

Mauricare Limited

Ashview House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashview House is a residential care home providing accommodation and personal care for up to 22 people. The service is provided in one adapted building over two floors. At the time of the inspection 14 people were using the service and therefore, the second floor was not being utilised.

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

People were safeguarded from the risk of abuse and harm as staff understood how to recognise and report abuse. People's risks were assessed, and plans were in place to help support staff to keep people safe. Medicine management had significantly improved, and people received their medicines on time and in a safe way.

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 received enough food to maintain a balanced diet and staff worked well with other agencies and organisations to ensure people's health and social needs were met. Some parts of the building had been refurbished and there was an on-going improvement plan in place.

Staff were kind and caring and supported people in a way that respected privacy and dignity. Staff knew people well which meant they could provide care in line with people's wishes and preferences. People knew how to make a complaint about the service.

The registered manager had made changes and improvements since our last inspection and people, relatives and staff felt the home was managed well. There were systems in place to monitor and drive improvement.

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 30 November 2018) and there were two breaches of 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

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashview House Residential 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 Care Act 2014.

Inspection team

The inspection was carried out on 1 October 2019 by one inspector.

Service and service type

Ashview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection

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 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 all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, care workers and the chef.

We reviewed a range of records. This included three 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 policies and procedures 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 medicines were not managed in a safe way. Risk assessments were not always reviewed, and actions were not taken in a timely way to keep people 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 provider was no longer in breach of regulation 12.

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.

Using medicines safely

- The home had changed to an electronic system to help staff ensure medicines were stored, recorded and administered in a safe way.
- We observed medicines being administered in line with best practice guidance.
- Protocols were in place for people who required medicines on an 'as needed' basis.
- Regular audits were undertaken to review the new practices that had been put in place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were assessed and planned for. One person told us, "I always used to fall at home but since I have lived here, I have not fallen. The staff are always there for me."
- Risk assessments gave staff guidance to reduce the risk of avoidable harm. Plans were reviewed on a monthly basis and plans were updated to ensure staff could provide up-to-date care and support.
- Assessments contained details about specific health conditions such as diabetes, so staff could support people in the most effective way.
- Staff knew people well and told us the actions they took to keep people safe.
- The registered manager had put systems in place to improve practices.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Ashview House. One person said, "I do feel safe living here." Another person told us, "I am safe living here, I have no concerns."
- Some staff were still to complete their safeguarding training but could demonstrate they understood their responsibilities in relation to identifying and reporting abuse. One staff member told us, "I have done some on-line training. It is about making sure we protect the vulnerable adults we care for. If I felt someone was at risk I would report it to management, the safeguarding team and even the Care Quality Commission."
- There were policies and procedures in place to support staff to address any safeguarding concerns they may have. Safeguarding information was displayed in the reception area on a noticeboard and staff had access to relevant contact numbers which they carried with them.

Staffing and recruitment

- The registered manager used a dependency tool to ensure there were sufficient numbers of staff to meet people's needs.
- People told us they did not have to wait long to receive support and our observations on the day of the inspection confirmed this.
- Staff told us they felt the staffing was adequate, but they could always benefit from an additional member of staff on shift. One staff member said, "One day at work is never the same as the next day. Some days we do not feel we need more staff and then other days it feels as if there are not enough and we could do with more. People are not left waiting though."

Preventing and controlling infection

- The home was free from malodour and was clean and tidy.
- Staff told us they wore personal protective equipment (PPE) such as gloves and aprons when supporting people or carrying out specific tasks. We observed staff following infection control practices during our inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessment before moving to live at Ashview House. This ensured their needs could be appropriately met.
- People's information was transferred to a plan of care which was reviewed on a monthly basis. Where people's needs had changed, care plans were amended to reflect this.
- Staff told us they read care plans to keep up-to-date with people's care needs and to support them to deliver effective and timely care.

Staff support: induction, training, skills and experience

- The provider recruited new staff in a safe way. Staff were subject to a Disclosure and Barring Service (DBS) check before their employment commenced. A DBS helps employers make safer recruitment decisions.
- Staff received training to develop and enhance their skills and knowledge. The registered manager had recently changed the training provider and we saw dates for new training had been scheduled for all staff.
- The registered manager had set themselves targets to supervise staff on a regular basis and we saw this process had begun. Staff personal improvement plans had been put in place to monitor staff development. The registered manager said, "I need to know what staff need and how they wish to progress; I can offer the staff the resources to enable them to progress and develop."

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

- People had their nutritional needs met. One person said, "The food is excellent, it is always very good. It is all homemade, my only complaint is I can't eat it all." Another person said, "The food is alright; I always eat it all and they [staff] definitely give me enough to eat."
- Where people had specific dietary needs such as allergies or intolerances, these were catered for accordingly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked well with other agencies and organisations to provide effective care and treatment.
- People's care records contained details of relevant health and social care professionals who worked alongside the registered manager to deliver improved outcomes for people. For example, where people had been experiencing falls, the physiotherapist had been involved with people to look at ways of reducing the risk to people.
- The registered manager had compiled oral health assessments for people to enable them to receive the

appropriate oral healthcare. The registered manager had been in contact with the local dentist to take this initiative forward.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make their own decisions. One person told us, "Staff don't just say we are going to do this, they always ask me what I would like and let me choose."
- Where people lacked the mental capacity to make decisions for themselves, assessments had been completed to evidence people had been consulted about their decision-making ability.
- Where people had been restricted of their liberty, applications for DoLS authorisations had been made to the local authority.

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

- The layout of the service had recently been changed. The registered manager told us, "The move has encouraged greater interaction with people as I am more visible now and people will come in and see me as they walk by." People living at Ashview House had been consulted about the move and were able to choose the décor for their new lounge area. A relative said, "We were consulted but most importantly, they [staff] spoke to [relative's name] first."
- There were signs located throughout the home to familiarise people of their whereabouts.
- The registered manager shared with us the plans for further improvement to include new bedroom doors for people and a full refurbishment of the hairdressing salon.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt well cared for living at Ashview House. Comments we received included, "Staff are so kind and that means a lot. I get treated like a person here, I really am happy living here," "I think I am very lucky to be living here" and "Staff will always help me when I need it; they are all very kind and always there when I need them."
- Relatives we spoke with told us they were happy with the care their relatives received. One relative said, "We feel comfortable leaving [relative's name] in the care of Ashview House and if someone had told me a year ago I would be feeling this way, I would have never believed them. It is a testament of how well [relative's name] is cared for and the registered manager has welcomed us; we are part of the Ashview House family now." Another relative said, "It is such a relief having the knowledge that [relative's name] is so well care for here."
- We observed caring and positive interactions from staff who knew people's needs well. Staff were seen to be respectful of people's wishes, views and choices.
- The registered manager considered people's protected characteristic under the Equality 2010 and people were asked about preferred needs around characteristics such as race, religion and sexuality.

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

- People told us they had care plans in place and these guided staff to support people in the most appropriate way. One person said, "I think I have a care plan, but staff know me well and always ask if I need help." We observed staff speaking with people and giving them choice in relation to their care and support needs.
- Relatives we spoke with confirmed they were kept involved with information about their relatives care and were asked for their opinions on the care their relatives received through reviews and general day-to-day discussions.

Respecting and promoting people's privacy, dignity and independence

- People told us how staff preserved their dignity and awarded them respect.
- Staff we spoke with told us, "I treat people as if they were my own Mother or Father and speak to them as they would wish to be spoken to," and "I knock on doors and always cover people up when supporting with personal care." This supported what people had told us.
- Staff promoted independence where possible and we saw this in practice during our inspection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained information about people's care needs. However, records we viewed were not consistently person-centred and lacked some information about people's specific choices, likes and dislikes. We spoke with the registered manager about our findings who had already acknowledged this area for improvement. We viewed new documentation that was to be implemented into people's care records that would contain information such as, 'Things you must know about me', 'Things that are important to me' and 'My likes and dislikes'.
- Staff knew people well and could tell us about people's individual likes and dislikes. One staff member told us, "I sit and talk to people and reminisce with them about their lives to learn more about them. I speak with family members to get a family history. We [staff] do try and spend as much quality time with people but it is important this gets documented into people's care plans."

Meeting people's communication needs

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

- The registered manager was aware of their responsibilities in meeting the AIS. Where people had a sensory loss, communication was adapted so people were able to access information in a way they understood. Information was also available in other formats such as pictorial or large print.

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

- On the day of our inspection, we did not observe any group activities taking place, however people were keeping occupied watching TV, reading newspapers or knitting. People and their relatives we spoke with informed us group activities were available but not everyone wanted to always participate. We received comments such as, "I do not like group activities, not many people here do, I just like to watch what is going on" and "I have noticed staff trying to get people involved but people just don't seem interested. [Relative's name] is knitting now which is more than I could have ever got them to do so I am happy."
- Staff concurred with what people and relatives had told us. One staff member said, "It would be so much better if we had an activity coordinator to help encourage people." The registered manager informed us they were speaking with the provider about employing an activities facilitator.

End of life care and support

- Not everyone had an end of life care plan in place. However, where people had expressed wishes and preferences related to their end of life care, these had been recorded. The registered manager was working to improve and update people's care records to end include a specific, individualised plan for every person living at Ashview House.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The registered manager had received two complaints since the last inspection. These had been addressed in line with service policy.
- People told us they would feel comfortable making a complaint and would know who to speak with.

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 the systems in place to identify and drive improvement were not always effective. 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.

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

- Regular audits were undertaken to assess the quality and safety of the service.
- The registered manager had put systems in place to monitor and evaluate practices. Where shortfalls had been identified, actions had been taken to address the issues. For example, the electronic medication system was not calculating medicine stock checks correctly. A temporary alternative checking system had been put into place and contact had been made with the software company.
- There was a system of staff delegation that supported the day-to-day running of the service.
- The registered manager was aware of their registration requirements and had notified us about relevant events that had occurred at the service as required by law.

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

- The registered manager had implemented new practices and processes to improve service delivery for people living at Ashview House. The registered manager told us, "This last year has been about supporting staff so they can provide the best quality care for people. There has been a huge culture shift and the home is a different one to what it was 12 months ago. The providers are giving the resources we need to make change and they can see I am making a difference."
- Feedback we received from people and their relatives reinforced the comments from the registered manager. A relative said, "The home seems to have got better since [registered manager's name] has been here; they are very forward thinking."
- Staff told us they worked well together and supported one another to ensure people received quality care. One staff member said, "The staff group is brilliant. We work well together and that has made a huge difference."

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 understood their responsibilities in meeting the duty of candour saying, "It is

about us being open, honest and transparent when things go wrong and taking accountability." The registered manager had not had to respond to anyone formally under the duty.

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

- Resident meetings had been introduced as a way of obtaining feedback from people using the service. Staff were also encouraged to feedback through staff meeting forums. We saw minutes of meetings that evidenced where suggestions and feedback had been acted upon.
- Residents had also completed surveys about the running of the service and we saw relative surveys that were due for distribution. A relative told us, "I know I can always speak to the registered manager, but it would be nice for relatives to come together to discuss issues, concerns and feedback in an open forum with other relatives." We discussed this with the registered manager who told us they would be reintroducing relative meetings.

Continuous learning and improving care

- The registered manager developed their own skills and knowledge to benefit the people and staff at Ashview House. They used best practice initiatives such as forums and workshops for registered managers for ideas and information sharing.

Working in partnership with others

- Professionals from other agencies and organisations worked with the service to improve outcomes for people. For example, the registered manager had become a dementia champion through the Alzheimer's society which meant they could now train others to become dementia friends. Dementia champions encourage others to become dementia friends, to make positive differences to people living with dementia.
- Good community links had been established with the service to improve care for people. For example, Pets as Therapy dogs had been visiting the service and the registered manager was working with other registered managers to introduce a pen friend befriending service for people at Ashview House and other local care homes.