

Ashgate Care Limited

Ashgate House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashgate House Care Home is a care home providing personal and nursing care, providing support for up to 45 people. On the day of inspection 39 people were residing at the home. All of the people living in the home were living with dementia, some with complex needs. The home is split into two units, the older original building with lift access to the second floor and a newer ground floor extension. Both areas had communal spaces and the rooms in the new extension had ensuite facilities.

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

The home had made many changes, providing a more open approach which was evidenced in the improvements seen at the inspection. Audits were more robust, however some areas still required further development and the need for staff to embed the changes made. Other changes needed to be considered in respect of the sharing of information on people's care and updates to staff returning from leave, or days off.

We saw many improvements within the home and the way support was provided by the staff. Staff told us they felt confident actions would be taken if any concerns about risk were raised.

Improvements to medicines management had been implemented since the last inspection to make sure recording was accurate and regular audits highlighted any areas for improvement. Medicines were managed safely, PRN (as required) medication instruction was clear and monitoring of stock was in place.

Risks to people's care were monitored and actions reviewed. Any risk to infections had been reduced. There were enough staff to support people's needs and the required checks for recruitment were completed. However, further consideration as to the deployment of staff over the night shift and how to cascade feedback to all shift members was still being considered.

Staff had received training in a range of areas to support their roles. Their skills and competency had been checked and any further support was going to be addressed. Further training had been identified for knowledge around specific areas of dementia and consideration had also been made to share information in order to support families.

People's nutritional and dietary needs had been catered for. People were supported with their interests and activities were available. Care plans were detailed and included people's preferences as well as specifying their care needs. Health care needs were monitored and liaison with health professionals was in place.

Since the last inspection, assurance systems had been put in place to monitor the quality of service being delivered. The manager had an action plan in place which identified areas for development. Some staff felt supported by the new management and the changes throughout the home.

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 Inadequate (13 March 2020).

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 in the areas inspected and the provider was no longer in breach of regulations in these areas.

This service has been in Special Measures since 13 March 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall, or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 28 January 2020. Breaches of legal requirements were found and a Warning Notice was issued. We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 17, (1) (2), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. To check they had followed their action plan and confirm they met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. 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 Ashgate House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ashgate 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.

Inspection team

The inspection was carried out by one inspector an additional inspector supported the inspection remotely and made telephone calls to staff not on site and considered information sent by the provider.

Service and service type

Ashgate House Care Home 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 had a manager awaiting registration with the Care Quality Commission. We have referred to them as 'the manager' throughout this report. During this period of no registered manager, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced with 24 hours' notice prior to arriving at the service. This ensured we were able to work alongside the manager to identify any potential risks associated with Covid19 and put measures in place to manage them.

What we did before the inspection

We reviewed information we had received about the service and the information the provider had sent us since the last inspection. We sought feedback from the local authority and clinical commissioning group. 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 used all of this information to plan our inspection. We took the information we had into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke briefly with some people who lived at the home and observed some staff support and interaction with people in communal areas. We reviewed a range of records. This included parts of nine people's care plans and parts of five people's medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke with 12 members of staff including the manager, the provider, deputy, nurse, assistants and care workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to take all practical action to mitigate risks to people. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper 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 13.

- The service had effective safeguarding procedures in place to ensure people were supported safely. Staff were able to recognise and act appropriately when concerns were raised using local safeguarding procedures.
- There was increased oversight of communal areas and staff were being trained and supported to be more proactive to the potential for incidents and to monitor for signs of escalating behaviours.
- Some staff were aware of the Positive Behaviour Support training and how beneficial this had been. The manager had plans for further training for staff and had agreed to consider additional support for family/relatives about living with dementia.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. 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.

- Risk assessments and care plans were more person centred and were reviewed regularly. Records detailed required pressure relief for individual's to protect their skin and demonstrated consistent information in relation to people's food and fluid requirements.
- Information for staff on how to support people with their daily care was provided in care plans and important information was detailed on a sheet in their bedroom.
- Medicines were managed safely. Guidance was now followed for medicines given covertly. Records for medicines administration were up to date and regular audits highlighted any further areas for improvement. Detailed protocols were in place for 'as and when' medicines to ensure staff knew how and when to administer them.

- The storage of medications was in line with the home's policy and current guidance. Recorded storage temperatures were within recommended good practice limits following the installation of air conditioning in this area .
- Risks relating to infection control and prevention had been assessed and plans had been put in place to manage these. The environment was clean and tidy during the inspection. Risks relating to infection control and prevention had been assessed and plans had been put in place to manage these.
- During the COVID-19 pandemic, the provider had updated their infection control practices in line with current guidance. This included a risk assessment for all essential visitors to the service, regular temperatures being taken and enhanced cleaning throughout the service. Staff were observed wearing personal protective equipment appropriately. The manager had kept up to date with government guidance in relation to Covid19.

Staffing and recruitment

At our last inspection staffing levels were insufficient to provide safe care. This was a breach of Regulation 18(1) (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(1)

- There were sufficient staff to meet people's commissioned care requirements. Staffing levels were determined by people's assessed needs.
- Support for people's social activities had been extended during the pandemic period. Staff reported this was a positive addition for people during this time.
- Staff were complimentary about support from some senior leaders, others had mixed views on the current staffing levels. The manager had trialled split shifts for early morning and late at night to cover this busy period. Deployment of staff was still being considered to reflect best use over the 24 hour period. This will be reviewed by the manager in order to support people using the service most effectively.
- There was a reliance on agency staff to cover some shifts, however these shifts were block booked with the same agency staff where possible, to ensure continuity. New and agency staff were provided with a detailed induction and had a period of shadowing in order to deliver appropriate care for people.
- Safe recruitment practices were being followed to continue to recruit new staff into the service. Necessary checks were completed to ensure staff suitability prior to working with people, for example criminal record checks and references from previous employers.

Learning lessons when things go wrong

- The management team were developing a more open and transparent approach since the last inspection.
- The provider acted on the feedback they received following the last inspection to improve the service.

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 Inadequate. At this inspection this key question has now improved 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.

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; Continuous learning and improving care

At our last inspection systems were not in place to demonstrate good governance was effectively managed. This placed people at risk of harm. 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

- Arrangements for sharing updates to staff had not always been communicated. One staff told us, "I recently came on duty after a few days off and couldn't find a person, I had not been told they had been transferred elsewhere." The manager had advised they were still looking at how to fully address the handover system.
- There had been improvements to the quality monitoring processes since our last inspection. Daily records were now updated and reflected care, dietary intake and fluids given. However, these processes needed time to be embedded at the service to ensure the improvements could be sustained.
- The provider had demonstrated a willingness to listen and address any concerns following the last inspection. The manager shared an action plan which identified ongoing areas for development. These had been supported by a quality and compliance manager.
- The manager understood their responsibilities in relation to their duty of candour. They investigated incidents fully and were open and honest, exploring any lessons to be learned. Changes to practice had been implemented to improve people's experiences of their care and support.
- The manager had submitted statutory notifications to CQC as required. This is information about events occurring at the service, which the service is legally required to notify CQC about. The rating from the last inspection had been displayed in accordance with our requirements.

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

- There were mixed views from staff on the culture and leadership of the service. Staff talked of a lack of

teamwork, expressing concern about the high turnover and reliance on agency staff causing them additional stress and pressures. However, other staff we spoke with, felt that things were gradually improving. One member of staff told us, "Things are getting back to running properly again now."

- Staff training had been identified as an area for improvement and was still in the process of completion. Some issues remained with regards to staff knowledge of behaviour management and understanding of people's conditions. We spoke with some staff who used inappropriate language and terminology when describing about behaviours or incidents. This showed a lack of understanding of living with dementia.
- The manager had good oversight of the service. Action plans had been effective in targeting and completing the necessary improvements and we look to ensure sustainability in all these areas.

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

- People and their relatives were encouraged to share their views. A display board requested by relatives was now in the foyer detailing pictures and names of the staff at Ashgate House Care Home.
- Plans were being completed to support relatives to visit the service as the restrictions in place were gradually lifted. This was to be in line with local public health and government guidance and to be constantly reviewed.
- CCTV was in use and appropriate signage displayed to advise of areas this was recording and data usage. A data impact assessment had been completed and incorporated into the homes Statement of Purpose.

Working in partnership with others

- Appropriate referrals were made to health professionals, guidance was adhered to and recommendations followed up.
- The manager worked with a range of other people including health and social care professionals to improve outcomes for people using the service and had shared their action plans to support partnership working.
- The health and social care professionals we spoke with, reflected how the provider and manager had worked with them to implement and support the changes required.