

Ashbourne Court Residential Care Home Limited

Ashbourne Court Care Home

Inspection report

Ashbourne Close
Ash
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Tel: 01252326769

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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 Court Care Home is a care home providing personal care over 2 floors to up to 16 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 15 people using the service.

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

The staff received training in the administration of medicines and had their competencies assessed. However, we found some staff did not always follow the provider's medicines policy and procedures. We identified some shortfalls on the day of our inspection.

The process for learning from accidents and incidents to prevent these from happening again was inconsistent. Some accident records were incomplete and did not contain evidence of an analysis on what happened and how to prevent re-occurrence.

The provider had monitoring systems in place and took prompt action when any concerns were identified. However, their systems had not identified the concerns we found during our inspection. Following our feedback, the registered manager provided evidence they had taken appropriate action to make improvements.

Staff were recruited safely. There was enough staff on duty to meet people's needs and these were met in a timely manner. There was a calm and happy atmosphere. People told us the staff responded to calls and met their needs. The provider had contingency plans in place in the event of staff absence to help ensure continuity of care.

There were risk assessments in place for people who used the service and the environment which were regularly reviewed and updated. Safety checks were undertaken regularly including fire safety and environment checks.

A part-time activities coordinator provided people with a range of activities and people spoke highly of them.

Feedback indicated people using the service were happy with the care they received. We saw the staff were kind and friendly. Relatives thought people were well cared for and trusted the staff and management team.

The provider was suitably qualified and experienced. They worked with staff to ensure people's needs were met in a person-centred way. There were appropriate systems for reviewing people's health and working with relevant health and social care professionals.

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.

Rating at last inspection

The last rating for this service was good (published 28 August 2019).

At our last inspection we recommended that the provider ensures sufficient staff are consistently deployed in order to provide people with safe, effective and responsive care. At this inspection, we found that improvements had been made.

Why we inspected

We received intelligence in relation to an increase in safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 to requires improvement based on the findings of 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.

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 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 Court 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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Ashbourne Court Care Home 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. Ashbourne Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 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 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 all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 2 members of staff including the registered manager and team leader and met the activities coordinator and a care worker.

We reviewed a range of records. This included 5 people's care records. We looked at 4 staff files in relation to recruitment and staff supervision. We looked at how the provider was managing risk in the service including incidents and accidents. 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 staff rotas and quality assurance records. We contacted and received feedback from 3 relatives and 4 staff members. We received feedback from 2 professionals who regularly visit the service.

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.

Using medicines safely

- People's medicines were not always managed in line with the provider's policy and procedure. This meant there was an increased risk that people would not receive their medicines safely and as prescribed.
- One person was prescribed a medicine to be taken at night-time. The monthly cycle had started two days prior to the inspection. According to the number of signatures, 2 tablets had been administered but 3 tablets were missing from the pack. The registered manager told us later they had found a staff member had dropped a tablet and had failed to record this or notify them.
- For the same person, their medicines administration record (MAR), indicated they had been given 10 tablets but 12 were missing from the pack. The registered manager later found a staff member had left the tablets with the person and had not witnessed them taking these and therefore not signed these as administered.
- For another person, we had been informed 2 of their medicines had been administered but there was no MAR. This meant we could not be sure the medicines were actually prescribed and the person had their medicine as prescribed. Following the inspection, the registered manager told us they had found the missing MAR chart under the medicines trolley.
- For a third person, 2 of their prescribed medicines were correctly signed for 3 days, but 4 tablets were missing. Upon investigation, the registered manager found staff had wrongly taken a tablet from the new monthly cycle which had caused the discrepancy.
- Although there were regular medicines audits taking place, these were not fully effective as had not identified the errors we found during our visit. Although staff received training and had their competencies assessed, they did not always follow safe medicines procedures.

There was no evidence that people had been harmed, however, failing to follow safe procedures put people at risk of not receiving their medicines safely and as prescribed. This is a breach of regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us evidence they had addressed the concerns we found. They were providing additional training for staff and had reviewed people's care plans and risk assessments.

Staffing and recruitment

At our last inspection, we recommended the provider ensures that sufficient staff were consistently

deployed in order to provide people with safe, effective and responsive care. At this inspection, we found improvements had been made.

- We looked at the staff rotas for the last 6 weeks and found that there was always enough staff on duty to meet the needs of people who used the service.
- People and relatives confirmed people's needs were met promptly. One person told us, "The staff are kind and if you ring the bell they come."

From our observations, we found people did not have to wait long when they requested support. The staff did not appear rushed and there was a calm and efficient atmosphere.

- Recruitment practices ensured staff employed were suitable to support people. Checks were undertaken before staff started working for the service. These included checks to ensure staff had the relevant experience and qualifications, obtaining references from previous employers, reviewing a person's eligibility to work in the UK and ensuring relevant criminal checks such as Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff received an induction into the service which included training the provider identified as mandatory. Staff received regular supervision and yearly appraisals.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although accidents and incidents were recorded and staff took appropriate action, there was not always evidence that circumstances leading to the accident or incident were analysed, discussed and systems put in place to prevent re-occurrence. This meant we could not be sure lessons were always learned when things went wrong.
- For example, 1 person had fallen twice sustaining injuries as a result. We saw prompt action had been taken and the person had received the right support, but there was a risk that a lack of analysis and lessons learned could lead to the person falling again in the future.
- Following our feedback, the registered manager took appropriate action and sent us evidence they had involved the person in a discussion in relation to their safety and how they could support them to remain safe from avoidable harm. They had also reviewed and updated their care plan and risk assessment.
- Risk assessments were detailed and included measures already in place to manage the risk, and further actions needed should the risk occur.
- Where there were risks to people's safety and wellbeing, these had been assessed and mitigated. People's records contained risk assessments of each person's personal environment, and individual risks they might be exposed to such as risk of falls and other challenges. People had personal emergency evacuation plans in place, so staff would know how to support a person to safely evacuate in the event of a fire or other emergency.
- The provider undertook regular safety checks of the building to ensure the safety of the people who lived there. These included gas and electricity checks, water checks and checks on the environment such as fire safety checks.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. One person told us, "Yes, I feel safe here."
- The provider had a safeguarding adults policy and procedure in place and staff received regular training and refreshers in this.
- There had been some safeguarding concerns at the service and we saw the provider had worked with the local authority's safeguarding team to investigate concerns and take appropriate action.
- Staff told us they would report any concerns to the registered manager and trusted they would take appropriate action.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

People who used the service were able to receive visitors whenever they wished, and relatives told us they felt welcome.

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

- The provider's systems for monitoring the quality and safety of the service had not always been effective. They had failed to identify the issues we found during our inspection in relation to medicines management.
- Monitoring systems had not identified that some incident and accident records were not always complete and did not always contain evidence of an analysis on what happened and how to prevent re-occurrence.
- We found no evidence that people were at risk of harm and the provider had taken on board these shortfalls and took immediate action to make the necessary improvements. They were also getting additional support from an administrator and a consultant. The registered manager told us they would improve their monitoring systems to be more detailed and frequent.
- The registered manager carried out other regular audits. Areas audited included the environment, kitchen, laundry, infection control, food safety and fire safety. From these, action plans were devised to help ensure areas for improvements were identified and addressed. Action plans were thorough, described areas of concern, action to be taken and date completed.

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

- There was a positive culture at the service and the atmosphere was relaxed. People and relatives told us they were happy and the care and support was good. One person told us, "I am happy at the home, the staff are nice, food is good and I really like the activities coordinator."
- Overall, relatives agreed and were happy with the service. One relative said, "Overall my [family member] seems happy there ... we are very happy with the care home and staff." Another relative added, "The care [family member] receives is absolutely first rate. [They] couldn't be in a better place. [Registered manager] is a brilliant manager."
- The staff said they liked working for the provider and were happy. Their comments included, "I'm able to talk to my manager and discuss any issues", "Staff are happy and morale is generally high", "It is a good place to work. I enjoy working with the residents and seeing them happy" and "I can talk to my manager anytime. I am kept informed and feel heard. Staff are always happy at work and satisfied at the end of the shift."
- External professionals stated they found the home to be well led. Their comments included, "The staff have always been caring and kind, and on my visits they are open to suggestions" and, "I am always

welcomed into the home and staff are engaging, they also reach out to contact myself as needed."

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 told us they understood how important it was to be honest and open when mistakes were made, or incidents happened. They said, "It is for us to be transparent. If you have made a mistake you need to own that and what to do to make improvement. It's also to inform CQC, and relevant agencies." Documents we viewed confirmed this.

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

- There were staff meetings organised so staff could discuss any areas of concerns or share information but these had not always been regular. We raised this with the registered manager who acknowledged they needed to ensure they had more regular team meetings. However, they told us communication was good within the team and the staff we spoke with confirmed this.
- People and relatives were supported to give their opinion of the service via yearly questionnaires. A recent survey indicated people and relatives were happy and had no complaints. Comments included, "The staff are very good" and, "They are nice."
- All staff we contacted said they felt well supported and enjoyed working at the home. Staff told us there were good lines of communication. A staff survey showed they were happy working at the service and enjoyed their work.

Working in partnership with others

- The registered manager worked alongside other healthcare professionals such as the GP, district nurses, pharmacist, dietician and community psychiatric nurse. They told us, "We need to send weekly medication reports, like an audit. We have a good relationship with the local authority, and attend regular training organised by them."
- Healthcare professionals indicated people's healthcare needs were met because the staff were vigilant and knew people well. A healthcare professional told us, "Any information I share, they disseminate... The home has always informed me about any safeguarding concerns and will ask my advice and request support. The COVID-19 pandemic has had an impact on Ashbourne Court, but they are resilient and have continued to provide good care."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not made suitable arrangements to ensure that medicines were managed safely Regulation 12 (1)