

Mauricare Limited

Ashview House Residential 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 19 April 2016. This was an unannounced inspection.

We previously inspected this service on 25 January 2016 and 1 December 2015 where we identified multiple Regulatory breaches. We found the service was not safe, effective, caring, responsive or well-led. This service was placed into special measures as a result of an earlier inspection in April 2015 and it had remained in special measures until this inspection. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. At this inspection we found that the improvements the provider and registered manager had made were enough for us to remove the service from being under special measures.

At this inspection three people were using the service. The numbers of people using the service were low because of the action taken by us (CQC) and the local authority after our previous inspections, to safeguard people from risks to their health, safety and well-being. Following our December 2015 inspection, where we identified concerns for people's safety and wellbeing, we placed a condition on the provider's registration preventing them from admitting new people to the service. In March 2016 we agreed that the provider could begin to admit people to the service. The service can therefore now provide accommodation and personal care for up to 15 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although we identified some improvements had been made, further improvements were required to ensure people consistently receive care that is safe, effective, responsive and well-led.

When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were not always followed. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Improvements were needed to ensure risks to people's health, safety and wellbeing were consistently and promptly assessed, monitored, managed and reviewed.

Gaps in the staffs' knowledge and skills needed to be addressed and maintained to ensure people receive

care that is safe and meets their needs.

Improvements were needed to ensure people's care preferences were thoroughly assessed, recorded, monitored and met.

A manager or senior member of staff was not always available to lead shifts and coordinate people's care. When concerns with the quality of care were identified, appropriate action to sustain improvements in quality were not always effective.

People's medicines were managed safely and people's health needs were monitored and prompt advice from health and social care professionals was requested when people's needs changed.

Staff understood how to protect people from the risk of abuse and there were sufficient numbers of staff to meet people's needs.

People could eat and drink suitable amounts of food and drink that met their individual preferences.

Staff treated people with kindness and compassion and people's privacy was promoted. People were encouraged to make choices about their care and independence was promoted.

People were enabled to participate in activities that were meaningful to them. This included activities at the home and in the community.

People knew how to make a complaint and the complaints policy was readily accessible to people and visitors. People's feedback about the care was sought through regular meetings.

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 consistently safe. Although some improvements had been made, risks to people's health, safety and wellbeing were not consistently assessed, monitored or managed effectively.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. The legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) authorisations were not consistently met.

People's health and wellbeing needs were appropriately monitored and prompt action and advice was taken or sought in response to changes or concerns with people's health and wellbeing.

Staff had received some training to provide them with the knowledge and skills needed to meet people's needs. However, improvements were needed to ensure training gaps were promptly addressed.

People could eat and drink suitable amounts of food and drink that met their preferences.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with kindness and compassion and dignity was promoted. People's right to privacy was also supported and promoted.

People were encouraged to be independent and staff supported people to make decisions about their care.

Good ●

Is the service responsive?

The service was not consistently responsive. Further

Requires Improvement ●

improvements were needed to ensure people's care preferences were thoroughly assessed, recorded and planned for.

People were being supported to participate in leisure and social based activities that met their individual needs. This included activities at the service and in the community.

People knew how to complain and a complaints policy was in place.

Is the service well-led?

The service was not consistently well-led. Although we had noted some improvements in this area, effective systems were still not in place to ensure improvements to quality were made in a prompt manner or sustained over longer periods of time.

Systems were in place to gain feedback from people about their care.

Requires Improvement 

Ashview House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 April 2016 and was unannounced. Our inspection team consisted of two inspectors.

We checked the information we held about the service and provider. This included the information that the provider had sent to us about the service and information we had received from the local authority and public. We used this information to formulate our inspection plan.

We spoke with all three people who used the service and two health and social care professionals who were visiting the service. We also spoke with five members of care staff, the registered manager and the deputy manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at the three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

At our last three inspections, we found that effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed. This was a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of these Regulations as some improvements had been made. For example, one person who displayed behaviours that challenged now had a plan in place to guide staff on how to manage these behaviours, and we saw that staff followed this plan. However, further improvements were required to ensure suitable risk management plans were consistently in place and followed by the staff.

At our last inspection, we saw one person was using a medical device to help manage a medical condition. Risks known to be associated with this device included infection and bleeding. No information was contained in the person's care plan to guide staff on how to manage the risks associated with the device. For example, no information was recorded to guide staff in how to recognise any potential infection or malfunction of the device. We told the provider that improvements were needed to ensure this information was readily accessible to the staff to enable them to manage the potential risks associated with the device promptly and effectively. At this inspection, we found this guidance was still not recorded in the person's care records. Staff were able to tell us some of the signs of a potential infection, but each staff member told us different signs and symptoms. This meant there was a risk staff would not consistently recognise that urgent medical advice was required in the event of an infection or malfunction of the device. After our inspection, the registered manager sent us an updated copy of a risk management plan that contained the information staff needed to manage the risks associated with this medical device. This showed there were ineffective systems in place to ensure risks to people's health, safety and wellbeing were consistently assessed, monitored and managed in a timely manner.

We found that one person's risk management plan was not always followed. This person who used the service had a plan in place to manage their risk of skin damage. This plan stated that any skin concerns or redness needed to be recorded on a body map form. Body map forms enable staff to record and illustrate visible signs of physical harm or injury. This person's care records showed and staff confirmed they were receiving treatment for skin damage to an area of their body. However, this skin damage had not been recorded on a body map as planned. Staff gave us different accounts of the person's skin damage. This varied from, 'redness and itchiness' to, 'a wound' which meant we were unable to ascertain the extent of the person's skin damage. This meant the staff had not followed the person's risk management plan. An accurate record of the person's skin damage was not available to enable the staff to monitor any changes to this area of skin damage.

People told us they felt safe. One person who required two people to support them to move told us, "They always come to me in two's. They won't move me unless there are two of them here". People told us they felt safe around the staff. One person said, "They are all very nice". Staff told us and we saw that recruitment checks were in place to ensure they were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the

service. Staff also told us how they would recognise and report abuse in accordance with the agreed local safeguarding procedures. Staff told us and care records showed no incidents of suspected abuse had occurred since our last inspection. This meant we were unable to confirm that staff were acting upon potential safeguarding concerns.

People told us the staff were always available to provide them with care and support. One person said, "They come to me as soon as I call for them". We saw that call bells were answered promptly. The registered manager used a tool to identify the numbers of staff needed to keep people safe and meet people's individual needs. Staff rotas showed and people and staff confirmed that the provider's minimum safe staffing levels were being consistently met.

People told us and we saw they were encouraged and supported to take their medicines as prescribed. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

At our last two inspections, we found that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were not consistently met. This meant that people could not be assured that they were being deprived of their liberty in a lawful manner. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we identified that further improvements were required to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were consistently met.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection, we found the condition of one person's DoLS was not being consistently met. At this inspection, we found improvements had been made and this condition was being consistently met. However, we identified another person who was at times being deprived of their liberty. This person was frequently confused and their care records showed and staff confirmed that on occasions they asked if they could return to their family home as they could not understand why they were living at Ashview House. Two of the staff we spoke with told us they felt this person could be being deprived of their liberty on some occasions. However, a DoLS application had not been made. This meant the requirements of the MCA were not consistently followed to ensure people's liberty was deprived in a lawful manner. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, people could not be assured that decisions were made in their best interest when they were unable to do this for themselves. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of this Regulation as some improvements had been made. However, further improvements were required to ensure the requirements of the MCA were consistently followed. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a better understanding of the legal requirements in place to protect people's rights when their ability to make decisions about their care deteriorated. However, further improvements could be made to ensure people's ability to consent to living at Ashview House was reviewed on a regular basis, so that prompt DoLS referrals could be made when required.

Since our last inspection, the majority of staff had completed training in dementia and behaviours that challenged. Staff told us this training had enabled them to improve the care they delivered. One staff member said, "It's helped me to know how to manage [person who used the service] better". We saw that this training had been effective as incidents of behaviour that challenged had significantly decreased at the service. Although some training needs had been met, we found there were significant gaps in some areas of staff training. This included first aid training. The registered manager told us they would source suitable

training to address these gaps.

People told us they were satisfied with the choice, quality and portions of food and drink at the service. One person said, "The food is nice". Another person said, "They always ask me what I want and if there is anything else I fancy". Staff told us they had stopped planning a weekly menu as they asked people what they wanted to eat on a daily basis. Some staff told us this had led to some restrictions in the choices they gave to people. For example, one staff member told us that when they were in charge of cooking, there was no defrosted meat available, so no meat based meal choice was given to people. Improvements were needed to ensure a variety of suitable choices can be consistently offered to people. Staff told us and care records showed that no one required physical assistance from staff to eat and drink, but our observations showed staff prompted and encouraged people to eat and drink as required.

At our last two inspections we found that people's health and wellbeing were not consistently monitored to promote their health and wellbeing. We also found that professional advice was not always sought in a prompt manner to ensure that changes in people's health and wellbeing were appropriately assessed. At this inspection, we found the required improvements had been made. For example, one person's behaviours that challenged were now being closely monitored so staff could identify any changes in their presentation. During our inspection we saw staff promptly request a GP visit for another person who used the service who displayed signs of being unwell. Health and social care professionals who visited the service confirmed that staff requested their advice and support appropriately and in a timely manner.

Is the service caring?

Our findings

At our last inspection, we found improvements were required to ensure people were consistently treated in a caring and compassionate manner. At this inspection, we saw the required improvements had been made.

People told us they were treated with kindness and compassion. One person said, "They are very caring, nothing is too much trouble". Another person said, "They are always very good to me". Staff demonstrated they knew people's likes, dislikes and care preferences. For example, we heard staff talking to one person about their food preferences. The staff member said to the person, "Now you don't like red meat do you, so would you like chicken or pork today". The person confirmed they did not like red meat, which showed staff understood this person's food preferences.

People told us and staff confirmed they regularly had the opportunity to spend quality time with people. This included taking the time to sit and chat to people who chose to spend their time in their bedrooms. One person said, "They are always popping in for a chat". A staff member said, "It's nice we have the time to talk to people now, especially people who choose to stay in their rooms". We observed caring interactions between people and staff. We saw staff spent time talking and participating in activities with people. For example, we saw one staff member sit and look at photos with one person who used the service. The person responded positively to this by smiling and responding to the staff's comments and actions.

People told us and we saw they were enabled to make choices about how they received their care. One person said, "The staff ask me what I would like to do". People also confirmed and we saw that the choices they made were respected by the staff." One person said, "The staff are really nice and respectful". We saw that staff offered people choices throughout the inspection. For example, people were asked where they wanted to eat their meals. Staff listened to and respected people's choices and supported them to make choices when they needed support to do this. For example, one person was supported to understand the benefits of having a routine health test when a visiting health professional came to carry out this test.

People told us and we saw that privacy was promoted. We saw people were supported to move to their bedrooms when they wanted to spend time alone in their rooms. People were also supported to move to private areas of the home to enable them to receive visits and treatment from visiting health care professionals.

People told us and we saw that relatives and friends could visit the home at any time. People also told us their right to speak with their visitors in private was also respected by the staff.

We saw that people were enabled to be as independent as they could be. Mobility aids were kept within people's reach, so they could mobilise independently around the home if it was safe to do so.

Is the service responsive?

Our findings

At our last two inspections, we found that improvements were required to ensure care was consistently provided in accordance with people's preferences and individual needs. At this inspection, we found some further improvements were still required.

At our last inspection, we found that improvements were needed to ensure all care records were specific and individual to each person's needs. For example, all care records contained a generic risk assessment for bathing, rather than individual risk assessments tailored for each person's specific risks and risk management plans. At this inspection, we found that although staff knew people's care preferences well, some improvements were still needed to ensure an accurate record of people's care preferences was kept and maintained. For example, staff told us how people wanted to be supported to bathe/shower and staff knew how to manage the risks associated with this activity for each person. However, generic bathing risk assessments were still in place. This meant there was a risk that new staff working at the service who did not know people well, may not have the information they need to support people in accordance with their individual needs and risks.

We saw that improvements had been made to the content of people's care plans in terms of recording care preferences. For example, one person's care records showed they liked to have a light on night as this helped them to feel safe. However, some further improvements were needed to ensure people's care preferences were thoroughly assessed, recorded and planned for. One person told us and staff confirmed they were not asked for their preferences in relation to the gender of the staff who supported them. This person told us their preference would be to not receive their care from an all-male care team. However staff told us and the staff rotas showed that there had been occasions where an all-male staff team worked the night shift. The registered manager told us this was due to staffing shortages and was always a last resort. Following our inspection the registered manager sent us an updated care plan for this person that recorded their preferences relating to the gender of the staff that they preferred to support them. We will check that the registered manager has maintained assessing, reviewing and planning for people's care preferences at our next inspection.

At our last inspection, we found that improvements were needed to enable people to access the community if they wished to do so. At this inspection, we found the required improvements had been made. People told us they had been supported to access the community. One person said, "I've been to the museum, we had coffee and cake there". Another person's records showed they had been shopping with staff and had visited a local café. People told us and we saw they were supported to engage in activities that were meaningful to them. One person said, "They always ask me what I would like to do. I like having my nails painted and they help the hairdresser to visit me every week". We saw staff supported two people to play a game of dominoes together and we saw that staff supported people to update themselves with current affairs by talking about the news from the TV and newspapers.

People knew how to complain and they told us they were confident their concerns would be acted upon. One person said, "I would tell the deputy if I had a concern, but I have no concerns. Things have improved

and I'm happy and comfortable". Minutes of meetings held with people showed that the complaints process was discussed on a regular basis, so people were frequently reminded of how to complain. The registered manager told us they had received no complaints since our last inspection, but a complaints policy was in place in the event of a complaint being made. This policy was clearly displayed at the reception area of the home.

Is the service well-led?

Our findings

At our last three inspections, we found that effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and wellbeing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of this Regulation as some improvements had been made. However, further improvements were required to ensure the service was consistently well-led.

We saw that systems were in place to regularly assess and monitor the quality of care. These included checks of how care was delivered and the cleanliness of the home. We found that improvements were required to ensure prompt action was taken to make and sustain improvements to the quality of care. For example, quality audits relating to cleanliness of the home had identified problems with the effectiveness of cleaning in January, February, March and April 2016. There was evidence to show that immediate action had been taken to address any areas of uncleanness. For example, a microwave was immediately cleaned on two occasions by the person who completed both the quality audits. However, any action completed by the registered manager to sustain improvements with cleanliness had not been effective as the problems had re-occurred.

Some improvements had been made to equip staff with the skills they needed to meet people's individual needs. For example, most staff had now completed training to enable them to work effectively with people who displayed behaviours that challenged. Further improvements were required to ensure the staffs' development needs and competencies were effectively managed. For example, staff were now responsible for cooking people's meals on a daily basis. However there were very few staff who had completed the training they needed to ensure they had the knowledge and skills to prepare and cook food safely. This showed the registered manager did not respond to training needs in a prompt manner.

We found there was not always a manager or senior staff member on shift to lead the staff team. Staff told us the registered manager was not always present at the service during working hours. One staff member said, "He's here about three times a week". Another staff member said, "He's here two or three times a week, but we don't always know when he's coming". We asked the deputy manager who was in charge when the registered manager wasn't working. They said, "Me, and if I'm not in, it's one of the seniors". On the day of our inspection the staff did not know if the registered manager was working and the deputy and seniors were also not on the staff rota. This meant no manager or senior was planned to be on shift. The registered manager arrived at the service after a staff member informed them of the inspection, and after our inspection, the registered manager told us that a Tuesday was not their usual working day (our inspection took place on a Tuesday). This meant on the day of our inspection, no senior staff or manager was working on the day shift to lead the staff team. It is important that staff are led by a senior staff member or manager to ensure high quality care is coordinated and delivered. This would help reduce the risk of poor planning incidents, such as the incident where no meat dishes were offered to people because no one had taken responsibility to ensure meat was readily available for use. After our inspection, the registered manager told us they had changed the rota system to make it clear who was leading the shift.

Staff also told us they did not know when the activities coordinator was working as they were not on the staff rota. This meant they couldn't always help people to plan their daily activities in a morning as they did not always know what support would be available to people until the activities coordinator arrived at the service. The registered manager addressed this immediately and sent us an updated rota following our inspection which included the activities coordinator. This meant the registered manager had responded to our feedback, but had not identified this issue independently.

Feedback from people about their care was sought through regular meetings with them. Minutes of these meetings did not show that any action had been needed to respond to people's feedback about the care. The registered manager told us he was planning to gain feedback from people and visitors via a satisfaction questionnaire during the following months. This showed the registered manager had systems and plans in place to gain people's feedback about the care.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The requirements of the MCA were not consistently followed to ensure people's liberty was deprived in a lawful manner.</p>