

# North Yorkshire Council

## Ashfield (Malton)

### 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

Ashfield (Malton) is a residential care home providing personal and nursing care to up to 31 people. The service provides support to older people. At the time of our inspection there were 16 people using the service.

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

A governance framework was in place however this was not robust as it failed to identify the concerns we found during inspection. There was a lack of consistency and discrepancies in documentation relating to some aspects of the service. Quality assurance information to support and evaluate learning and improvement had commenced but was not yet fully embedded. The registered manager and deputy manager had started to review and allocate responsibilities.

Detailed risk assessments meant risks to people were monitored and managed, however on the day of our visit the number of personal emergency evacuation plans (PEEPs) did not match the number of people living at the home because 1 person had been admitted to hospital that week.

Staff were knowledgeable about how to keep people safe and felt confident to report concerns to seniors and managers should they arise. Sufficient numbers of suitable staff were employed, and care was observed to be unhurried. Medicines were administered safely, and current guidelines and protocols were followed. People were protected by the prevention and control of infection. The home was clean, tidy and odour-free.

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 did not support this practice. This is because Deprivation of Liberty Safeguards had sometimes been made when it was recorded the person had capacity.

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 last rating for this service was requires improvement (published 8 April 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. 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 the provider remained in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 25 and 31 January and 4 February

2022. 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 to improve safe care and treatment and good governance.

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. 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 remains the same. 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 Ashfield (Malton) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to how managers tracked and monitored risk and used quality assurance audits to ensure systems and processes were followed correctly at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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** ●

# Ashfield (Malton)

## 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

An Inspector and an Expert by Experience undertook this inspection. 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

Ashfield (Malton) 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. Ashfield (Malton) 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 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 the 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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 of this information to plan our inspection.

### During the inspection

We spoke with 6 people who use the service and 6 relatives about their experience of the care provided. We spoke with 8 staff members including the interim service manager, the registered manager, the deputy manager, senior care and care workers, cleaners and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance 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 requires improvement. At this inspection the rating has remained 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; Learning lessons when things go wrong

At the last inspection the provider had failed to ensure risks to people were assessed and monitored, and had failed to ensure some aspects of the environment were safe. 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 service was no longer in breach of regulation 12.

- Detailed risk assessments were in place and these were reviewed regularly or when incidents had occurred.
- Risk assessments contained information to ensure staff knew how to support people safely and with appropriate control measures in place.
- Systems for monitoring accidents and incidents were used and had recently started to track themes and trends.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were administered safely. This was a breach of regulation 12 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.

- Medicines were administered safely. People were receiving their medicines when they should, including those that were timed, and those that were prescribed 'as and when required'. Clear guidance was in place to support staff to do this.
- Staff ensured regular reviews of medicines took place and worked closely with their local GP practice to facilitate this.
- Medication audits took place regularly and reviews of medicine practice and staff's competencies to administer medicines were monitored.
- The temperature of the medicines room had not always been recorded during the month we visited and on occasions the temperature was at or above that suggested by guidance. We discussed this and alternative options for ensuring the temperature remained below the maximum level with the registered manager during our visit.

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).

At our last inspection we had made a recommendation about considering current guidance on the principles of MCA and take action to update their practice accordingly. At this inspection not enough improvement had been made.

- People did not always have capacity assessments. Some people had capacity to make decisions but these decisions were not always used when planning care and support. Plans of care were well-written and provided staff with guidance about people's preferences and choices and the actions needed to meet these.
- We found there were some discrepancies about the submission of DoLS and applications and people's capacity. We spoke with the registered manager and the interim service manager following the inspection and were assured these would be reviewed.
- We found staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty, however some DoLS submissions had been made when it was recorded the person had capacity. You can see what action we have taken in our well-led section. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us, "I never feel unsafe everyone wants to help", and, "You can have a word with them about anything. You know them all and they will find out anything for you".
- Staff were knowledgeable about the signs of abuse and felt confident to report concerns to seniors and managers, when necessary, and these concerns would be acted on appropriately.
- Knowledge of systems and processes were not fully embedded and in place to monitor and manage safeguarding concerns. Where safeguarding concerns had been raised with the local authority statutory notifications had not been submitted. However, as these had not been accepted as concerns it meant the service was not in breach of their regulatory requirements. We discussed this with the registered manager and interim service manager who confirmed this would be reviewed.

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.

Visiting in care homes



- There were no restrictions on visiting and the home was following current national guidance.

#### Staffing and recruitment

- There were sufficient numbers of suitable staff to support people to stay safe and meet their needs.
- People told us they received care and support which was unrushed, with comments including, "They are not rushed, they are very patient, they ask if they can help in every way", and , "There is always someone around to help me".
- Observed care and was unhurried and there was a calm atmosphere within the home.
- Staff were recruited safely and the provider undertook all necessary pre-employment checks to ensure people were supported by appropriate staff.

# 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 requires improvement. At this inspection the rating has remained 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

At our last inspection the provider had failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. 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 remained in breach of regulation 17.

- The provider had an audit schedule and a quality assurance framework in place. The provider's systems and processes had not identified the concerns found during our inspection visit.
- Care plan audits had not identified discrepancies found about people's capacity and DoLS submissions. Since the inspection the provider confirmed these anomalies had been rectified.
- The registered manager and deputy manager had reviewed their roles and responsibilities recently, however given the relative newness of these staff members there had not been enough time to complete induction and establish thorough understanding.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Provider audits had identified discrepancies found about whether safeguarding concerns had been raised appropriately.

Continuous learning and improving care

- There was a system in place to support continuous learning and improvements, however this had not yet had time to become fully embedded as part of management processes.
- The registered manager and deputy manager had commenced a review of required improvements and how these would be shared with staff.

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

- Feedback from staff was positive. Staff told us they enjoyed working at the home and felt supported. Management had spent time re-organising staffing rotas to ensure staff were supported whilst on shift by

their direct line managers.

- The registered manager was responsive to people's comments and views. People and relatives told us the management valued their views and acted on their wishes.
- The service had a positive culture. The registered manager had an understanding of equality and diversity.
- People received person centred care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Documentation showed how staff worked in partnership with health professionals and other agencies to facilitate good outcomes for people.
- A relative explained how they were kept informed and supported to attend appointments with their family member.
- Staff surveys had recently been completed and the registered manager had started to review comments from these and produce an action plan.
- The registered manager was approachable and always available to spend time speaking and listening to people, relatives and staff.

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 provider understood the duty of candour and their responsibility to be open and honest with something had gone wrong.

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  Systems and processes were not fully established to ensure compliance with good governance.  The service had not always assessed, monitored and improved the quality and safety of the service, for example, audits had not identified concerns found during inspection.  Regulation 17 (1) (2) (a)