

Mauricare Limited

Ashton Court Residential Home

Inspection report

62 Blyth Road
Maltby
Rotherham
South Yorkshire
S66 7LF

Tel: 01709812464






Date of inspection visit:
12 November 2019

Date of publication:
05 December 2019

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

Ashton Court is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

We completed a tour of the home and found the service required some attention in certain areas. The flooring in the toilet downstairs, sluice room and dining area were particularly worn.

Staff we spoke with raised concerns as they felt they were not always able to manage the needs of people with the number of staff allocated per shift. Medicines were not always managed safely. We looked at staff files and found the recruitment process had not always been followed.

People were safeguarded from the risk of abuse. Risks associated with people's care were identified and managed in a safe way. Lessons were learned when things went wrong.

The provider had an audit system in place and areas such as infection control, health and safety, care plans and medicine management were checked. A corrective action plan followed if issues needed to be addressed. However, some of the issues raised during our inspection had not been previously noted as part of this system. During our inspection we noted that two incidents, one serious incident and a safeguarding issue had not been reported to CQC.

People's needs were assessed, and care delivered in line with their preferences. Staff received training and supervision to carry out their role. People had access to healthcare professionals.

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 a balanced diet and their nutritional needs were met. However, the dining experience could be improved on.

We observed staff interacting with people and found they were kind, caring and patient. Staff respected people's privacy and ensured their dignity was upheld.

Care plans were person centred and care delivered was in line with people's choices and preferences. An activity co-ordinator provided social stimulation. The provider had a complaints procedure and when people raised concerns they were appropriately dealt with. End of life care was discussed with people and recorded in their care planning documentation.

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

Rating at last inspection

The last rating for this service was good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Ashton Court Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashton Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care worker, care workers, cook and the activity co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the dependency tool used to determine the numbers of staff required.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had a system in place to recruit staff. We looked at two staff records and found staff were not always recruited in line with the providers process.
- One record only contained one reference. We spoke with the registered manager about this and were told this would be resolved.
- Staff raised concerns in relation to staffing. They felt there were not always enough staff to meet people's needs. One staff member said, "The staffing levels worry me as I fear anything going wrong. We can't be everywhere." Another staff member said, "Its hard sometimes especially in an afternoon, but we do meet people's needs. It's a worry if we are in a bedroom and two of us are in a room and the sitting room is left."
- The provider had a dependency tool which was used to determine the number of staff required. However, this did not take in to consideration the layout of the building.

Using medicines safely

- The provider did not always ensure medicines were managed safely. During our inspection we counted medicines for two people and found the number of tablets left was not the same as recorded on the medication administration record [MAR]. The registered manager told us this was due to a member of staff not signing the MAR to say the tablets had been given.
- People who required medication on an 'as and when' required basis, did not have protocols in place to ensure they were given appropriately. The senior care worker told us the staff knew people well and knew when to administer the medicines. The registered manager told us they were in place but had been filed away by mistake.
- People who were prescribed creams and ointments, did not always have a body map in place to direct staff where to apply the cream.
- The medicine trolley was kept downstairs for long periods. However, there was no temperature taken to ensure this medicine was stored in line with manufacturers recommendations.
- Following our inspection the provider confirmed appropriate action had been taken to address these concerns.

Preventing and controlling infection

- We completed a tour of the building and found concerns with the environment.
- The home is on three levels, but the top floor was not being used at the time of our inspection due to low capacity. We saw this floor was in need of attention and the registered manager told us this would be renovated prior to use.

- The sluice room flooring was worn and had a split in it preventing it to be cleaned effectively. There was a wooden shelf which was worn and dirty. This was unable to be kept clean due to the porous nature of the wood.
- The flooring in the downstairs toilet area was ripped and worn and not able to be kept clean.
- The dining room wooden floor was worn and had some gaps where the wood had worn.
- Following our inspection, the registered manager sent evidence that the flooring in the sluice and toilet area had been replaced and the wooden shelf in the sluice had been removed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from abuse.
- Staff we spoke with told us they had received training in safeguarding and were able to recognise abuse. One staff member said, "I have done my safeguarding training and I would recognise abuse. I would report it straight away to the manager or deputy. If I didn't think anything was being done I would report it to the safeguarding team in the council."
- The registered manager kept a record of safeguarding concerns and the outcome. However, we saw one safeguarding concern had been reported to the safeguarding authority but had not been reported to CQC as required.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure hazards in relation to people's care had been considered and minimised.
- We saw risk assessments in place for things such as falls, malnutrition, and choking.
- People's care documentation contained personal emergency evacuation plans [PEEPS]. These recorded the support people required in case of an evacuation.

Learning lessons when things go wrong

- The registered manager kept a record of actions taken when things went wrong.
- Following an accident an accident form was completed and an analysis of the incident and actions taken to prevent reoccurrence.
- When incidents were isolated this was recorded and where incidents required further action this was taken. For example, one person had an unwitnessed fall and was found on the floor in their bedroom, ambulance was called and taken to hospital and suffered graze to knee and skin tears. Sensor mat now in situ.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 recorded in their care plans. We saw staff interacting with people in line with their plan of care.
- Prior to people receiving care and support, their needs were assessed to ensure staff knew how to support them.

Staff support: induction, training, skills and experience

- Staff told us they received training which supported them to carry out their role.
- We saw staff had an induction to the service when they commenced employment. This included training and shadowing experienced staff.

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

- People were supported to eat and drink sufficient amounts to meet their needs.
- We observed the dining experience during lunch and found this could be improved. People were not always offered choices, tables had no tablecloths or placemats and the menu displayed was not a true reflection of the meal served.
- The catering staff serviced food part from a hot trolley and part from an ordinary trolley. This increased the risk of food going cold before people received it.
- We raised these issues with the registered manager who took immediate actions to address the concerns.

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

- People had access to oral health care who visited the home for dental advice and care.
- We looked at care plans and found people had been appropriately referred to healthcare professionals when required.

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

- The home had good signage to assist people to navigate their way around the service.
- People had access to outside space which had been well maintained.
- The home was tired and in need of redecoration in places.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager ensured the service worked within the guidelines of the MCA.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed staff interacting with people and found they were respectful and caring.
- People who used the service told us they liked the staff. One person said, "Well they [staff] are nice you know. I am happy here I'm glad I'm here." Another person said, "They [staff] are smashing really, it's homely here."

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

- We saw people were supported to express their views. We saw staff asking people what they wanted to do and explaining care tasks to them to gain their consent.
- Staff respected people's decisions when they expressed what they wanted to do and where they wanted to sit.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors prior to entering people's bedrooms and bathrooms. This showed they were considering people's dignity.
- Staff we spoke with said, "I make sure doors are closed when providing personal care. It's person centred care so you work to what they like. I get to know people well and I know what their likes and dislikes are." Another staff member said, "I talk to people and explain what and why we are doing and at all times we try to maintain their dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider ensured people received person centred care which met their needs and took into consideration their wishes.
- We looked at a selection of care plans and found they reflected the support people received.
- Specific information regarding how people wanted to look and what they preferred to wear was included in documentation.
- We observed staff interacting with people and found they knew people very well and were able to respond to their needs appropriately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available throughout the home and was presented in a way people understood.
- Information relating to how people communicated, was included in care plan documents. For example, one person liked staff to speak clearly and slowly and allow time for them to respond.

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

- The service had an activity co-ordinator who provided social activities for people.
- We spoke with the activity co-ordinator and they told us they provided things such as dominoes, dancing, light exercise, table top games and discussions.
- People we spoke with told us there were enough activities. Some people preferred not to join in. One person said, "I like being around people. I don't like joining in just sit here, but it's my choice."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, and this displayed in the main entrance. There was also an easy to read format available.
- The manager kept a record of complaints and we could see these had been appropriately actioned.
- There was also a compliments file in place containing thank you cards and reviews. One comment was, 'Excellent staff who take time to reassure residents and consider their welfare. Food excellent and good variety.'

End of life care and support

- Care plans contained details about end of life care. This included people's wishes and choices.
- At the time of our inspection there was no one in receipt of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated 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.

Continuous learning and improving care

- There was a system in place to monitor and review the service. However, this was not always effective.
- Some issues raised on inspection had not previously been identified. For example, the infection control audit did not identify issues with the wooden shelf and flooring ripped in the sluice, dining room flooring worn or the stain around the toilets and shower room on the ground floor.
- A corrective action plan was in place for September 2019 and October 2019 with action required but no indication of actions taken.
- The dining room audit in October 2019, had identified that placemats would be a nice addition. This action had not been completed at the time of our inspection. However, we were sent confirmation this had been addressed following our inspection.
- There was an audit in place to monitor the safe management of medicines. However, this had not identified the issues we found during our inspection.
- The provider had a tool which was used to determine the number of staff required each day, to meet the needs of people. However, this was not always effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

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

- The provider gave opportunities for people to feedback about the service and their experience.
- Questionnaires were available on reception, although not many were completed.
- Residents meetings were held regularly. The last residents meeting recorded was August 2019. The registered manager told us they had set up relatives' meetings, but nobody had attended them.

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

- People living at the home received person centred care. Handovers were completed when staff changed shifts, this was to ensure important information was passed on.
- A communication diary for senior staff was also in place to follow up on things such as GP appointments and ordering prescriptions.

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

- During our review of records, we saw two reportable incidents which should have been reported to CQC. The registered manager was unsure how these had been missed.

Working in partnership with others

- The provider worked in partnership with others to ensure people received care and support which met their needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the service were not always effective.