

Care UK Community Partnerships Ltd

Ancasta Grove

Inspection report

123 Barnes Lane
Sarisbury Green
Southampton
Hampshire
SO31 7BH

Tel: 02380984057

Website: www.careuk.com/care-homes/amcasta-grove-southampton

Date of inspection visit:

22 December 2021

29 December 2021

30 December 2021

Date of publication:

30 May 2022

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

Ancasta Grove is a nursing home providing personal and nursing care to younger adults and older people who may be living with dementia or a physical disability. Accommodation is in a new, purpose-built facility on three floors. The service was registered on 25 May 2021 to accommodate up to 75 people. At the time of this inspection there were 21 people supported, all with rooms on the ground floor.

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

People told us they felt safe, and staff took their safety and wellbeing seriously. We found concerns about fire safety in areas of the home that were not occupied at the time of the inspection. Other risks relating to the service and people's individual risks were managed with a view to keeping people safe and protected from harm, including their human rights. The provider put learning in place when things went wrong. There were processes to manage people's medicines safely and protect them from the spread of infection, including COVID-19.

There had been a period of inconsistent leadership in the home during which the provider had not always met the fundamental standards of care. There had been some recent improvements, and staff morale was positive. People we spoke with were positive about the service and said they would recommend it. There were examples of good outcomes for people.

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

Rating at last inspection

This service was registered with us on 25 May 2021 and this is the first inspection.

Why we inspected

We received concerns in relation to safe management and administration of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns.

However we found evidence the provider needs to make improvements in other areas of safe and well-led. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach of regulation in relation to safe care and treatment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ancasta Grove

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand how prepared the service was to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised an inspector and a pharmacist specialist.

Service and service type

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

The service did not have a manager registered with CQC. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed all the information we had received about the service since registration. We sought feedback from local authority and other 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 four people who used the service about their experience of the care provided. We spoke with eight members of staff in addition to the regional director and the operations support manager.

We reviewed a range of records. These included four people's care records and risk assessments, and medicine administration records and associated care records for a further eight people. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including medicines policies and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records sent to us by the provider. We considered all the evidence collected during the inspection to inform our judgements.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- The provider had not made sure risks identified in their fire risk assessment had been addressed completely and promptly. The risk assessment action plan dated 2 August 2021 identified two high priority and nine medium priority actions. The action plan stated the medium priority actions should be addressed within three months, one high priority action should be addressed "Within as short a time frame as reasonably practicable", and the other high priority action should be addressed "Prior to the occupation of the second floor level".
- The provider had commissioned a second fire safety consultant to report on the high priority actions identified. This report concluded no actions were necessary in these areas. The provider confirmed necessary works were still in progress at the time of the inspection, but it was not clear if these were in response to the medium priority or high priority actions in the August report. We did not see records relating to progress on the medium priority actions. The provider had measures in place to reduce the risk to people by only using rooms on the ground floor and making sure staffing levels were always sufficient to manage an emergency evacuation if required.

The provider had failed to take all reasonably practical steps to make sure the premises were safe for their intended purpose. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had measures in place to identify, assess and manage other risks associated with the premises. These included measures to reduce the risk of water-borne disease, such as legionella, and measures to manage risks associated with COVID-19.
- The provider had a proactive approach to managing individual risks to people's health and well-being, which took into account people's human rights while taking steps to keep them safe. The provider used standard tools regularly to update risk assessments for poor nutrition and skin health. Where people had a modified diet, standard descriptions were used to guide staff to prepare their meals safely.
- People's care plans included individual risk assessments, such as for choking, falls, and behaviours which others might find difficult to understand. Risk assessments took into account people's individual circumstances. For instance, where a person had an underlying health condition it was noted that their blood oxygen levels were normally lower than average.
- Staff we spoke with knew people well and were aware of risks to their health, safety and welfare. Staff knew how to reduce, avoid, and manage people's individual risks. Risk documentation in people's care plans was thorough and detailed.

Using medicines safely

- Medicines were managed safely. Staff were assessed to ensure they were competent in the safe administration of medicines. We saw staff gave people their medicines in a caring and supportive way. Staff knew how to make safe decisions to support people with medicines prescribed to be taken "when required". Staff applied pain relief patches in accordance with the prescriber's directions. Unused medicines were disposed of safely.
- The provider had processes in place to check medicines were administered safely. There were monthly audits of medicines records. Medicine administration records included relevant information about how to administer people's medicines. Records were complete and up to date. Staff knew how to arrange medicine reviews if these were thought to be necessary.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, harm and discrimination. People told us they felt safe. One person said they "could not fault the place", and another said staff were "excellent" when asked if everything was done to keep them safe.
- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with had had training, and they were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them. The provider worked with the local authority to investigate when concerns were raised.
- We found examples where the necessary notifications had not been sent to us when an allegation of abuse had been made. The provider agreed these incidents should have been notified to us according to their own procedures. The provider undertook to make sure notifications were submitted in a timely fashion in future.

Staffing and recruitment

- There were enough staff with the right mix of skills to support people safely. People told us there were always staff available if they needed them, and they did not have to wait long for attention. We saw staff went about their duties in a calm, professional manner without having to rush. When needed staff were able to give people individual support.
- There were robust recruitment systems, and the provider made the necessary checks. The provider had maintained their recruitment process during the COVID-19 pandemic. They had retained copies of the necessary records, such as evidence of a Disclosure and Barring Service (DBS) check.

Preventing and controlling infection

- Policies and procedures were in place to support staff to maintain high standards of cleanliness and hygiene during the COVID-19 pandemic. Staff told us they had received training in the new standards of infection control, and they always had access to personal protective equipment (PPE) and other infection control supplies. Staff were confident the service had the right processes and protocols in place.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- In the event of accidents or incidents there were thorough investigations and analysis. The provider had a monthly accident and incident report which was analysed for trends relating to the location and time of the event, person affected and cause. The report identified learning and recommended actions to prevent future accidents and incidents, such as additional training for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- At the time of the inspection there was no registered manager in place at Ancasta Grove. The previous registered manager had worked their notice and left at the beginning of December 2021. The provider had attempted to recruit a new registered manager in time for the new manager to receive a handover from the outgoing manager. They had not been able to find a suitable replacement at the time of the inspection. This had led to a lack of consistency in leadership at Ancasta Grove.
- The provider continued to actively recruit for a new registered manager and other leadership roles in the home. The service was supported in the interim by the regional director, the operations support manager, and a registered manager from another of the provider's homes. The management team were working to improve staff communications and to ensure the staff team were working to the provider's corporate standards and policies.
- The provider had not always complied with regulatory requirements. We found one example of an incident or other event which should have prompted a notification to CQC. In some cases we received notifications which were not sent as soon as reasonably practical and which did not contain all the necessary information or a complete description of the event. The interim management team were aware of this and were working to improve the quality of notifications sent to CQC.

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

- There was a positive person-centred ethos amongst the staff. Staff had worked through a period of inconsistent leadership and change at the service together with the challenge of building a new service, and the pressures on the adult social care sector during the COVID-19 pandemic. Staff told us there was good team working and they had seen recent improvements in communications and handovers. We saw there was a positive, up-beat atmosphere in the home.
- People had good outcomes. People we spoke with were extremely positive about the care and support they received. They described the service as "first class", and "by far the best". They described staff as "very caring" and "angels". Staff shared with us examples of people whose general health, wellbeing and mobility had improved while at Ancasta Grove.

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 provider was aware of the need to be honest and transparent with people and their families. Families

received appropriate written communications after events which came under the scope of the duty of candour.

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

- The provider had processes in place to engage with people using the service. These included a survey of residents and relatives, with follow-up actions presented in a "you said, we did" format on notice boards in the home. There was a "resident of the day" process during which people, with their families if appropriate, reviewed all aspects of their care and support with all heads of department. People had opportunities to engage with and share their views about the service.
- The provider had processes in place to engage with staff. These included supervisions, team meetings, clinical team meetings, night shift meetings and whole home meetings. Staff could nominate colleagues for a "staff gem" award for care and support which went "the extra mile". Staff told us they felt supported, although the provider had not yet established a regular programme of supervisions and meetings.

Continuous learning and improving care

- At the time of the inspection the interim management team were developing an overall improvement plan for the service based on feedback from people, their families and staff. There was a focus on improving people's individual care through regular care plan reviews. People told us staff listened to them if they discussed possible changes, but most people said they had "no complaints" about how the service was run.

Working in partnership with others

- The provider worked with other organisations and professionals to improve people's care. The provider had established relationships with the local authority, clinical commissioning group (CCG) and the local GP practice. Staff worked with specialist healthcare professionals such as occupational therapists, physiotherapists, chiropodists and audiologists to make sure people's care met their needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not done all that was reasonably practicable to mitigate risks and ensure the premises used by the service provider were safe to use for their intended purpose. Regulation 12(1) and (2)(a),(b) and (d)

The enforcement action we took:

We imposed a condition of registration to ensure the provider did not use the first and second floors of the building until they were shown to be safe with respect to fire safety.