

Ashridge Court Ltd

Ashridge Court 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

About the service:

Ashridge Court Care Centre is a residential care home that provides accommodation and support for up to 69 older people. On the day of our inspection there were 52 people living at the home. Some people had illnesses or disabilities associated with old age such as limited mobility, physical frailty or lived with health problems such as diabetes. Some people lived with dementia and sensory impairment. Accommodation was arranged over two floors with stairs and a stair lift connecting each level.

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

People told us, "I love my views, it's a good place to live," and "They look after me well here." Quality assurance systems were in place with good management oversight. There were areas that still needed to be developed and this was acknowledged by the management team. The nominated individual had identified that the care documentation needed a more person-centred approach to individual care, and risk. At present the approach was generic and not person specific. Staff knew people very well and described how they safely supported people in their daily lives. This however, needs to be reflected within the documentation to ensure new and agency staff provide consistent safe care.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. For example, the local authority and CQC. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. Staff understood the risks associated with the people they supported. People received their medicines safely, when they needed them. There were enough suitably trained staff to meet people's needs at the time of the visit. Staffing levels were regularly reviewed following admissions and changes in a person's health condition. The provider ensured that when things went wrong, accidents were recorded and lessons were learnt. The environment was comfortable, clean and well maintained.

We requested COVID-19 infection procedures and policies during the inspection. These reflected current guidance and we were told they were updated regularly. All staff were aware of the government guidance and confirmed that they received updates daily. Staff were all wearing protective personal equipment (PPE).

There was a calm and happy workplace culture and staff we spoke with provided positive feedback about the management style. Staff told us that they felt well supported by the management team and received regular supervision and wellbeing meetings.

Referrals were made appropriately to outside agencies when required. For example, GP visits, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred. They felt that improvements to the service had been made and were still being implemented.

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

Rating at last inspection:

The last rating for this service was Good. (published 07 December 2018)

Why we inspected:

We received information that indicated that people may be at risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

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.

The overall rating for the service has remained Good. 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.

Follow up:

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

Good ●

The service was safe.

Details are in our safe findings below.

Ashridge Court Care Centre

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

The inspection team consisted of two inspectors.

Service and service type

Ashridge Court Care Centre 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 is required to have a registered manager

The service did not have a manager registered with the Care Quality Commission at the time of inspection. The manager had submitted their application to be registered. Once registered, 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 the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important

events the service is required to send us by law. 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 seven people who used the service. We spoke with 10 members of staff including the manager. We spent a short time in the home. This allowed us to safely look at areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included people's care records, medicine records, two staff files in relation to recruitment and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback following the inspection from one staff member, and three health professionals.

Is the service safe?

Our findings

At our inspection in November 2018 this key question was rated Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I am safe, I appreciate the staff, they are very good." Another person said, "I think staff work very hard to look after us."
- Individual risk assessments had been implemented, reviewed and updated to provide guidance and support for staff to provide safe care. Risk assessments for health-related needs, such as skin integrity, nutrition, falls and dependency levels had been undertaken.
- There were areas that needed to be developed to ensure a person-centred approach to individualised care. For example, some peoples' diabetic care plans were generic and lacked personal specific details such as what was a 'normal' blood sugar level for that person and what symptoms they experienced if their blood sugar was too low or too high. This was acknowledged and immediately rectified so risk of harm was immediately mitigated.
- A high percentage of people remained on continued bedrest. Whilst this may be their personal wish or due to their frailty, the possible negative impact of a person remaining on bed rest, mentally or health wise had not been assessed. There was also no rationale as to 'why' the bed rest was needed recorded. The manager told us that some people remained in bed because they did not like the electrical hoist, however advice had not been sought from other health professionals to find a solution. One person we spoke with said, "I couldn't get up this morning as one of the staff had a bad shoulder and couldn't use the hoist." A relative said, "I don't why my relative doesn't sit out anymore, I have been told that they don't like the hoist but I don't think they offer again." The manager agreed to review peoples risk assessments and take appropriate action.
- Risk assessments demonstrated how people's health and well-being was identified, protected and promoted. For example, people with delicate skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. All daily record checks for air flow mattresses and continence care were up to date and reflected the care directives.
- People at risk of falls or whose mobility was decreasing had safety measures in place to minimise risk of trips and falls, this included the use of sensor mats and lowered beds.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Safeguarding systems and processes

- People were protected from the risks of abuse and harm. There was a safeguarding folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. Feedback from the local authority included "The management team engage very well with us."
- Ashridge Court Care Centre had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission in a timely way.
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff could talk through the procedure and confidently discuss the different types of abuse they may see. A staff member said, "We have had training, and if we have any worries we can go to the manager or the deputy." Another staff member said, "I would go to the nurse in charge or manager."
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age. For example, one staff member told us, "We are a multi-cultural team here, lots of different nationalities working and living here. We learn about their culture respect it and support them with our culture as well."

Staffing and recruitment:

- Staff told us that there were enough staff to do their job safely and well. People told us, "I think they are short staffed sometimes because staff rush, but it is only occasionally," "Staff are wonderful here." A visitor told us, "They did use agency care staff but not recently so that is good."
- Agency staff had been deployed during the first months of the initial lockdown due to staff shielding and during an early outbreak. Agency staff used were known to the service and only used if they were not working elsewhere. This had enabled the staffing levels to be consistent during the pandemic.
- Agency staff were still used when necessary to ensure staffing levels remained consistent to meet peoples needs. For example, if permanent staff tested positive to Covid-19 and were self isolating.
- Staff deployment had ensured people's needs were met in a timely manner and in a way, that met their preferences. Due to recent admissions staffing levels had just been increased to ensure peoples' needs were met.
- 52 people currently lived at Ashridge Court Care Centre with a range of differing needs. The provider used an organisational dependency tool to calculate staffing levels and adjusted according to people's needs.
- We looked at three staff personnel files and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.

Using medicines safely

- People did not have any concerns regarding how they received their medicines. One person said, "I have no worries, if the doctor changes my pills, staff discuss it with me," and, "Staff give me my tablets, sometimes later than I would have had them at home, but that is not a problem."

- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required. We saw medicines remained stored securely.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines, which included recording the effectiveness of the medicine.

Preventing and controlling infection

- Ashridge Court Care Centre was well- maintained, clean and free from odour.
- We were assured that the provider was preventing visitors from catching and spreading infections and was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People were only admitted to the home if they had, had a negative Covid-19 test result and were able to self-isolate for fourteen days.
- We were assured that the provider was using PPE effectively and safely. Staff were following the guidance in respect of wearing PPE and handwashing.
- We were assured that the provider was accessing testing for people using the service and staff. It was confirmed that staff were tested weekly and people monthly.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was adequately clean and tidy.
- 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.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the local authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had rolled out of bed and so staff had placed a mattress on the floor to reduce risk of injury rather than use of restrictive measures such as bed rails.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

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 Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Understanding quality performance, risks and regulatory requirements

- There was no registered manager in post. The previous registered manager left in September 2020. A manager who is also the registered manager of a care home within the organisation took over the role and has submitted their application to be registered at Ashridge Court Care Centre. A deputy manager completes the management structure in the service.
- For this focussed inspection we specifically looked at the management of risk. Whilst we found that there were areas to improve, they had not impacted negatively on safe care delivery at this time.
- The management team were working to ensure there was oversight and effective governance at the service. There were computerised systems and processes to assess, monitor and improve the quality and safety of the service provided. This included health and safety, accidents, incidents, complaints, medication records and staff documentation.
- Accidents and incidents were followed up with an action plan to prevent a re-occurrence. There was a monthly analysis, which identified themes and triggers. Not all however were linked back to the care plan or to an underlying health problem. For example, a person who lived with low blood pressure had lost their balance and fallen.
- Fluid charts were discussed as there was an inconsistency in how staff recorded people's fluid intake. This could mean that staff might miss a change in people's fluid intake. This was acknowledged and steps taken to address this issue. The people at risk from dehydration were closely monitored.
- Areas of people's documentation lacked a person-centred approach. For example, continued bedrest, PRN medication, and diabetic guidance. This had been identified through recent audits and was to be addressed.

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

- The culture of the service was positive. Although we only spent a short time in the home, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people they supported with compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic.
- Throughout the inspection, we saw kind and thoughtful interactions between staff and people. Staff were happy in their work and this impacted positively on people.
- The feedback from staff about the management of the service was positive. Staff told us, "I feel supported

by the team and I really love my work," and "I have been here six years, love it here, it's my family."

- People told us, "Nice staff, always smiling and helpful," "I think they are all kind, I feel safe," and "The food is good."
- The management structure promoted an open-door policy. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. Staff knew that there was a whistle-blower policy but felt that they could approach the operations manager or manager if they had a concern.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- Although not everyone could tell us their views about management, we observed that people knew the registered manager and knew who she was. Comments included. "I like living here, friendly staff."
- The management structure promoted an open-door policy. Staff confirmed this and that they felt supported to bring in ideas, discuss what worked and what didn't work.
- Staff told us they felt well supported by the manager who had been at the home for six months, and described them as, "Very approachable." Another staff member told us, "Couldn't work with a better team of staff."
- The manager acknowledged that the pandemic had been an extremely stressful time for them and the whole staff team. Staff wellbeing was taken seriously, and the provider was aware of staff concerns and anxieties. Staff were able to talk to the manager or deputy manager at any time for support. Staff received regular supervision and staff meetings where they were updated on new guidance and advice. Staff received tokens from the organisation to boost morale and ensure they felt valued.

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

- There was an open and transparent culture within the service. The manager had an 'open door' policy. Staff we spoke with confirmed this.
- The manager told us how they kept families informed when incidents were being investigated. Records we reviewed showed that families and other agencies had been informed as soon as there were any developments.

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

- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- Family members were liaised with as appropriate and feedback on the service being provided was encouraged. Relatives were involved in care reviews. Relatives told us the manager was always available and they could speak to them or any staff if they had any queries or concerns.

Continuous learning and improving care

- The management team said that there had been learning from the safeguarding investigations over the past eight months. Following a safeguarding which raised concerns about specific care for percutaneous endoscopic gastroscopy tube (PEG) known as a feeding tube, staff had received training and had developed care plans and risk assessments to ensure safe care.
- All staff were receiving the appropriate training to enable them to carry out their duties appropriately. Any additional training identified would be sought to ensure staff had continuous learning and were able to

safely and effectively meet people's needs.

Working in partnership with others

- Staff had a good working relationship with the social workers involved in people's care to ensure people received the best outcomes and their physical and mental health were supported consistently.
- The service worked closely with other agencies such as occupational therapists and GPs to access help and support when needed. Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.