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Ashmeadows

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashmeadows is a residential care home providing accommodation for 13 people who require personal and nursing care, aged 65 and over at the time of the inspection. The service can support up to 17 people. The home is a converted property with shared communal areas on the ground floor. Bedrooms are located on the ground and first floor.

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

Medicines were not managed safely and night staff were not always trained to support people with medicine if this was needed. Systems and processes were not robust enough to ensure staff were recruited safely. There were enough staff to provide care for people, although staff deployment was not always effective to ensure people's needs were met.

The provider was making improvements to ensure infection control procedures were satisfactorily in place. There were appropriate hygiene practices and supply of personal protective equipment (PPE). Staff engaged in a regular COVID-19 testing regime, but this was not robustly organised or clearly recorded.

People told us they felt safe. Staff understood how to report signs of safeguarding concerns.

Staff said they felt they had enough training but were not always confident in what they learned. The pressures of the COVID-19 pandemic had impacted on face to face training, although this was beginning to be reinstated. Staff said they felt supported in their day to day work.

People's dietary needs were known by staff. However, the dining experience was poor and there were insufficient systems in place to ensure people had the right support to eat their meals where needed.

There was mixed recording in relation to people's mental capacity, although staff mostly respected people's right to express choices and make decisions. 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.

Audits and quality checks were not robust. Documentation throughout the service did not always demonstrate how people's care and support was delivered safely.

The new manager had been in post only a short time at the point of inspection but was getting to know people and staff very quickly. They had new ideas which were being considered for improving the quality of the service, although these were not in place at the time of the inspection.

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

Rating at last inspection

The last rating for this service was good (published 11 February 2020).

Why we inspected

This inspection was prompted in part due to concerns received about lack of recruitment, staffing levels, poor personal care, poor quality food and unsafe medicines support. As a result we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found evidence the provider needs to make improvements. Please see the Safe and Well-led sections of the report.

The provider since sent information to assure us they were addressing any areas of concern.

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.

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?

The service was not always safe.

Details are in the safe section of this report.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in the effective section of this report.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in the well-led section of this report.

Requires Improvement ●

Ashmeadows

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.

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

This inspection was carried out by two inspectors.

Service and service type

Ashmeadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who was not yet registered with the Care Quality Commission, but whose application to register was in progress. When registered, 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 the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We also sought feedback

from the local authority partners. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home, and three relatives about their experience of the care provided. We spoke with five members of staff including the manager, the cook and the operations manager. We reviewed a range of records. This included three people's care records and multiple medication records. We considered two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and information about the safety of premises and equipment. These records were used to form our judgements.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Assessing risk, safety monitoring and management

- Systems were not always in place to identify, monitor and manage risks to people.
- Staff knew the risks to people's individual health and safety, but risk assessments were not accurately completed and there was conflicting information in care records.
- Care records were not updated regularly and lacked detail and guidance for staff on how to support people safely.

Staffing and recruitment

- Staff were not recruited safely. There was insufficient evidence of background checks and where these were obtained they were not always objective. For example, one member of staff's references were from colleagues who worked in the service, including the person responsible for their recruitment, and their DBS check had not been renewed since their previous employment.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 (Fit and proper persons employed).

- Staffing levels had been determined using a dependency tool to ensure there were enough staff to support people. However, not all staff deployed at each shift had the right skills. For example, there were no night staff who were trained to give medicines should this be needed. There were clear arrangements in place to maintain staffing levels in the event of absence or sickness and regular agency staff were integrated in the team.
- Although there were enough staff to meet people's care needs, staff were not deployed effectively to ensure people received person-centred care. For example, there was little activity taking place to occupy people in meaningful ways and the lounge/dining area was frequently unstaffed, so there was little engagement with people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Staffing

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

- Systems were not always in place to identify, monitor and manage risks to people.
- Staff knew the risks to people's individual health and safety, but risk assessments were not accurately completed and there was conflicting information in care records, which meant guidance was not clear.
- Care records were not updated regularly and lacked detail and guidance for staff on how to support people

safely.

- Accidents and incidents were not fully analysed to identify opportunities to learn from these.

Using medicines safely

- Medicines were not managed safely.
- People's medicines were not stored or disposed of safely and there were no adequate controls of the medicines storage keys or the treatment room to ensure all medicines were safely accounted for. The treatment room had multi-purpose usage and was used for staff to keep their belongings and pass through on their way to have a break, or to access care records and COVID-19 testing kits.
- Staff responsible for supporting people with medication received training and competence checks, although they lacked confidence and understanding of the process to follow.
- Recording of medicines was poor. There were errors and gaps in medicine records, body maps and in the controls drug record book. When medicine needed to be given 'as required', directions for staff were either not in place or unclear. Time-critical medicines were not recorded clearly to demonstrate they had been given as prescribed.

Preventing and controlling infection

- We were somewhat assured that the provider was accessing testing for people using the service and staff. Although testing was being done regularly, there was a lack of robust recording and there was no clear system for staff to access test kits and register their results.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Safe care and treatment

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Relatives commented on the cleanliness of the home.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse; staff understood how to identify and report safeguarding concerns. Staff were confident to raise matters with the management team or to other agencies if needed.
- People and their relatives told us staff understood how to keep people safe. One relative said, "The staff know [my relative] well and I feel they're safely looked after."

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff said they felt supported in their day to day work. Staff training was completed through video learning modules and the training matrix showed this was regularly updated, although staff were not always confident in their knowledge. The provider had identified this as an area to develop with the staff team.
- The COVID-19 pandemic impacted on practical delivery of training, although this was beginning to be addressed and face to face training was being reinstated.

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

- People's needs were assessed but there was little evidence of reviews taking place on a regular basis, or consultation with people about their care. One relative we spoke with said they were consulted 'from time to time' about their family members' care, although another relative could not recall any reviews. They said, "If I want an update I have to ask for it."
- People were not consistently offered choices by staff. At times, staff patiently assisted people to make choices, such as what to wear or whether they wanted to get ready for their day. Where staff supported people with sitting down in the lounge or dining area, they did not always offer a choice of where to sit. Staff told inspectors they knew people's preferences without having to ask.
- People were not asked how they wanted their food preparing; one person was given cereal with cold milk and said they would have preferred their milk warm. The manager said they would remind staff about the importance of giving people choices.

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 supported within the principles of the MCA. Staff had regular training and the management

team said they worked closely with the local DoLS team.

- Care records were not always consistently updated to show people's capacity to consent to their care had been assessed and best interest decisions were made.

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

- There was a plentiful supply of food stored at the home, in fridges, freezers and cupboards. On the day we visited, some people were not offered drinks or breakfast until 9.15am, despite having been up for several hours. Two people said they would have liked at least a drink upon waking. We discussed this with the management team who said this was not usual practice and they would address this with staff.
- At mealtimes people were appropriately supported with meals and drinks, although one person who was unable to eat without staff support was left unattended with their breakfast and we saw this was not eaten. We discussed this with the management team.
- The dining experience was not inviting; people were served their meals at different times to others at the same table, there were no tablecloths or places set. There was a menu on the dining table, but there was no description of the food. Where staff gave choices, there were four spoken options without any visual cues to help them choose.
- People said they enjoyed the food and relatives told us the food was good. One relative said, "The food is good, it's always freshly prepared."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People were appropriately supported and referred to healthcare services.
- The home worked in partnership with other professionals involved in people's care, such as district nurses and general practitioners.
- The management team told us they were considering ways in which the living and storage space could be maximised to meet people's needs. Some relatives said they thought there could be improvements made to how the garden could be accessed better and how the conservatory could be arranged to enable people to see outdoors.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection, the home did not have a registered manager in post. A manager had recently been appointed and intended to register with CQC.
- Audits and quality checks were not always robust. For example, the care plan audit identified mobility/falls information was out of date for one person, but this was not pulled through as an action. Another person's nutritional assessment was identified as 'needs updating', but was not identified as an action or addressed.
- Although external safety and maintenance checks had been completed for premises and equipment, there was incomplete information to show what internal checks were done. For example, we saw freezers which were heavily iced over and no evidence of when they had been defrosted or maintained. There was also no evidence of a local authority food hygiene rating and the operations manager was unable to confirm whether there had been a food safety inspection carried out. We made a referral to the local authority in this regard and they confirmed the home was regularly inspected for food hygiene and safety.
- Daily walkarounds done by the manager were not recorded so it was not possible to see what had been picked up and addressed or to show how the management was driving improvement. Inspectors identified some practice issues in relation to the quality of people's care and support, particularly around mealtimes and activities, which had not been identified by the management team.
- Documentation throughout the service did not always demonstrate how people's care and support was delivered safely. For example, the fire risk assessment made reference to the previous manager, the personal emergency evacuation plans (PEEPs) summary sheet was not dated and there was conflicting information in three different records about one person's room number. Handover notes lack detail and did not demonstrate accountability, such as who was on each shift.

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

- The management team acknowledged there were areas to improve and had drawn up an action plan which included matters raised by the local authority contracts and IPC teams. We saw some evidence of work in progress, such as improvements being carried out to the premises.
- Staff were clear about their roles and responsibilities and there was evidence of effective team work and communication between staff to meet people's needs.
- The provider understood their regulatory requirements. Records we looked at showed the provider had

reported events appropriately to the Care Quality Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team had undergone some changes since the last inspection. The new manager in post had only been at the service for a few weeks. They told us they were working towards changing the culture in the service, so staff felt confident and empowered in their roles. Ideas for improvements previously discussed with CQC had not yet been implemented.
- People were positive about the new manager, who had recently been appointed. Relatives told us they were aware there was a new manager in post. One relative said, "There have been some blips while the management was changing, but it's improving now." Another relative said, "I'm just hoping the new manager will make their mark, but this takes time."
- The provider was aware of their responsibilities under the duty of candour requirement.

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

- The provider engaged with staff, people and relatives and the new manager had spent time getting to know people. People and relatives we spoke with were confident any matters raised with staff or managers would be addressed.
- The service worked effectively in partnership with relevant health and social care professionals, to ensure people's needs were met.
- The service was working to make improvements identified by other agencies, such as the local authority contracts and IPC teams, and the provider was aware of matters which needed rectifying.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not always in place to identify, monitor and manage risks to people
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and quality checks were not robust enough to identify and address areas to improve.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not robust to ensure staff were suitable to work in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff with the right skills were not deployed effectively to meet people's needs.