There was a statement of purpose and service user guide available to assist individual's to make an informed choice. These documents were not examined on this occasion however the last inspection confirmed that the information provided in both these documents met the regulatory requirements. Feedback from relatives was that the quality of the home's brochure was good. Ashdale also had a website to obtain information regarding the service provided. The pre inspection documentation indicated that the registered persons were aware that their brochure and website was due for updating.

Pre-admission assessments were conducted in the prospective service user's home or current residence at that time by either the manager or the deputy manager. Service users and or their representatives were encouraged to view the home and spend some time there prior to considering an admission to the home. Respite stays could be provided when they rooms available. Service users had the opportunity to come into the home on a trial basis before making a long term decision regarding their placement.

Service users were encouraged to bring in their own possessions and small items of furniture and could choose the décor of their room. One service user was able to confirm this on the inspection day how they had recently chosen new curtains and bed linen for their room.

Terms and conditions were not inspected on this occasion.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Planning for individual needs and preferences

Inspector`s findings:

A sample of four service users' records was selected for detailed examination. Wherever possible, the inspector spoke with the service user and/or their relatives to explore their views of the care provided. The inspector was also able to make a judgement about their satisfaction with, and participation in, the care planning process.

During the examination of service users' files it was evident that they each contained detailed information about each service user, which was identified during the assessment process. This information led to the formulation of the care plans and risk assessments which generally were of a good standard. However some care plans needed to be rewritten to fully reflect changes in needs. Evidence was seen of monthly care plan reviews that had been undertaken. One service user did not have a moving and handling assessment and the inspector requested that this to be done promptly and some other moving and handling assessments also needed to be updated. Care needed to be taken to ensure risk assessments and care plans did not contradict each other.

The files examined also demonstrated where other health and social care professionals had been consulted and involved with the assessment and changing needs of service users.

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Good practice recommendations:

Quality of life

Inspector`s findings:

The quality of peoples' lives was the main focus of this inspection visit. A majority of time was spent in the different lounge areas of the home speaking with service users, staff and relatives and observing care practices.

Discussions with service users and relatives, together with observations made during the inspection, indicated that autonomy and choice were promoted for service users. They were able to choose when to get up and when to go to bed; what to eat; bringing personal possessions into the care home; participation in activities; and, wherever possible, the management of their own finances. Service users were able to personalise their rooms and evidence was seen that the majority of rooms were personalised with items of furniture, pictures, photographs, ornaments and other possessions. Service users and their relatives confirmed that were able to make suggestions and raise issues of concern and that staff responded appropriately.

The home had two activity organisers who provided activities for six days of the week. A minibus was hired twice a month for outings and three staff were able to drive the bus. The weekly programme ensured that those who wished to could join in a variety of sessions, morning and afternoon. It included one-to-one therapy sessions as well as group pastimes, such as coffee mornings and seasonal activities. One service user informed the inspector that they facilitated a weekly music group and clearly enjoyed doing this. The inspector joined service users on both activity sessions for the day and service users clearly had enjoyed the activities. The inspector did discuss with the manager the fact that the staff member delivering the sessions would benefit on having some specific training in relation to providing activities and doing successful group work to assist them in their role. It was a shame that the morning activity had a number of interruptions which did disrupt the flow of the group and the concentration of the service users.

There was a monthly 'What's On' information sheet given to service users and families and also displayed on notice boards. One member of staff had taken on the role of producing a newsletter called The 'Ashdale Telegraph' which was produced monthly with lots of information of what had been happening in the home and was available for service users, families and friends.

Quality Circle meetings were held on the first Thursday of every month. Service users were able to make their feelings known on all aspects of their lifestyle at Ashdale and participate in organising the activity programme. The minutes and actions taken from these meetings were displayed back to back with the menus on the dining tables to ensure that they were available for all to read.

A communion service was held every month at Ashdale with the residents who enjoyed attending. Other denominations were welcome to visit the home. Transport could be arranged to take service users to their own local Church if requested.

Visiting arrangements were very flexible and documentary evidence was seen that contact with family was encouraged and facilitated. Feedback from relatives confirmed that they were happy with visiting arrangements and were made to feel welcome.

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Good practice recommendations:

Quality of care and treatment

Inspector`s findings:

All service users were registered with one of the local GP practices. Evidence was seen that service users had access to a range of specialist health care professionals.

A suitable range of equipment to manage moving and handling needs, the risks of pressure damage and other specific nursing requirements was available. A number of specialist nursing beds continued to be in use at the home. One service user spoken to was not happy with their bed and this was raised with the manager and provider who agreed to address this immediately.

The inspector sat in on the afternoon handover on one of the inspection days and the quality of the exchange of information between them was very good and the care staff effectively contributed to the exchange of information.

Service users and relatives were very complimentary regarding the staff and the care delivered an example of comments made were;

‘A wonderful place and if I ever need such a place in the future then I hope I can find something similar’.

‘Has friendly homely atmosphere’

A sample of accident forms were seen and were satisfactory.

The medication administration records examined and generally they were satisfactory, as was the controlled drugs register. Regular audits of controlled drugs had been recently introduced which was good practice. The need for some medication entries to be more detailed, abbreviations should not be used and the evidence of some gaps was discussed on the inspection day. The temperature needed to be recorded in all areas medication was stored. There was a need for two signatures when disposing medication. It was also highlighted that the medication keys should be held with the nurse in charge at all times.

The technical certificates which evidenced the servicing of appliances and equipment had been carried out were not examined on this occasion.

The main kitchen was not examined on this occasion. The home held a food standards agency hygiene rating of 5. Feedback regarding the quality of the food provided was very positive and service users were regularly consulted regarding the menus. The weekly menus were displayed on the dining tables for all to view. Two members of staff each morning have the sole responsibility of asking each service users what they would like for breakfast and then to prepare and serve. These staff members are also responsible for service users having fluids such as mid morning drinks and assisting service users where necessary.

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Good practice recommendations:

- The temperature should be recorded in all areas medication was stored.
- The medication keys should be held by the nurse in charge at all times.

Staffing

Inspector`s findings:

Service users were well supported and received a good service from a stable and competent team of staff. The numbers of staff on duty appeared satisfactory to meet the needs of service users.

A sample of staff files was examined and they generally contained the necessary documentation. However with the current system in place it was not always clear where references were from which needed to be addressed.

Evidence was seen that staff received an induction on commencing employment. New staff members were rostered to work with more experienced staff.

There was a system in place to ensure staff kept up to day with their mandatory training. Updates were arranged as necessary and there were some gaps that were being addressed such as the manager confirmed that they were in the process of booking food hygiene training, infection control and first aid. Some staff had received some of their mandatory training over two years ago and the management needed to consider appropriate timescales to update staff. Additional service user specific training was arranged as necessary. There were two in house instructors for moving and handling training. Most members of staff had either commenced or had completed a National Vocational Qualification (NVQ) or Qualifications and Credit Framework (QCF) level in care.

There was evidence that supervision was occurring and a senior member of staff had taken on this responsibility. The feedback was that staff were more receptive about receiving supervision and would now seek support more readily if they felt the need, which was a real positive achievement to the nurse who had taken this task on. However further developments were necessary to ensure that supervision sessions cover all aspects of practice, training needs and philosophy of care within the home. There was also a need to ensure outcomes are identified and followed through.

Regular staff meetings were held fortnightly and minutes were kept of these meetings.

Staff spoken to during the inspection visit and feedback from questionnaires confirmed that staff were happy in their roles and felt well supported by the management.

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Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

Service users benefitted from the ethos, leadership and management approach of a well run home. From observations undertaken it was evident that the registered manager had a good understanding regarding service users' needs. It was evident that she and the provider had a good relationship with service users and were closely involved in meeting their needs.

The registered manager was a qualified registered nurse who had completed a NVQ level 4; she was also registered with the Care Council for Wales.

There were systems in place regarding quality assurance. The regular Quality Circle meetings checked that all matters had been dealt with by encouraging views, with any topic discussed; everyone present asked for opinions or suggestions on ways to improve care or life at Ashdale. The feedback received during this inspection indicated a high level of contentment and satisfaction was found with the care provision.

The pre inspection documentation was completed to a good standard and indicated that the registered persons were committed to continuing to improve the service they provided.

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Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

There had been no formal complaints or adult protection referrals since the last inspection.

Relatives and service users surveyed or spoken with were able to confirm that they felt able to raise concerns if they had any as the staff and management were approachable. However no one had needed to use the home’s complaint procedures.

There were policies and procedure regarding adult protection at the home, which was clearly understood by those staff spoken to on the day of the inspection. All staff had received or training was planned for them to complete in relation to the protection of vulnerable adults.

Service user’s finances were not inspected on this occasion.

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New requirements from this inspection:

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Good practice recommendations:

The physical environment

Inspector`s findings:

Ashdale was a detached purpose-built providing nursing and personal care for 43 persons. It is set in its own grounds, with car parking, on the outskirts of the town of Pembroke. All accommodation was provided on the ground floor, except for an upstairs flat that could accommodate one fully mobile individual. All bedrooms were single occupancy apart from one.

Service users lived in a well maintained, clean and comfortable environment. Their rooms were suitable to their needs and lifestyles, which where practicable promoted their independence. A team of four maintenance men ensured that ongoing maintenance jobs and the ongoing refurbishment and decorating of the home was completed.

The home was clean and hygienic, as efficient cleaning staff ensured the home was kept clean, tidy and free from any offensive odours. Feedback from questionnaires indicated that the cleaning staff considered additional equipment would make the housekeeping duties easier and more efficient.

The laundry was not seen on this occasion as there had been a focus last year regarding infection control and no issues had been raised. Feedback from staff was that when designated staff were on duty in the laundry the service was much improved and they would like to see this on a regular basis.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The registered persons should consider discussing what improvements could be made in relation to equipment with the housekeeping staff.

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

