

Ashbourne House Care Homes Limited

Ashbourne House - Bristol

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashbourne House - Bristol (referred to throughout report as Ashbourne House) is a residential care home providing personal care to up to 17 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were seven people using the service.

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

We found breaches of regulation during our inspection. People were not always supported to have maximum choice and control of their lives and the principles of the Mental Capacity Act (MCA) were not being followed consistently. Best interest decisions and applications for Deprivation of Liberty were not made for everyone that needed them. The environment of the home was not safe in all areas, as not all windows had restrictors in place, personal evacuation plans had limited information and the fire risk assessment had not been reviewed since being completed in March 2016. Quality and safety monitoring systems were not effective in identifying and acting on shortfalls.

People were supported by staff who were kind and caring and who knew people and their individual needs well. People were treated with dignity and respect. There were care plans in place to guide staff in providing the right support for people. Risk assessments were carried out in areas such as nutrition and tissue viability so that measures could be identified to keep the person safe.

Improvements had been made to the decoration of the home since our last inspection. Staff worked well with other health and social care professionals to ensure people's health and wellbeing. Staff received training and supervision to support them in their roles and to care for people effectively.

Rating at last inspection and update

The last rating for this service was good (published 10 November 2017)

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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 have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashbourne House on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safety, the MCA and good governance.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was not always effective.

Details are in our effective 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 - Bristol

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 one inspector

Service and service type

Ashbourne House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Ashbourne 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 28 February 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

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 a relative and one regular visitor to the home. We spoke with the registered manager and three members of staff. We reviewed records for three people in the home and looked at other documents such as training and supervision records.

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 good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management

- People were not always safe due to risks in the environment. In one room we found a window without a restrictor in place. There was a bed placed directly underneath the window, which meant it could potentially be reached and present a risk if someone tried to climb through. The room was not in use at the time of the inspection but was unlocked and therefore remained a risk. The registered manager told us they took immediate action to secure the room and had made plans to fit restrictors on all windows.
- People could be at risk in the event of an emergency. We discussed fire safety with the registered manager. Fire drills had taken place in the last 12 months for all but one member of staff. However, drills did not involve fully evacuating everyone in the building. Staff told us this was because people in the home became distressed, however no alternative ways of practicing evacuation had been implemented. This meant there was a risk that in the event of a fire, staff might not be fully prepared.
- People had individual evacuation plans in place. However, in places these did not fully describe the support a person would need in the event of emergency. General language such as 'full support required to evacuate the building', rather than specific instructions for staff on the type of support the person would need. This is important so that staff are fully prepared in how to evacuate people effectively and safely.
- People could be at risk due to the fire risk assessment not being updated since completed in March 2016. No further professional reviews had taken place since that time. Recent decoration had been completed in some areas of the home. This meant there could be new potential fire risks that had not been identified since the completion of the risk assessment in 2016.

This was a breach of regulation 12 (d) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Medicines were stored securely in a locked drugs cabinet and any surplus was stored in a separate locked cupboard. In the cupboard we found two boxes of tablets that were out of date. In the medicines fridge we found a course of antibiotics that were out of date.
- We checked Medicine Administration Records (MAR) for one person who had been prescribed topical creams. The cream was listed on the MAR chart but staff had not been signing to say when they had administered it. This meant it was difficult to check whether topical creams were being administered as prescribed.

This was a breach of regulation 12 (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of when safeguarding concerns needed to be reported to the local authority and Care Quality Commission.
- We observed that people responded positively to staff and were settled and content in their presence.
- Staff were kind and caring and treated people with dignity and respect.
- Staff were trained in safeguarding and felt confident about reporting potential abuse. They felt confident they would be listened to.

Staffing and recruitment

- People were supported by enough staff to meet their needs. During the pandemic, numbers of people living in the home had reduced but staffing levels had remained stable. The registered manager told us this was so that there were sufficient staffing levels for when more people came to the home. There were three members of care staff on duty during our inspection for seven people living in the home.
- The registered manager told us about their procedures for recruiting new staff. This included gathering references from previous employers, carrying out a Disclosure and Barring Service (DBS) check and keeping photo identification on file. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

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

- People were able to receive visitors in line with government guidelines.

Learning lessons when things go wrong

- There were systems in place to record and monitor accidents and incidents. This allowed the registered manager to identify any themes or patterns.
- Records confirmed when people had fallen, regular checks were undertaken afterwards to ensure they were safe and there was no change to their health.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not being followed, meaning that people's rights were not fully protected in line with legislation. The registered manager told us that nobody in the home had a DoLS authorisation in place, or an application to the local authority. We asked whether everyone in the home had capacity to consent to their care arrangements and they told us not everyone did. Furthermore, those people would need supervision if they expressed a wish to leave the premises in order to be safe. This meant that a DoLS application should have been made for these people. This applied to at least two people, but the registered manager told us they would review each person individually.
- One person had bed rails in place. This decision had been made by the nursing team to keep the person safe. No capacity assessment and best interests decision had been documented for this person even though the registered manager told us they did not have capacity to consent to the use of bed rails.

This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's broad range of needs were assessed so that care plans could be devised. Care plans covered

important aspects of people's care such as their mobility, nutrition and emotional needs.

Staff support: induction, training, skills and experience

- Staff were positive about their training and support. This included topics such as safeguarding and moving and handling.
- A training matrix was kept so that the registered manager could keep an overview of what training staff had completed and what topics were due to be refreshed.
- Staff received quarterly supervision with the registered manager and this supported their learning and development needs.

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

- People received support to maintain good nutrition and hydration. People's weight was monitored and assessed to enable staff to identify any concerns and alert the person's GP if necessary.
- People during our inspection were observed enjoying their midday meal, and staff regularly asked if they wanted any more. Staff took time to explain to people with dementia what was on their plate and this encouraged them to eat more of their meal.
- Staff supported people to eat their meals in their room if this was their preference.

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

- The service received support from other health and social care professionals to support the wellbeing of people in the home. The home had been in regular contact with their GP throughout the pandemic.
- The dementia wellbeing service had also supported the home. This is a service that provides specialist advice and support for people with dementia. The registered manager had sought the advice of the service to help explain the restrictions in place at the time of the pandemic, in a way that people were able to relate to and understand.

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

- In their PIR, the provider had told us about improvements they had made to the decoration of the home. We saw these improvements during our visit; individual rooms had been decorated to a high standard.
- There was a pleasant outside area for people to enjoy in warmer weather and communal areas inside the building for people to socialise if they wished to.

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 Good. At this inspection the rating has changed 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; Continuous learning and improving care

- There were audits and checks taking place, however these had not been effective in identifying the shortfalls we found during our inspection. The health and safety audit carried out in March 2022 had not identified any concerns with window restrictors. The medicine audit had not highlighted any concerns in relation to out of date medicines. Shortfalls in the MCA and DoLS had not been identified through monitoring.

This was a breach of regulation 17 (2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had support from the provider to improve the service. They told us the provider visited the service on a regular basis. Although we found shortfalls in the quality and safety monitoring process, there were examples of when audits had led to improvements, such as in the decoration of the home.
- The registered manager responded positively to feedback from our inspection and told us immediately about the steps they had taken to ensure the home was safe.

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; Working in partnership with others

- There was a positive culture within the home. People benefitted from being supported by staff who were kind and caring in their approach. One relative told us, "They are so kind, couldn't do more for him". A regular visitor to the home told us, "Staff are affectionate, and it is like a family here. Staff support people to get involved and engaged".
- People were supported to take part in activities outside of the home if they wished to. For example, the registered manager told us about a dementia friendly cinema screening that some people attended.
- Staff had supported people sensitively during the pandemic. For example, some people had become upset by hearing news about Covid-19. Staff had taken steps to limit the amount of news on the television in communal areas to support people with their well-being.
- The registered manager was proud of how they had supported a person at the end of the life. They shared with us how they had worked hard to enable family members to visit the person safely, taking account of the risks of Covid-19.

- The registered manager was aware of the agencies and professionals who could support them when needed. They had good links with GP, district nurses, pharmacists and dementia wellbeing team.

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 not had any serious incidents that met the threshold of harm for the duty of candour. However, a relative told us communication was good and staff would tell them if they had any concerns.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's rights were not fully protected in line with the Mental Capacity Act and Deprivation of Liberty Safeguards.</p> <p>This was a breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The environment of the home posed some risks as not all windows had restrictors in place. Improvements were required to medicine management to ensure out of date medicines were disposed of and topical cream application was recorded.</p> <p>This was a breach of regulation 12 (d) and (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems for checking quality and safety in the home were not fully effective.</p> <p>This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

