

Mauricare (Rearsby) Ltd

Ashford House 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 effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashford House is a residential care home providing accommodation and personal care. The service is registered to support up to 27 older people with a physical disability, dementia and mental health needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 15 people were using the service, 1 person did not receive a regulated activity.

Accommodation was split across two floors accessed by a lift and two stairwells.

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

Following the last inspection, quality assurance systems and processes to monitor the quality and safety of the service had improved. However, many of the improvements required to the premises identified at the last inspection had not taken place.

The registered manager was accessible, open and inclusive. People, relatives and staff told us they were supported by and had confidence in the registered manager.

People felt safe and risks were mostly assessed and managed. Some improvements were required to ensure all risks were identified, the registered manager agreed to take this action. There were enough staff with the right skills and experience. Some people had complex needs and at times staff were very busy attending to people's needs in different areas of the service. This meant at times people had to wait for staff to attend to them and on one occasion there were no staff available to support people in the communal lounge.

People received their medicines in a safe way. When things went wrong, the registered manager used this as an opportunity to learn. Systems and processes were changed to reduce any further risks.

Staff were kind and caring and had developed positive relationships with people. People were involved and included in decision making about their care and support. People were supported to maintain relationships with people important to them. Social activities were provided. However, opportunities for people to follow their interests and hobbies were limited.

People liked the meals provided and were mostly supported to eat and drink sufficient amounts. Staff identified when people's health deteriorated. They consulted with health care professionals and followed their advice and guidance.

Staff had the training and support they required to carry out their role.

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. People had appropriate authorisations in place for deprivation of liberty (DoLS) where this was required. Staff did not always follow the DoLS conditions. This meant important information to support least restrictive practices was not always available. For example staff were required to record the action taken when the person became distressed or were resistant to care but they did not always do this.

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

The last rating for this service was Inadequate (published 6 May 2022).

This service has been in Special Measures since 26 November 2021. 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

This inspection was carried out to follow up on action we told the provider to take at the last 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.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We have identified a continuing breach in relation to leadership and quality monitoring at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Ashford House 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.

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

The inspection was carried out by 2 inspectors.

Service and service type

Ashford House 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. Ashford House 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

The 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 2 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, 3 care staff and the cook. We observed staff providing care to people. We reviewed a range of records. This included 4 people's care records and 10 medicines administration records. We looked at 3 staff files in relation to recruitment and training. A variety of records relating to the management of the service, were reviewed.



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 Inadequate. 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

At our last inspection there was a lack of robust systems and processes to demonstrate safety was effectively monitored and managed. This placed people at significant risk of harm. 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.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place and these were updated to reflect any changes or new risks. However, risk assessments for identifying risk of malnutrition had not been completed correctly and this meant potential risks could be missed.
- At the last inspection we found there were no COVID-19 risk assessments in place for people. At this inspection, we found COVID-19 risk assessments were in place. However, one person had a weakened immune system, and this had not been considered as part of their risk assessment. The registered manager took immediate action and developed an appropriate COVID-19 risk assessment and care plan.
- The provider had taken action to address most of the environmental risks we identified at our last inspection. Hazards in the garden had been removed and the garden area made safe for people to use. Unoccupied rooms used for storage were kept locked so no longer posed a risk to people.
- On the first day of our inspection, actions identified in the fire risk assessment had not been fully completed. The provider took this action before we returned for the second day of the inspection site visit. A survey of the loft area was carried out to confirm compartmentation was in place to prevent the spread of fire. The provider's fire risk assessment and fire procedure was updated to reflect this and staff were made aware of these changes. Each person had a personal evacuation plan so staff knew what to do in an emergency.
- All accidents and incidents were recorded along with any action taken to reduce further risks.

Using medicines safely

- The provider had made improvements since our last inspection. All staff responsible for managing people's medicines had received training and had their competency assessed.
- Medicine administration records were up to date and accurate. Medicines were stored correctly and securely.
- Where people were prescribed medicine patches, staff recorded and rotated the patch site to ensure this medicine was given safely and effectively. Staff were knowledgeable about the safe administration of insulin and had received training from the community nursing team.

- Medicine audits had been carried out. Where issues were identified, action was promptly taken such as providing additional staff training.

At our last inspection the provider had not operated effective safeguarding systems and processes to protect people from abuse and improper treatment. This was a breach of Regulation 13 (safeguarding service users 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People and relatives were confident staff would take action if abuse was suspected.
- All staff had received safeguarding training. They knew how to identify suspected abuse and how to report it.
- Staff had confidence the registered manager would take appropriate action if they raised a concern.

Preventing and controlling infection

- Improvements had been made to cleaning practices since our last inspection. The carpet in the lounge had been replaced with suitable flooring.
- Cleaning schedules were in place and were mostly followed by staff. We found one dusty extractor fan in the ground floor communal bathroom. A commode/shower chair was rusty and could not be cleaned properly. However, the registered manager had identified this issue and had ordered a new chair.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- 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

People and relatives told us visiting was no longer restricted. We observed visitors being welcomed during our inspection.

Staffing and recruitment

- People and relative told us there were enough staff to meet their needs.
- On the second day of our inspection there was a shortage of staff caused by last minute staff absence. The provider arranged an agency staff member to cover. However, because the agency staff member did not know people's needs, this meant staff were very busy.
- Some staff told us they were at times very busy but were able to meet people's needs.
- There were short periods of time when there were no staff in the communal lounge to support people. The registered manager, staff and a relative we spoke with, assured us this was not usual practice.
- Staff were recruited in a safe way. Checks were carried out before employment was offered. For example, Disclosure and Barring Service (DBS) checks were carried out. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Improvements to systems and processes had been made following a person developing a pressure sore. This included the use of a skin observation tool to ensure any skin damage was quickly identified so action could be taken.
- The provider had made improvements since our last inspection. Some areas continued to require improvement. However, the provider had identified these areas and had an action plan in place.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection we found the requirements of the Mental Capacity Act (2005) had not been met. This was a breach of regulation 11 (Need for Consent) 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 11.

Ensuring consent to care and treatment in line with law and guidance. 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had their capacity to make decisions assessed and a best interest decision was in place where this was required. This meant care and support was only provided with lawful consent.
- One person had an authorisation to deprive them of their liberty in order to keep them safe. There were conditions attached to the authorisation requiring staff to record specific information. Staff were not routinely recording this information and therefore did not always comply with the conditions. This meant important information to support least restrictive practices was not always available.

At our last inspection we found the provider did not have systems in place to ensure staff received appropriate support, supervision and training, necessary for them to carry out their role and responsibilities. This was a breach of regulation 18 (Staffing) 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 18.

Staff support: induction, training, skills and experience

- Staff received training when they first began using the service, so they were made aware of expected standards, policies and procedures. Since our last inspection, 5 staff had completed the 'care certificate' and 1 staff member was undertaking this training.
- Ongoing training was also provided so staff remained up to date with best practice guidance. Staff told us they felt supported and had the training they required.
- Staff had opportunities to discuss their learning and development needs and had their performance assessed by their manager. Staff had opportunities to complete national recognised training in care.

Adapting service, design, decoration to meet people's needs

- The provider had made improvements to some areas. The lounge carpet had been replaced and some redecoration had taken place. A new shower tray was being fitted in the first-floor shower room.
- Many areas of the service but in particular communal areas and corridors required some redecoration to bring these areas up to an acceptable standard. The provider had an action plan. Details of the providers action plan and required improvements to the environment have been reported in the Well-Led section of this report.
- Dementia friendly signage was in place to support people to orientate themselves around the service.

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

- Staff supported people to eat and drink, however, on the second day of our inspection staff did not support one person and they struggled to eat their meal. Staff provided appropriate support when we pointed this out.
- People told us they enjoyed their meals and were happy with menu choices available.
- People's likes, dislikes, dietary and preferences were detailed in their care plans. Staff knew people's needs well and encouraged them to eat a balanced and varied diet.
- People had their risk of malnutrition and dehydration assessed. Where risk was identified, staff monitored the amounts people had to eat and drink. They made referrals to GP's and dieticians appropriately. One person's malnutrition risk assessment had not been completed correctly. However, their weight was monitored, and they were having sufficient amounts to eat and drink.

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 had their needs assessed before moving to the service to ensure their needs could be met.
- People had access to healthcare services and were supported to live healthier lives.
- A relative said, "A recent incident where an ambulance was called was handled very professionally and the family was kept in the communication loop throughout." Another relative told us staff quickly identified when their family member had a urine infection and made sure they received prompt treatment.
- Staff consulted healthcare professionals such as GP's, community nurses, speech and language therapists in a timely manner.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our inspection in February 2021 we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed positive relationships with people and treated people with respect. However, staff did not always support in a compassionate and personal way.
- On the second day of our inspection we saw a person was becoming distressed in the communal lounge. There were short periods of time where no staff were available to provide support and reassurance.
- Most people and relatives were very complimentary about staff, one relative said, "The staff are very kind and caring". Another relative told us at times their family member had to wait a long time for staff to attend to them.
- All staff had received training about respecting people's equality and diversity needs. The registered manager gave us examples of when people were provided with meals specific to their culture.

Supporting people to express their views and be involved in making decisions about their care

- People were usually given choices and were involved in decision making. Some people could not clearly verbalise their preferences and at times became distressed and resistive to support. Staff did not always record the reasons for the distress or what actions provided. This was a missed opportunity for staff to establish the person's views and preferences.
- Staff we spoke with were able to describe how they gave people choices and involved them in making decisions.
- Care plan reviews were carried out at least monthly. The registered manager made sure people and/or their relatives were involved in care plan reviews so they could express their views.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity protected. Staff had training about this when they first began working at the service.
- Staff we spoke with were able to describe how they promoted independence and encouraged people to do as much for themselves as they could. They knew how important this was for people's health and wellbeing.

Is the service responsive?

Our findings

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

At our inspection in February 2021 we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

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

- The range and availability of activities had improved. We saw people engaged in crafts and people told us about a Christmas Carol concert which had taken place. However, some people were unoccupied for the majority of the time and had limited opportunities to follow their interests and hobbies.
- A relative said, "People tend to just sit there watching TV, some more music and singing would be better".
- People were supported to maintain relationships with their friends and relatives. Visitors were made welcome and offered a hot drink. Relatives told us staff communication was good and they were informed of any changes in their family members wellbeing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the accessible information standard. Written information was available in accessible formats on request.
- People's communication needs and how staff should meet these were included in people's care plans.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which set out their needs including physical, psychological, social and cultural needs.
- A new system of review had been introduced known as 'resident of the day'. This entailed a full care plan review including people's relatives where appropriate and a review of all prescribed medicines.

Improving care quality in response to complaints or concerns

- People, relatives and staff told us they would feel comfortable raising a complaint and confident they would be listened to.
- The registered manager gave us an example of how they had investigated a complaint and used this as a learning opportunity to make improvements.

End of life care and support

- People's end of life wishes, and preferences were included within care records where possible.
- Staff had received end of life training. They told us how they supported people and their families. There was no one receiving end of life care at the time of our inspection.
- Healthcare support was provided by GP's and community nurses so people had access to appropriate support and medicines for symptom control.

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 service Inadequate. 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.

At our last inspection there was an absence of systems and processes in place to demonstrate safety was effectively monitored and managed. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although some improvements were made, we found the provider remained 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;

- Whilst quality assurance systems and processes had been introduced and had identified areas requiring improvement, they had failed to identify and/or address all the concerns found during this inspection.
- Not enough action had been taken to ensure environmental repairs were actioned promptly. We found a number of rotting window frames at our last inspection which had not been repaired at this inspection. Walls and woodwork requiring decoration identified at our last inspection had not been completed. Furniture and curtains identified as requiring replacement had not all been replaced. This impacted on the quality and safety of services people received.
- The registered manager's home improvement plan identified these deficiencies in the environment including all windows becoming worn and requiring replacement. There were dates for completion for January and February 2023 but no actual detail about who would do this work. We contacted the provider shortly after our site visit. They informed us the work to repair the windows would commence 9 January 2023.
- While improvements had been made to mental capacity assessments, staff did not always comply with deprivation of liberty conditions. Quality assurance processes had not identified this shortfall.

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

- The providers audits had identified areas for improvement within medicine management and these had been actioned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us they were happy with the care and support provided. They said the

registered manager was accessible and approachable.

- A relative said, "I am assured by all the things they do, they endeavour to do the things we know [family member] likes, like putting the radio on or Jim Reeves music."
- Another relative told us about a 'residents meeting' they had attended. They told us the registered manager was very helpful and kept them informed of any changes.
- Staff told us they felt supported by the registered manager.

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 was aware of their responsibilities. They were open and honest when things went wrong.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and authorities to ensure people received joined up care and support.