

The Orders Of St. John Care Trust

Ashwood Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced focussed inspection of Ashwood Care Centre on 3 January 2019. Our inspection was prompted due to receiving concerns relating to staffing levels, staff competencies, and a decline in care quality. We also had concerns regarding the information received from the service in response to a safeguarding incident.

To address the concerns, we inspected the key questions of Safe and Well-Led. At the inspection we did not find evidence to indicate a full inspection of all five key questions was required, so these were not inspected. Our previous inspection in April 2018, found the service to be rated as Good in all key questions, and Good overall. At this inspection, we have found that the evidence supported the continued rating of Good, for Safe and Well-Led.

One recommendation has been made regarding medicines management on the ground floor of the home. This was because this was the only floor of the home where there were shortfalls in the medicines record keeping. The registered manager provided assurances that the identified shortfalls would be addressed and explained what action would be taken.

Ashwood Care Centre is a purpose-built 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 focussed inspection.

Ashwood Care Centre provides accommodation and personal care for up to 82 people. At the time of our visit, there were 74 people using the service. The home is split over three floors, with each floor having two units. The units were known as 'households'.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Further information is in the detailed findings below.

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 continued to be safe.

Is the service well-led?

Good ●

The service continued to be well-led.

Ashwood Care Centre

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 was a focussed inspection, inspecting the key questions of Safe and Well-Led. The inspection took place 3 January 2019 and was unannounced. The inspection was completed by one inspector.

Prior to the inspection we reviewed information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people living at the home, as well as two visiting relatives, and a visiting healthcare professional. We also spoke with four members of care staff, the registered manager, and the peripatetic manager. We looked at medicines management processes on all three floors of the home, as well as care plans and records for six people. In addition, we reviewed information relating to the management of the service, such as call bell response times, audits, and staffing rotas.

We observed care and support in the communal lounges and dining areas. We also observed the medicines administration on two units.

Is the service safe?

Our findings

The service continued to be safe, however a recommendation has been made regarding medicines management on the ground floor of the home.

Whilst people were receiving their medicines safely we did find that processes to ensure the safe management of medicines were not always being followed on the ground floor of the home. We identified several shortfalls, and these were all raised with the registered manager at the time of the inspection. The registered manager initiated action to address these, instructing the deputy manager to support improvements with the ground floor medicines trained staff.

The shortfalls included incorrect codes being used when recording the administration of medicines, making it difficult to identify what action had been taken by staff. The prescription details for two people had been handwritten onto their medicine administration records (MAR) but were not countersigned to confirm that the information was transcribed correctly. Without the counter signatory process, there was a risk that information would not be accurate. Medicines stock check records were also not being used correctly. For example, balances were not being carried forward when starting new MAR sheets, or to complete 'running totals' as medicines were administered. This meant that when counting medicines stock such as tablets, it was not always possible to know how many there should be. There was a risk that not all medicines could be accounted for, due to shortfalls in completing records on the ground floor.

We identified one medicines error. The records evidencing the error stated that the person received their pain-relief at the following times 9 December at 09:30 and 13:30; however, the next entry stated 9 December 10:15. The provider had introduced a different style of record keeping for 'as and when required' PRN medicines and this contributed to the risk of this error occurring. This was because staff were required to hand-write the date, rather than use a pre-populated MAR from the pharmacy. It was unclear if this was a records or administration error.

We recommend that medicines management processes and competencies are reviewed and monitored on the ground floor of the home.

Medicines on the first and second floor of the home continued to be managed safely. We observed medicines being administered and saw that people were supported to take their medicines safely.

Staff received safeguarding training and knew how to raise concerns of abuse. We saw records showing that staff had received training through the organisation. There continued to be a safeguarding policy in place.

Prior to the inspection we received concerns anonymously on three different occasions, informing us of perceived shortfalls in the staffing numbers. The registered manager explained, and staff confirmed that although the home was always recruiting, existing staff picked up shifts that required cover.

Staffing levels were decided using a dependency calculation tool, based on assessing people's needs. We

saw staff rota's reflected that the home was staffed in accordance with their dependency calculations. Staff and a visiting healthcare professional also told us that they felt there were enough staff to meet people's needs. Based on our observations during the inspection, we saw that there were enough staff available to support people safely.

One healthcare professional told us, "I feel people are safe here. It is one of the few homes where I'd have one of my own relatives live."

Accidents and incidents were recorded by staff and reviewed and analysed by the registered manager or deputy manager. Risk reducing measures were implemented, such as sensor mats to alert staff when a person at risk of falls may require assistance. Risks to people's safety were identified and recorded. We saw a range of risk assessments in place, including those for falls and for mobility. In addition, people's evacuation needs were recorded, for reference in the event of needing to leave the service due to an emergency.

The home continued to be well-maintained. A maintenance operative was in post. All areas were clean and apart from one lounge on the ground floor, free from odours. There were plans to replace the carpets in the communal lounges.

Is the service well-led?

Our findings

The service continued to be well-led.

Since the previous inspection in April 2018, there had been a change in registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager was present throughout the inspection.

Staff told us they felt supported by the registered manager. Their feedback included, "[The registered manager] was the deputy here, so she knows us and we know her. The residents and their families know her too. It has meant there wasn't any problems with the change in manager."

The registered manager encouraged staff to participate in projects, aimed at raising awareness or driving improvements in different areas of the care delivery. For example, one member of staff completed a research project about communication, including the impact of staff body language when speaking with people who have dementia. They presented their findings to a group of staff, to share the learning. Another staff member completed a project about the dining experience and as a result, the home was trialling using different coloured glassware. This was to review the impact for people with visual impairments and those with dementia, where their perception may be impacted based on colour.

Prior to the inspection, we received notification of a safeguarding concern from the ambulance service. The information in the notification did not fully correspond to the notification received from the home regarding the same incident. Because of this, we asked the registered manager to investigate the concerns and report to us with their findings. They told us that lessons had been learned following this incident. These included ensuring better communication with families during incidents, and to improve the quality of information included in statutory notifications submitted to CQC. A reflective meeting was in the process of being planned, to ensure that learning was shared with staff.

We also received concerns prior to the inspection, that a staff member lacked training. Before the inspection we forwarded these concerns to the registered manager. At the inspection we discussed with them the support that had been put in place to develop the staff member. This included mentoring from the registered manager and deputy manager, as well as more experienced care staff. The registered manager told us, "I am a firm believer in providing staff with the right training. Staff training is one of the most important things for me. I put staff forward for their qualifications and discuss where they want to go in the future."

The registered manager felt disappointed that anonymous concerns had been made to CQC, without these being discussed with them in the first instance. The registered manager told us, and staff confirmed, that there was an 'open door policy', to their office. They told us that they wanted families and visitors to share any concerns they may have, in confidence, so these could be addressed and acted upon accordingly.

There were a range of audits in place, and the registered manager maintained a daily checklist to ensure they reviewed all aspects of the service regularly. The organisation's quality team had completed an audit of the whole service, which had been received in December 2018. The areas for improvement included adding more detail to care plans. The registered manager was in the process of producing an action plan to address the areas highlighted by the quality team.

When speaking about their vision for the future of the home, the registered manager explained they wanted to encourage more community engagement. They told us, "This is a local home, with a local staff team and residents. I want to help people get more involvement in the community and to keep the relationships they may already have." They used the example of people having a preferred hairdresser and going into the local town to visit them.