

Barchester Healthcare Homes Limited

Ashby House - Milton Keynes

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



Overall summary

During our inspection in April 2015, we found that people were not protected from the risks of infection, as there were ineffective cleaning processes in place. Communal areas within the service, and people's bedrooms had not been cleaned effectively. We found that cleaning within the service was not satisfactory or robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also identified that the systems in place for assessing risk factors for people were not robust. Risks around people's needs were not always recognised or appropriately assessed. As a result of this, the care and support provided to people could have been compromised. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We further identified that the systems in place for medication management were not robust. The systems

and processes used for recording, administration and disposal of medication were not safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition to the above breaches, we also identified that the systems in place for monitoring record keeping and ensuring that people's individual records were up to date were not used effectively. Care records and risk assessments had not consistently been updated which meant they were not reflective of people's current needs. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan detailing the improvements they were going to make, and stating that improvements would be achieved by 14 August 2015.

Summary of findings

This report only covers our findings in relation to the outstanding breaches of regulation. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ashby House Nursing Home' on our website at www.cqc.org.uk.

Ashby House Nursing Home is registered to provide accommodation and support for 64 older people who require nursing or personal care, and who may also be living with dementia. On the day of our visit, there were 52 people living in the home.

The inspection was unannounced and took place on 14 and 15 September 2015.

The service did not have a registered manager. Management cover was being provided by a general manager who had submitted their application to the Care Quality Commission to become the 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 2008 and associated Regulations about how the service is run.

During this inspection, we found that improvements had been made to the systems in place within the service, to ensure that appropriate standards of cleanliness and hygiene had been maintained. Staff had reviewed their practice in respect of cleaning, and had worked hard to ensure this was now more thorough.

We reviewed the medication systems in place, and found that these had been strengthened. The processes in place were more robust and more regular audit checks were taking place of all aspects of the medication systems, including recording and disposal. Because of this issues were now identified and addressed in a timelier manner.

We also reviewed people's risk assessments and care plans to ensure they had been updated in accordance with any changes in their care needs, or general condition. We found that steps had been taken to review care records on a monthly basis so that they remained reflective of people's care and support needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe and well-led at the next comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

Cleanliness and hygiene standards were now more effectively maintained.

Risk assessments had been updated and were now more robust, detailing specific needs which people might encounter.

The systems and processes in place in respect of medication management had been strengthened.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the management of the service.

We found that monitoring of quality assurance and audit systems had improved since our last inspection but required further time to become embedded. Because of this strengthening in the quality assurance systems, we observed an improvement to the way in which records were managed, monitored and updated.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well-led at the next comprehensive inspection.

Requires improvement



Ashby House - Milton Keynes

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 is 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 14 and 15 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with four people who used the service and three relatives. We observed a further eight people who were unable to communicate effectively with us because of their complex needs. We spoke with the manager, three registered nurses and two care staff. In addition to this we also spoke with the head housekeeper and the provider's regional operational director.

We looked at 10 people's care records to see if their records were accurate and reflected people's needs. We reviewed further records, relating to the management of the service, including medication and infection control audits.

Is the service safe?

Our findings

During our inspection on 15 April 2015, we identified that the systems in place for cleaning were not satisfactory. Communal toilets and bathrooms had not been cleaned effectively and posed a risk of cross infection to people who used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had followed the action plan they had written, to meet shortfalls in relation to the regulatory requirements as described above.

People told us their bedrooms were cleaned to a good standard and were clean and smelt fresh. Our observations confirmed this, and we found that all through the service, improvements had been made to the cleaning systems since our last inspection. Communal toilets and bathrooms had been cleaned to a good standard. We found there was on-going cleaning in operation, and that a more robust system had been implemented to ensure that areas of the home had been cleaned. There was a cleaning schedule to document the last time that communal areas had been cleaned. A nurse that we spoke with showed us new forms that had been implemented to record when people's bedrooms had been cleaned. We were also made aware that the manager was working on a way to record when mattresses and bed frames had been cleaned, so that this was built into staff members' daily practice.

The manager told us that as a result of our last inspection, staff were now more vigilant to infection control and standards of cleanliness throughout the whole service. We observed there was a sufficient amount of staff on duty that were undertaking cleaning and wore protective equipment to do so. Staff had access to a good supply of protective equipment for the tasks they were carrying out, for example, disposable gloves and aprons when assisting with personal care. We found that there were good supplies of cleaning equipment, with mops and cloths for use within different areas.

Senior managers from within the provider organisation undertook quality monitoring visits to the service, so that an independent view of the cleanliness could be given. This ensured the on-going maintenance of appropriate standards of cleanliness and hygiene within the service.

The manager confirmed that a schedule for required maintenance work across the service was in place. This took into account repainting of people's bedrooms, communal areas and attending to any required maintenance issues. It was hoped that this would also enable the service to be more easily cleaned, in conjunction with the other changes.

During our inspection on 15 April 2015, we also identified that the systems in place for assessing risk factors for people were not robust. Risks around people's needs were not always recognised or appropriately assessed. As a result of this, the care and support provided to people could have been compromised. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that the shortfalls in relation to the regulatory requirements as described above had been addressed.

Risk assessments were now considered an important part of keeping people safe. One staff member said, "We are more responsive to changes in people's needs now because we have consistent staff. When people's needs change, we make sure we update the risk assessments." Risk assessments had been completed for people in areas including moving and handling and falls and also more general environmental ones. The information within these documents was up to date and reviewed regularly, particularly when people's needs had changed. Where risks had been identified, staff were aware of the actions to be taken to minimise further risks.

During our inspection on 15 April 2015, we further identified that the systems in place for the management of medication were not robust. The systems and processes used for the recording, administration and disposal of medication were not safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that the shortfalls in relation to the regulatory requirements as described above had been addressed.

People received their medication on time and told us that their medication was well organised. One person said, "They always give me my tablets when I need them. I have seen an improvement in this." Staff told us that medication administration and the systems in place were important

Is the service safe?

and that they worked hard to make sure it was administered correctly. One nurse said, “I think we have got better at this, we have introduced new checks and audits to identify any issues and the changes are working. We don’t allow stock to build up and make sure we have enough of everything for people.” Another nurse told us, “We are working hard to make this area better.”

Records confirmed that staff had received the required training to ensure they delivered safe care. Staff told us

they always signed the medication administration records (MAR) after giving medication. We looked at ten Medication Administration Records (MAR) and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service well-led?

Our findings

During our inspection on 15 April 2015, we identified that the systems in place for monitoring record keeping and ensuring that people's individual records were up to date were not used effectively. Care records and risk assessments had not consistently been updated which meant they were not always reflective of people's current needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that the shortfalls in relation to the regulatory requirements as described above had been addressed.

Staff told us that since our last inspection, they had been asked to ensure that people's care records were updated on a regular basis. The manager told us that this had been reinforced in supervision sessions and staff meetings. We could see that actions had been taken to review people's care records and evaluate them on a regular monthly basis. Care record audits took place and records were also reviewed as part of the provider's quality compliance visits. We found that where issues had been identified, action plans were formulated with specific time scales in place for action to be taken.