

Leacroft Lodge Limited

# Ashcroft Hollow Care Home

## Inspection report

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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

Ashcroft Hollow Care Home is a care home providing personal care and accommodation for up to 45 older people some of whom are living with dementia. At the time of the inspection, there were 29 people living at the home. Care is provided on two floors, with bedrooms and communal areas on both floors.

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

We found some risk assessments for people had not been kept under regular review. The monthly reviews conducted on people's care needs were not comprehensive, and did not take into account their full range of needs.

Governance systems were not being applied consistently meaning that the services people received were not always effectively monitored.

There were inconsistent recording systems to evidence if people's care file reviews had taken place. People were being repositioned, but there was no evidence in care files to suggest why this needed to take place.

The principles of the Mental Capacity Act to safeguard people from abuse were not always followed by the manager. The provider's quality assurance system had failed to identify this.

We found that people were supported by a sufficient number of staff. Staff were responsive to people's needs.

Staff managed people's medicines safely. Records demonstrated that people had received their medicines as prescribed. Staff were trained to administer medicines safely and their competency to do so was checked regularly.

People unanimously told us they felt safe in the home.

The service was clean and free of malodour. There were a number of personal protective equipment (PPE) stations positioned throughout the home and staff wore appropriate PPE. When new admissions came into the home, they were isolated for 14 days.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The rating at the last inspection was inadequate (published on 20 January 2020) and there were multiple breaches of regulation, resulting in enforcement action being taken due to the significant concerns found. This resulted in a condition being placed on the provider's registration for the breach of regulation 17

(good governance). The provider completed a monthly 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 however, further improvements were needed. The provider was no longer in breach of Regulation 12 (Safe care and treatment) and Regulation 18 (Staffing). However, they were still in breach of regulation 17 (Good government). The condition on their registration will remain in place.

This service has been in Special Measures since 22 January 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 received concerns in relation to people's nursing care and how the service was promoting people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We undertook this focussed inspection to check whether the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; 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 improved to requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashcroft Hollow Care Home on our website at [www.cqc.org.uk](http://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 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 continued breach of Regulation 17 (Good Governance) of the Health and Social Care act 2008 (Regulated activities) Regulations 2014. The registered provider had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. Please see the action we have told the provider to take at the end of this report.

#### Follow Up

We will request a monthly 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 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** ●

# Ashcroft Hollow 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.

#### Inspection team

This inspection was carried out by one inspector and one inspection manager.

#### Service and service type

Ashcroft Hollow care services is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. They had a manager in place who was currently going through their registered manager application process with us.

#### Notice of inspection

We gave one hour's notice so we could clarify the service's COVID19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

#### 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. 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. We used all of this information to plan our inspection.

#### During the inspection

Due to the national pandemic we completed a focused inspection therefore reducing the time we spent at the service. We spoke with four people who used the service. We spoke with the manager, the deputy manager, four staff members and one relative. During our time at the home we observed staff interactions with people. We looked at records relating to wound care management, risk assessments, care plans and accidents and incidents.

After the inspection

We requested further information after our visit, this included contact details for relatives and the training matrix. We continued to seek clarification from the provider to validate evidence found and we spoke with three relatives.



# 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 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.

At our last inspection the provider had failed to ensure risks to people were always fully considered or managed in a safe way. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although further work was needed, improvements had been made meaning the provider was no longer in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management;

- We found some risk assessments had not been updated since 2017 or 2018. Although brief monthly reviews had taken place, people's specific needs had not been updated. For example, one person's last skin care risk assessment was completed in 2017. Managers told us that reviews should take place 12 monthly to update people's care needs. Risk assessment had not routinely been reviewed by management. However, staff told us they received updated information on people's care needs during a daily handover.
- People's care files did not appropriately identify strategies for risk prevention, to allow staff to ensure people's care was been managed in a safe way. For example, care files did not give staff guidance on why people needed repositioning and how often this should be done, and why people's fluid intake was being monitored, or their recommended daily amount.
- One person had a physical health condition where there was a care record in place for staff to document that daily physical health checks had being undertaken. We found that their care record had not been completed on a consistent basis. This person was at risk of not having their physical health needs assessed and met. However, staff told us about checks that were needed.
- People were supported safely by staff when they required support with their mobility. All mobility equipment in use had been assessed to meet their needs. All staff had received training in 2020 on moving and handling.
- People's individual emergency evacuation plans were in place and accurately reflected their needs.

At our last inspection there were not enough staff available for people and they continued to wait for support. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough timely action had been taken and the provider was no longer in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this key question.

### Staffing and recruitment

- We found that people were supported by a sufficient number of staff. The manager told us they had adopted the dependence tool from Staffordshire county council to help calculate the number of staff needed. They stated that shifts had a two hour overlap at lunch time to ensure people's needs were met.
- We observed people received a timely response when they required support to go to the toilet or to be hoisted.
- There were sufficient staff to ensure people had a positive dining experience. People received their meals when they requested and there was enough staff to support people who required assistance with their food.
- We observed calls bells being answered in a timely manner. The manager had a system in place to track that call bells were responded to in a timely manner.
- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the manager could not always demonstrate they had satisfactory employment evidence of staff members' characters. We found not all staff had sufficient evidence they were a person of good character or had reference checks in place.

### Using medicines safely

- People had their medicines managed safely and records demonstrated people had received their medicines as prescribed, in a way they preferred.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- Staff supported people to take their medicines in a respectful way. Staff ensured people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.
- Medicines were stored and disposed of safely, as required by legislation.
- Where people had medicines 'as required', for example for pain relief, there were clear protocols in place which were updated and reviewed regularly.
- Staff accurately completed electronic Medicines Administration Records (MAR). The MAR charts provided a record of which medicines were prescribed to a person and when they were given.
- The manager had introduced a medicines count. These highlighted any issues or concerns in a timely way.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from harm and abuse. All safeguarding concerns had been recorded by the manager for reference and investigation.
- People unanimously told us they felt safe in the home. One person told us, "I am happy here. The staff come quickly when I call; I don't have to wait a long time. Nothing could be better." A second person stated, "The safety here is fine; I have never been worried about anything."
- People were supported by staff members who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern.

### 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 could 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

- All accidents and incidents were recorded, and staff told us they knew the process of reporting an incident.
- The manager took the necessary action to implement the required learning identified from accidents and looked at any common themes through a monthly audit.

# 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 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.

At our last inspection there were not effective audits system in place to identify concerns and drive improvement in the home. 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.

There had been improvements made by the provider, but further work was still required to ensure good quality care was delivered. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes in place were not effective. Although the manager completed quality audits to ensure documents were in place in people's care files they did not take into account if they had been reviewed or updated. For example, we saw out of date risk assessments meaning people may not receive the most appropriate care specific to their current needs. Accurate records were not always maintained to reflect the support people were being offered.
- People's rights under the Mental Capacity Act were not always fully protected. The provider's quality assurance system had failed to identify people's mental capacity assessments were incomplete and the lack of best-interests decision-making where people may be unable to make decisions for themselves. We found no evidence that people had been harmed however there were not effective systems in place to identify concerns and drive improvement in the home. 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 was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant CQC could check that appropriate action had been taken.
- The manager completed other monthly audits which included call bell checks, medication audits and water temperature checks.
- Following the last inspection, the manager had put processes and systems into place to ensure the service was adequately staffed and staff training was up to date.

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

outcomes for people

- There was a clearly defined management structure within the service.
- The manager and staff worked hard to ensure the culture within the home was person-centred. However, we found care plans were not specific to people's needs.
- Staff worked hard to treat everyone as an individual ensuring their needs were met in their chosen way.
- All staff were overwhelmingly positive about impact the manager had made since being in post. Staff comments included, "To me personally I see what I see all the time, the smiles, the laughing. It is a pleasure to come back to how it was. It was just rock bottom before. They [manager and deputy manager] deserve a medal" and, "It is fine. [The] change in manager is a lot better. [They are] making good changes."
- People told us they received high quality of care from staff. One person told us, "They [staff] help me with care. I don't need it [help] all the time. The carer knows me well. [Carer] said she can see it in my eyes if I am not feeling right."

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 manager stated they understood their Duty of Candour and told us, "As a service we always ensure that we are open and honest with service users, staff and relatives. We ensure that any safeguarding concerns are reported to the appropriate people and ensure that even when we may seem at fault, that we accept what has happened and learn from our mistakes."
- Relatives confirmed the service would inform them regarding an event. One relative told us, "Yesterday we had a conversation with [manager] about [relative] and the hospital support [person] required. The way they presented the information, about the hospital support, to us just showed how much they care for my [relative] and how thoughtful they were."

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

- Staff received training in relation to Equality and Diversity and Human Rights as part of their induction.
- The manager told us that they had gained feedback from people and relatives throughout the pandemic, both verbally and virtual. They told us all of the feedback they had received had been positive.
- People told us the manager had asked them for feedback. One person told us, "If anything is wrong you just tell them [the manager], and they deal with it. Especially now [manager] is here."

Working in partnership with others

- The service worked well with external professionals. There was a section in each person's file that evidenced when a professional had visited to meet their health needs.
- We saw evidence where the service had made referrals to professionals on people's behalf to the speech and language therapy team, doctors and opticians.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>At our last inspection there were not effective audits system in place to identify concerns and drive improvement in the home. 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.</p> <p>There had been improvements made by the manager, but further work was still required to ensure good quality care and was delivered and achieve a rating of good overall. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.</p>

### The enforcement action we took:

Continued to ensure the NoD from their last inspection January 2020