

Ashwood Care Home Ltd

Ashwood Rest Home

Inspection report

10-12 Shirley Avenue
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ashwood Rest Home is a 'care home' which can accommodate up to 39 people in one adapted building. At the time of inspection there were 19 older people living at the service, some of whom were living with dementia.

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

Since our last inspection, the provider had made improvements to quality and safety which meant they were no longer in breach of regulations.

The provider had introduced a new medicines management system in the home. This helped ensure there were safe arrangements in place for the ordering, storage, administration and disposal of medicines.

The provider had effective systems to manage environmental risks such as fire safety, legionella and maintenance of equipment.

The registered manager had improved systems and processes to monitor the quality of care. This included developing audits and action plans to help ensure any areas of improvement were implemented and sustained.

The provider worked in partnership with other stakeholders to help ensure their policies and procedures were in line with best practice guidelines.

Safeguarding concerns were investigated and reported appropriately by the provider. Changes had been made to improve people's safety in response to incidents or when concerns about their welfare were raised.

Staff ensured people lived in a clean environment. Infection prevention and control measures followed government guidance.

There were enough staff in place to meet people's needs. Staffing arrangements were regularly reviewed when people's needs changed.

The provider had made appropriate recruitment checks for new staff and provided them with training to help them meet people's needs.

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 24 October 2018) where we identified three breaches in regulation.

The provider completed an 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 and the provider was no longer in breach of regulations.

Why we inspected

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 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 changed from requires improvement to good. This is based on the findings at 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.

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

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashwood Rest 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

One inspector carried out this inspection

Service and service type

Ashwood Rest Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We spoke with five people who used the service and five relatives via telephone about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, deputy manager and care workers. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, action plans, risk assessments, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing rotas and training data. We also received written feedback about the service from two healthcare professionals.

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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to fire safety and legionella. 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.

- The provider had commissioned an external company to complete a fire risk assessment of the home in July 2020. There had only been minor recommendation from this assessment, which the provider had actioned. This demonstrated the provider had mitigated risks related to fire safety in the home.
- Staff had received training in fire evacuation procedures. Fire evacuation plans were clearly displayed throughout the home, which staff could reference in the event an evacuation was required.
- People had personal evacuation plans in place. These contained all the information staff, or the emergency services would need to know to support people to evacuate the home safely.
- Fire safety checks were carried out regularly. This included, checks and tests of emergency lighting, fire safety equipment, fire alarm system and visual inspections of fire evacuation signage and routes. This helped to ensure fire safety equipment and procedures were safe.
- The provider had commissioned an external company to complete a legionella risk assessment. This was to identify any legionella based risks within the care home environment and recommend measures to control the growth of bacteria. The provider had commissioned the company to test water samples yearly to help ensure ongoing risks related to legionella were mitigated.
- Staff completed routine checks around water temperatures and flushing of taps in line with recommendations to help prevent and protect against the risks associated with legionella.

Using medicines safely

At our last inspection the provider had failed to operate safe systems around the management of people's medicines. 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.

- People had medicines care plans in place which detailed their prescribed medicines and preferred routines around administration. Where people had specific requirements around times of medicines

administration, these were clearly identified in their care plans.

- People's medicines administration records were kept up to date and audited regularly by senior staff. This helped to quickly identify any issues or anomalies in relation to these records.
- Arrangements for the storage of medicines were safe and in line with best practice guidelines. Medicines were stored securely in a locked cabinet and staff monitored temperatures of storage areas to ensure medicines were stored in line with manufacturer's guidelines.
- People received medicines for pain or anxiety as prescribed. There were care plans for 'when required' (PRN) medicines. These identified when people required these medicines and the frequency they could be administered. We observed staff understood people's requirements around PRN medicines and offered them in line with their care plans.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I like it here. I feel safe. I am well looked after."
- The provider had a safeguarding policy in place. This outlined the actions needed to help prevent people suffering abuse or avoidable harm. Staff received training in safeguarding, which helped them apply the principles of the safeguarding policy into their everyday working practice.
- The registered manager understood their responsibilities in investigating and reporting safeguarding concerns. Records of previous safeguarding investigations reflected that appropriate action had been taken in response to concerns about people's safety.

Staffing and recruitment

- There were sufficient numbers of staff in place to meet people's needs. People's comments included, "There are always staff around" "I can ring the (call bell) if I'm in my room and need something. They come within a couple of minutes."
- The registered manager monitored staffing levels to ensure people's needs were met. They had recently increased staffing levels in response to changes to the layout of the home after the completion of building works. This helped to ensure there were enough staff available to monitor all parts of the home.
- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us, "I can now visit regularly. They have definitely made a lot of effort to make this happen."

Learning lessons when things go wrong

- The registered manager investigated and reviewed reports from falls, accidents, incidents, safeguarding

concerns and complaints. These were analysed for any patterns or trends and followed up with improvement actions.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to operate effective systems to monitor quality and safety. This was a breach of regulation 17 (Good Governance) 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 17.

- There were effective governance systems in place. The registered manager completed regular audits to monitor and improve the quality of service delivery. Action plans were completed following audits. The registered manager maintained good oversight of progress and outcomes.
- Care records, safety certificates, environmental risk assessments and documentation related to the safe running of the home was easily accessible and contained up to date information.
- The registered manager had a good knowledge about their role and their regulatory responsibilities. They had submitted statutory notifications about significant incidents that happened at the home as required.
- Staff received regular training to ensure they had the appropriate skills to support people.

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

- People and relatives were positive about the management and leadership at the home. Comments included, "The manager is very nice" "[The registered manager] is very approachable" "I think she [the registered manager] has done a good job at the home".
- Staff also told us there was a positive atmosphere at the home. Comments included, "We [staff] all work together really well" "The management are really supportive".
- The provider was a visible and approachable presence. They regularly visited to spend time talking to people and staff, giving them a good understanding of the day to day culture within the home.

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 a clear understanding of their responsibilities and acted in line with the duty of candour. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. The registered manager had taken the

appropriate steps to ensure these requirements were met.

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

- Systems were in place to gather feedback from people, their relatives and professionals and some feedback had been sought, though the registered manager acknowledged they had not fully used these systems due to the COVID-19 pandemic.
- The registered manager had identified quality assurance as a priority to complete and this action was in process at the time of inspection.

Continuous learning and improving care

- The registered manager had overseen improvements to the quality of care since our last inspection. They had implemented and embedded the improvements needed to ensure the service was meeting requirements of regulations.
- The registered manager promoted continuous improvement. They used actions from audits, supervisions, feedback and input from external stakeholders to devise an action plan, which detailed where and how improvements would be made. Recent improvements included actions to help ensure staff received training to meet people's specific health or medical needs.
- Since our last inspection, the provider had implemented the use of an electronic care planning and recording system. Staff used this system to record details of care provided including personal care and medicines administration. Senior staff monitored the system, which helped promote a pro-active approach where issues could be identified and responded too quickly.

Working in partnership with others

- During the COVID-19 pandemic the provider had worked with stakeholders to help ensure they were following latest guidance related to the pandemic. This included participating in regular phone calls with the Clinical Commissioning Group (CCG), where good infection control practice was shared.
- The provider had also worked with the CCG to complete an infection control audit of the home. This helped the provider ensure that the service had taken all measures to mitigate risks of infections spreading in the home.