

Mauricare Limited

# Ashview House Residential Care Home

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashview House is a residential care home providing personal care for up to 22 people in one adapted building across two floors. At the time of the inspection, 19 people were living at the service some who were living with dementia.

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

There were systems in place to ensure there were enough staff to support people in a safe and effective way. Risks were assessed and managed to mitigate the risk of avoidable harm. Medicines were managed in a safe way and staff adhered to infection prevention and control principles to reduce the risk of the spread of infection. Lessons had been learned when things went wrong and there were notable improvements made since the last inspection.

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's needs were assessed and planned for and staff were recruited safely and trained to ensure they knew how to support people in the most effective way. People had access to healthcare as required and health and social care professionals were consulted about people's care needs where necessary, in a timely way. People's nutritional needs, and dietary preferences were met.

The registered manager had made improvements since the last inspection and had created a positive atmosphere within the service where overall, staff told us they were happy to work. Relatives gave us positive feedback about Ashview House and the care their relatives received. Quality assurance systems were in place to assess and review the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We previously carried out an unannounced inspection of this service on 24 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashview House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Ashview House Residential Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashview House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashview House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with four people who used the service and 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 spoke with 12 relatives. We spoke with nine members of staff including the nominated individual, registered manager, the deputy manager, a senior member of care staff, care staff and the cook.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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 extracts from care records.

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### After the inspection

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# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People's risks were assessed, and plans were put in place to mitigate the risk of harm to people, however we did identify some risk management plans needed further updates. We informed the registered manager about our observations and these were rectified with immediate effect.
- Staff knew people's needs well and told us about actions they would take to keep people safe.
- People had plans in place to manage specific health conditions. For example, where people with conditions such as diabetes and epilepsy, there was guidance in place to assist staff to identify risks associated with the condition.
- Checks of the environment were completed regularly and equipment was maintained to reduce the risk of people coming to harm.

### Staffing and recruitment

- We received mixed responses from staff and relatives about staffing numbers at Ashview House. Some staff and relatives felt there were sufficient numbers of staff, whilst others expressed, they felt people would benefit from increased numbers of staff on shift.
- The provider used a dependency calculation tool to ensure staffing ratios were sufficient. The numbers and skills of staff matched the needs of people using the service. Observations of staff provided assurance of their knowledge supporting people at the home.
- Staff were recruited in a safe way. Staff were subject to pre-employment checks to prevent unsuitable staff from working with people. Additional checks for staff who had come to the UK, to work from abroad, were also in place ensuring they had the legal right to work at the service.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt safe living at Ashview and knew who to speak to if they had concerns. One person said, "They keep me safe and look after me." A relative told us, "I know [relative] is safe living there; they are safe and contented."
- There were systems in place to protect people from the risk of abuse and harm. Staff had received appropriate training and were able to demonstrate they understood their responsibilities in identifying and reporting abuse.

- When concerns were raised, these were referred to the appropriate agencies in a timely way.

#### Using medicines safely

- The management of medicines had improved since the last inspection. Medicine management had been reviewed and changes implemented to ensure people received their medicines safely and in line with their needs.
- We observed people receiving their medicines on time and in a safe way. Medicine stocks we checked correlated with medicine administration records.
- Staff were trained in the safe management and administration of medicines and their skills, knowledge and competency were assessed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The registered manager followed government guidance in relation to safe visiting at Ashview House and had adopted different practices as government guidance had changed throughout the pandemic. Visitors were subject to checks, in line with guidance before they entered the premises.

#### Learning lessons when things go wrong

- Since the last inspection, the registered manager had changed and developed systems and practices in place to rectify issues and shortfalls and make required improvements. The registered manager spoke with us about the continued work they were doing to ensure systems were sustainable in driving the improvement and effectiveness of the quality and safety of the service.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last comprehensive inspection, people did not always receive care that met their needs and reflected their preferences and people were not receiving consistently personalised care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received a pre assessment before moving to live at Ashview House. This ensured staff were able to meet people's needs.
- Records viewed indicated people's needs, wishes and preferences and we observed staff supporting people in line with their care plans. A relative told us, "The staff here know [relative's] preferences; for example, they know they like black tea. They never forget."
- There was a new electronic care plan system in place and overall, people's care plan documentation was reviewed regularly.

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

- Since our last inspection, mealtimes had notably improved, and we observed a calmer and more relaxed atmosphere.
- People's dietary preferences were met. For example, people who were vegetarian or who had cultural needs and preferences received suitable foods. A relative told us, "Staff do a personal shop just for them [relative]." The cook had received additional advice and support on how best to meet people's nutritional needs and dietary preferences.
- Where people required support with dietary requirements, we saw how these needs were being met. Where necessary, relevant professionals, such as speech and language therapists and dieticians were consulted to obtain additional clinical advice to support people in the most effective way.

Ensuring consent to care and treatment in line with law and guidance

At our last comprehensive inspection, systems were not in place to demonstrate people had been consulted about their care needs or their decision-making ability had been assessed. This was a breach of regulation 11 (Consent) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Assessments of mental capacity had been undertaken where necessary and where decisions had been made in people's best interests, relevant parties had been consulted and this had been documented in line with the principles of the MCA.
- Where people were reliant on others, such as relatives to make decisions on their behalf in their best interests, the registered manager consulted with relatives to ensure they had the legal authority to do so.
- Where required, the registered manager had applied to the relevant and appropriate authorities for DoLS authorisations.

Staff support: induction, training, skills and experience

- Relatives told us they believed staff were well trained and knew their relative's needs well. One relative said, "The staff do know what they are doing when they look after my relative." Another relative told us, "They [staff] all seem to be well trained."
- Staff told us they received supervision with the registered manager or with a senior member of staff. One staff member said, "I have my supervision with a senior member of staff. If I have any problems, even if I think they are silly ones, they will always help. It is an opportunity to discuss progression and development, and they ask if I have any problems or concerns."
- Staff received training to ensure they were able to support people in the most effective way. The registered manager had facilitated additional training for staff around specific subjects which were relevant to people's care needs.

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

- The registered manager and staff worked well with other agencies and professionals to provide additional and specialised support for people where necessary.
- People were supported to access healthcare in a timely way. Communication records evidenced health care professionals had been consulted and advice sought. Visiting district nurses were observed supporting people.

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

- Since the last inspection, changes had been made to the service to ensure the premises were safe.

- The registered manager had made improvements to the interior of the premises, for example providing new flooring in a lounge and the dining room areas. During our inspection, we observed the interior of the building being painted to make the environment more homely and aesthetically appealing.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the registered persons had failed to ensure systems in place were operated effectively to continually assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider and management team had worked to create a positive culture and improve standards of care across the home. The registered manager said, "Immediately after the last inspection, we introduced the new electronic system and we made changes to the care plans and all the risks assessments. I had meetings with staff to reiterate the seriousness of enforcement notice and improvements required. All training was reviewed, and additional support was given to staff. We are confident we are doing well now, and we really want to be a good home."
- People's relatives also confirmed they had seen a notable difference in the standard of care provided. One relative said, "We have had some issues previously, but we have seen improvements in the past 6 months." Another relative said, "Yes, there has been improvements within the service. It's a good place for [relative] to be in."
- Health and social care professionals we spoke with agreed significant improvements had been made at the service. Where we had identified areas for improvement during the inspection, this was well received by the registered manager and actions taken to make the recommended improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had introduced a staff structure with clear lines of staff delegation in place to support the daily running of the service. Staff we spoke with understood their roles and responsibilities. This supported the management team to have a good oversight of the service.
- There were new mechanisms in place to support and strengthen the governance processes. Quality assurance systems assessed the safety and quality of the service and identified the need for improvement. Where shortfalls were found, action was taken, and further improvements had been made.
- The providers had complied with enforcement action taken to improve the practices across the service. The registered manager said, "Staff are aware of all the new process in place and new staff learn with me from the outset, so they know what their responsibilities are and what good care looks like."

- The provider and registered manager understood their obligations in meeting the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Where possible, people were consulted about changes within the service and most relatives told us they were also contacted as needed and felt engaged with the service. One relative said, "Through the pandemic the home would keep in touch by telephone. We know who the manager is, and they and all the staff are all caring and listen to our needs. They [manager] have just set a Facebook page to which we had to give consent to." Another relative told us, "As COVID-19 restrictions did not allow us to visit, the home would put notices on walls or email us as to any changes. In the past they have asked for feedback, but for the first time now they have given us a paper survey."
- We observed a 'you said, we did' notice board in the foyer of the home which evidenced where changes had been made as a result of feedback and recommendations.
- Staff had opportunities to feedback through regular supervisions or team meetings. On the whole, most staff told us they could raise issues with management and believed they would be listened to.
- Team meetings were held with staff to discuss issues arising and changes throughout the service. Staff spoke positively about these meetings. More recently, the nominated individual had been facilitating the meetings in the absence of the registered manager to ensure meetings were regular and consistent.
- The service worked in partnership with other health and social care organisations to support people to improve their wellbeing. People's care files showed regular communication with other health and social care professionals.
- The registered manager had worked closely with the local authority to utilise support to improve practices and outcomes for people living at Ashview House.