

Werneth Lodge Limited

Ashbourne House Care Home

Inspection report

230 Lees New Road
Oldham
Lancashire
OL4 5PP

Tel: 01616241013

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashbourne House is a residential care home providing personal care to 35 people. At the time of the inspection 24 people lived at the service. The accommodation is provided in one building with bedrooms across two floors and communal areas on the ground floor.

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

Systems were either not in place or robust enough to ensure accurate records were maintained.

Documentation was poorly maintained. Body maps showing where prescribed creams should be applied had information missing, such as the person's name and the name of the cream. Prescribed creams did not have opening dates documented.

Cleaning regimes had increased and some checklists were used, however, a specific checklist for high touch surfaces was not in place.

Governance systems failed to identify some of the issues we found during the inspection. Timely action was not always taken post findings on audits. We received negative feedback from relatives about how the service was keeping relatives informed.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff received regular mandatory training and regular refresher training where required. There were enough staff to support people. People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe.

Some improvement had been made from the last inspection. The provider had implemented a premises improvement plan and was on track with updating the building and redecorating bedrooms and communal areas. Staff felt supported and praised the acting manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continuing breach in relation to record keeping and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

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 ●

Ashbourne House 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 Care Act 2014.

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

This inspection was carried out by one inspector and an 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

Ashbourne House 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 the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service was being run by an acting manager and the area manager. During the inspection process the provider had recruited a new manager who intended to register with the CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review

documentation remotely and also make arrangements to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the manager, staff and people who used the service.

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 three people who used the service and thirteen relatives about their experience of the care provided. We spoke with six members of staff including the acting manager, area manager, senior care workers and care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 medicine care plans.



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 requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider did not have effective quality assurance systems in place to ensure people received safe and effective care and support. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some areas had improved, not enough improvement had been sustained at this inspection and the provider was still in breach of regulation 17.

- During the last inspection we found clearer and more detailed information was needed in 'as required' (PRN) medicines protocols. This information is needed to help staff know when to give people medicines, such as pain relief. Although more detail had been included for PRN oral medicines, prescribed PRN creams had not been considered and there was limited information for staff to follow.
- Two people had authorisations from their GPs and families to have their medicines administered covertly as a last resort. Best interest decisions had been agreed, however these decisions were not appropriately recorded on the provider's relevant documentation. The provider had not made an application to the local authority update these two people's Deprivation of Liberty Safeguards (DoLS).
- Documentation was poorly maintained. Staff administered prescribed creams in conjunction with body maps. Body maps had information missing, such as the person's name and the name of the cream. Prescribed creams did not have opening dates documented.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure accurate records were maintained. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded during the inspection. Body maps were updated and applications for covert medicines were made to the DoLS team.
- People told us they received their medicines. One person told us, "Yes [I receive my medicines on time], and they [staff] help me with my creams every day."

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

We have also signposted the provider to resources to develop their approach.

- Cleaning regimes had increased and some checklists were used, however, a specific checklist for high touch surfaces was not in place.

Staffing and recruitment

At our last inspection the provider had failed to provide staff with adequate training. This was a breach of regulation 18 (Staffing) 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 18.

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff received regular mandatory training and regular refresher training where required. One staff member told, "I had an induction and did training when I started. It covered everything and was enough. I did shadowing [of other experienced staff members] for quite a while before I worked by myself. I didn't start until I was conformable to work on my own. I did a lot of training in moving and handling, infection control, use of personal protective equipment (PPE), safeguarding, etc."
- There were enough staff to support people. During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider had appropriate systems in place to monitor staffing levels. One person told us, "Yes [there is enough staff], they [staff] help me when I need it."

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Relatives told us, "I am happy with the care. They [staff] have kept people safe during the (COVID-19) pandemic" and, "We are pleased with the care, [person] is safe."
- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were detailed and reviewed as part of their care plan reviews, or when needs changed.

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 as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- The service had poor audit trails and audit systems were not robust. Governance systems failed to identify some of the issues we found during the inspection. The fire risks assessment did not have the action taken or dates recorded post the recommendations made.
- Timely action was not always taken post findings on audits. The medicine audit conducted in March 2021 identified people's prescribed creams had limited information on where the creams needed to be applied. This issue had not been resolved and the same inconsistencies were found during our inspection.

Effective quality assurance systems were not in place. This contributed to the continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded and issued us with an updated log of the action taken from the fire risk assessment. All actions had been completed.
- Some improvement had been made from the last inspection. A risk assessment for the safe management of legionella bacteria was in place and regular flushing of taps took place. The provider had implemented a premises improvement plan and was on track with updating the building and redecorating bedrooms and communal areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received negative feedback from relatives about the service keeping relatives informed. Comments included, "I have to phone them (service), they (staff) only get in touch if they need something" and, "They (staff) never phone to update us or anything." We fed this information back to the manager to address. They told us they would follow this up as part of the relative's survey analysis.
- Relative's and resident's surveys had been recently completed. The provider was in the process of collating and analysing these. We will follow this up at the next inspection.
- Staff members were involved with the service through regular team meetings. Staff felt supported and praised the acting manager. Comments included, "[Manger] is really approachable, they are always willing

to help, a really good manager" and, "I can go to [manager] with problems, and they will do something about it straight away."

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; Working in partnership with others

- The provider understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked in partnership with other health and social care organisations to achieve better outcomes for people. For example, they worked with people's social workers.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records.</p>