

HC-One Limited

Ashton View Nursing Home

Inspection report

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21 May 2021

27 May 2021

09 June 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ashton View is a nursing and residential care home located in the Wigan area of Ashton in Makerfield, Greater Manchester and is operated by HC-One Care Limited. The home has three units called Gerard (Dementia), Evans (Nursing) and Pilling (Residential Dementia). The service is registered with the Care Quality Commission (CQC) to provide care for up to 58 people. At the time of our inspection, there were 52 people living at the home.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not always support this practice. Accurate and contemporaneous records were not always maintained by staff, particularly regarding the personal care people should receive.

Auditing and governance systems were in place at both provider and managerial level. However, further improvements were required to ensure regulatory breaches identified at the previous inspection were met so the service could improve.

People living at the home and their relatives told us they felt Ashton View was a safe place to live. Safeguarding allegations were reported to the local authority for further investigation, medicines were managed safely, and we observed people being supported to maintain good mobility. These had been some of the concerns identified at our previous inspection.

Staff received the necessary induction, training and supervision to support them in their roles. People told us they liked the food provided at the home and the home had good links with other health care professionals such as dietitians and the speech and language therapy (SALT) team. Deprivation of Liberty Safeguards (DoLS) applications were submitted to the local authority as required.

There were a range of activities taking place during our inspection and the home worked closely with the local hospice to ensure people received appropriate end of life care. Each person had their own care plan in place, which provided an overview of the care staff needed to provide.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published January 2021) and the provider was in breach of regulations relating to safe care and treatment, safeguarding people from abuse and improper treatment and good governance. At this inspection, not enough improvement had been made and the provider was still in breach of some regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service in November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when improve.

We undertook this focused inspection to check they 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, effective, responsive and well-led which contain those requirements.

Prior to this inspection we reviewed the information we held about the service. No areas of concern were identified in the other key questions (Caring). 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.

We looked at infection prevention and control (IPC) measures under the Safe key question. We look at this at 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.

The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashton View on our website at www.cqc.org.uk. You can see what action we have asked the service to take at the end of this report.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ashton View Nursing 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.

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashton View 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 did not have a manager registered with CQC. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The current home manager had applied to register with CQC however and this was in progress at the time of the inspection.

Notice of inspection

The inspection was announced.

Inspection activity was carried out between 21 May and 9 June 2021. We visited the home on 21 and 27 May 2021. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Wigan local authority. 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 visited each of the three units at the home during our inspection. We spoke with four people who used the service and 12 relatives about their experience of the care provided. We also spoke with eight members of staff including the current home manager and deputy manager.

We reviewed a range of records. This included eight people's care records and a selection of medication administration records (MAR). We also looked at two staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

After the inspection

We continued to seek clarification from the service to validate evidence found following our site visit.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people's mobility and medication was managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were stored, recorded and administered safely. During the inspection we looked at five MARs which were all completed accurately with no missing signatures by staff.
- Medicines were stored in secure trolleys, within a locked treatment room which was always locked when not in use. Medication fridges were used, temperature checks were completed to ensure medicines did not spoil and remained safe to be administered.
- Both people living at the home and relatives told us they felt medication was given safely and on time. PRN (when required) plans were in place to guide staff as to when certain medicines needed to be given and under what circumstances. A relative said to us, "She gets her medication on time."
- 'Carry forward' totals were not always documented by staff, which could make it difficult to ensure correct stock levels of medicines were being made. We provided this feedback to the deputy manager who was aware of the issue and raise it again with staff.

Assessing risk, safety monitoring and management;

- People at risk of choking and aspiration were provided with food and drink of the correct consistency. Records of the foods people had eaten were maintained by staff.
- The premises and equipment were safe to use. Appropriate maintenance work had also been carried out regarding gas safety, electrical installation, the passenger lift, hoists and portable appliance testing (PAT). Window restrictors had been fitted to ensure people did not attempt to leave the home unsafely.
- People living at the home had a range of risk assessments in place regarding their care. These covered skin integrity, falls, moving and handling and nutrition.
- People had access to necessary equipment to help keep them safe. For example, pressure relieving mattresses and cushions to help prevent the risk of skin break down.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
At our last inspection the provider had failed to ensure any allegations of abuse were reported to the local authority for further investigation. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had received safeguarding training and when spoken with, displayed an understanding about safeguarding procedures and how to report concerns.
- Allegations of abuse were reported to the local authority for further investigation.
- Both people living at the home and relatives told us they felt the service was safe. One person said, "It's a safe place and everyone makes sure I have what I need." A relative added, "The home is safe for my [relative] because there are the staff around to keep an eye on her."
- Accidents and incidents were recorded, with information detailed about actions taken to prevent re-occurrence.

Staffing and recruitment

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS) checks, carrying out interviews and obtaining references from previous employers.
- There were enough staff to care for people safely and the feedback from relatives and people living at the home was that current staffing levels were sufficient. One to one care was also in place for people who may require extra support and supervision during the day, or at night.
- Some staff expressed concerns to us about there not being enough staff on one particular unit, particularly at nights. We provided this feedback to the deputy manager who told us this was kept under review and was in line with the current occupancy at the home based on the homes dependency tool.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with government guidance.

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 the last inspection, this key question was rated as Requires Improvement. At this inspection, this key has stayed the same. 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

At our last inspection the provider had failed to ensure decisions made in people's best interest were clearly documented. Records regarding care people received were not well maintained by staff. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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 Act 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were submitted to the local authority as required where people lacked the capacity to consent to the care they received. Applications were made to re-apply for these when they were due to expire.
- At our last inspection, we found best interest meetings and decision specific mental capacity assessments were not always documented, particularly where restrictive measures were in place. This included the use of sensor mats and bed rails which can restrict people's freedom of movement and choice.
- This remained an area of concern at this inspection in relation to the use of sensor mats, bed rails and when keeping people's cigarettes in a safe place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received visits and attended appointments with other services including opticians and chiropodists as needed. Details of their visits were recorded in care plans.
- Pre-admission assessments had been completed when people first moved into the home so that staff could understand the level of care people required.
- At our last inspection, personal care charts were not always accurately completed by staff, particularly regarding assisting people to shave, supporting people with nail care and helping people to maintain good oral hygiene. We found this was still an area of concern at this inspection.

The concerns regarding the recording of best interest decisions and personal care meant there had been a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance. This was because there had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user and persons employed in the carrying on of the regulated activity.

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

- At the last inspection, we identified concerns about the quality of records maintained by staff in relation to people's nutritional intake. We found improvements at this inspection.
- People living at the home and relatives made positive comments about the food provided. One person said, "The food is lovely, and I look forward to my meals." A relative told us, "She loves the food and is putting on weight."
- People's body weight was monitored and where people were at risk of losing weight, they had been referred to the dietician service for further support and guidance.
- During the inspection, we observed people supported to eat and drink if they were unable to do this themselves.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to support them in their roles. The home's training matrix detailed the training staff had completed. A member of staff said, "There is enough training provided and it is very informative." Another member of staff said, "So far there has been enough and I can always ask if I am not sure about anything."
- Staff told us they received supervision as part of their ongoing development, as well as appraisals.
- An induction programme was provided to staff when they first commenced employment to ensure staff had an understanding of what was required within their roles.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at the home had communication care plans in place, where information about sensory needs such as speech and sight were documented. Some care plans did not always have details about people's hearing abilities and if they may require a hearing aid. We were informed by the deputy manager these would be updated.
- There was signage used around the home to identify rooms and help people orientate around different areas.
- Information could be provided in different formats on request, such as large print.
- Each person living at the home had their own care plan in place which provided an overview of the care they required. The care plans captured person-centred information about people such as their likes, dislikes, life history and things that made them happy.
- During the inspection we observed staff being responsive to people's needs. For example, supporting people to eat and drink, assistance with mobility and administering medication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were enough activities taking place to keep people occupied whilst living at the home.
- We observed people enjoying a game of bingo and singalong which was facilitated by the home's wellbeing coordinators.
- Records and photographs of previous activities were maintained and displayed around the home. One relative said, "There are activities such as singing. [relative] likes watching sport on TV. He enjoys sitting and talking with other residents."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which explained the process people could follow if they were unhappy with aspects of their care. This set out how complaints were recorded, investigated and responded to. Details of how to make a complaint were displayed around the home.

- Overall, we found complaints were managed appropriately, however one complaint had not been responded too with the required timescales. This had been acknowledged by the provider as an area for improvement in the future.

End of life care and support

- The home had an 'end of life care policy' in place and people's wishes regarding end of life were recorded in their care plans, including any updates. If people did not wish to discuss their end of life care, this was respected by staff.
- Care plans contained a 'do not resuscitate' order in place if one was required.
- Staff told us the home was being supported by the Wigan and Leigh Hospice in Your Care Home team for end of life care. This teamwork with staff in diverse settings, to enhance the care of residents in the last few weeks and days of life with the aim of promoting comfort and dignity.

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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to monitor the quality of service effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection, we identified concerns regarding the effectiveness of the provider's governance systems and regulatory breaches were identified regarding medication, mobility, safeguarding and record keeping. Whilst some of the concerns had been addressed, some remained outstanding.
- Following our last inspection, the service sent us an action plan which detailed how they would become compliant with the regulations. This included the introduction of efficient recording systems on each unit and regular documentation checks by management to ensure records were completed correctly. We found these systems were not yet fully effective.

This meant there had been a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance. This was because there had been a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys to obtain feedback. Staff and resident/relative meetings were also held so that feedback could be sought and used to make improvements.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from everybody we spoke with about management and leadership at the home. One member of staff said, "It's good and I am enjoying it at the minute. The manager is okay, and I have no concerns." Another member of staff added, "Brilliant and very approachable with any concerns."
- Staff told us there was a positive culture at the home, with good team work throughout and we noticed this had improved since the last inspection where staff had previously expressed concerns. One member of staff said, "All the staff pull together, and we all get on. No problems at all. The job is going well, and I enjoy it." Another member of staff said, "All the staff have good relationships and we work well together."
- Both people living at the home and relatives were complimentary about the care provided which ensured

good outcomes were achieved. One relative said, "My [relative] gets excellent care. I can see she is content." A person living at the home also said, "I love it here. I'm very comfortable and I don't worry."

Working in partnership with others; 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 home worked in partnership with a number of other agencies in the Wigan area, including social workers, GPs, district nurses and the quality performance team at Wigan local authority.
- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.
- The provider and manager understood the regulatory requirements. They pro-actively provided information to CQC following significant events at the service and their rating was displayed in the main reception of the home and on the provider's website.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Appropriate systems were not in place to ensure good governance.</p> <p>This was specifically regarding part 2 (a) and (c) of the regulation because there had been a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. There had also been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p>