

Regal Care Trading Ltd

Ashley Court Care Home

Inspection report

Reservoir Road
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Tel: 01536482777

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Ashley Court is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. The service can support up to 38 people.

The home is set over two floors. The second floor can be accessed via a lift. There is a communal lounge and dining room on each floor.

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

Assessing risks to people required some improvement to ensure that all risks were mitigated. A safety installation was required to windows to ensure they met health and safety executive requirements.

The providers policy and procedure for recruitment had not consistently been adhered to, though all staff had a disclosure and barring service (DBS) check.

Staff had received training, regular support and supervision.

Cleaning records had not consistently been completed to evidence good infection control practice. The home appeared clean and was free from malodour. Staff had access to personal protective equipment (PPE) and we saw this used appropriately throughout the inspection.

Systems and processes to manage the safety and quality of the service had not consistently identified gaps in record keeping found during the inspection. We have made a recommendation that current systems are reviewed.

Medicines were managed, stored and administered safely.

People were protected from the risk of abuse and told us they felt safe.

There was a positive inclusive culture in the home. People and their relatives spoke highly of the staff and management team and felt included and well supported. Care was person centred and people's individual characteristics were considered and planned into care.

The registered manager and management team were open and transparent and focussed on improving the service. They worked in partnership with other health care professionals to achieve positive outcomes for people.

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.

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 4 October 2019)

Why we inspected

The inspection was prompted in part due to concerns received about the safety and management of the service. A decision was made for us to inspect and examine those risks.

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 coronavirus 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 our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashley Court 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.

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 one inspector, one assistant inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashley Court 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 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

We gave a short period notice of the inspection this was to help the service and us manage any risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the 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. This information helps support our inspections. We requested information from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, seven care workers, the cook and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further policies, procedures and safety monitoring records.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe. There was some increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We found some inconsistency in risk assessing people. For example, we identified one person who had experienced increased falls but had not had a review of their risk assessment and had remained recorded as at low risk. Another person had recently experienced falls and did not have a risk assessment or care plan. However, appropriate action was taken to support people following falls such as seeking emergency support if needed, monitoring people for deterioration and referrals were made appropriately to falls prevention teams.
- Other risk assessments such as pressure area risks, manual handling and malnutrition risks had been completed. For example, people's weight was checked regularly. Where a person had been identified as at risk of malnutrition the registered manager had made a referral to the dietician and in the interim had ensured a fortified diet to prevent further weight loss.
- The provider had ensured that windows within the home were restricted to a 10cm opening. However, the restrictor mechanism did not meet the health and safety executive requirements as tamper proof. We discussed this with the deputy manager and operations director who agreed to put these in place. Following the inspection we were advised new restrictors had been ordered to ensure people's safety.
- The building was well maintained with regular checks in place such as electrical safety, gas safety and water safety checks all carried out by professional technicians.
- Staff were trained in fire safety. Personal emergency evacuation plans were in place to ensure people were supported safely to exit the building if needed.

Staffing and recruitment

- Staff were not always recruited safely. The provider had a robust system in place to ensure staff were recruited safely and there had been an allocated person in the service to ensure the system was followed. However, this task had been temporarily allocated to a member of staff who did not fully understand the regulatory requirements. We identified missing information in two new staff members files such as references, recent photo and previous work history. We discussed this with the operations director who stated they would put support in place to ensure compliance.
- Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The registered manager had also ensured DBS were in place for visiting professionals such as chiropodists and hairdressers. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff available to meet people's needs. People told us there were enough staff on duty

to support them. One person said, "There are enough staff". A staff member told us, where people required two staff for support, this was factored into staffing numbers.

Preventing and controlling infection

- Cleaning records were not consistently completed to evidence frequent cleaning of high touch areas to prevent the spread of infection. However, the home appeared clean and was free of malodour and free of infection at the time of inspection.
- Staff were trained in infection control and received regular updates. One staff member said, "We have had some extra [training] on how to take gloves off properly, aprons off, how to wear a face shield." Personal protective equipment was readily available throughout the home and we observed this being used appropriately by staff.
- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in safeguarding and had a good understanding of recognising the signs of abuse and how to report it. Staff had access to the safeguarding and whistleblowing policies for guidance if needed.
- People told us they felt safe. One person said, "I am safe, definitely. Staff keep an eye on me all the time". Relatives felt their family members were safe. One relative said, "Yes I do feel [relative] is safe because of the staff there and the facilities."

Learning lessons when things go wrong

- Lessons had been learned when things went wrong. For example, we saw evidence of changes made to improve outcomes for people following advice from the local authority safeguarding team.
- Accidents and incidents were recorded and a system was in place to analyse for trends and patterns.

Using medicines safely

- Medicines were managed safely. Staff had received training and received regular support and guidance. One staff member said, "They (managers) do spot checks and observations once a month to check we are doing medication properly."
- Medicine records evidenced that people received their medicines as prescribed and there was clear guidance in place to support staff to administer safely.

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 remained the same.

This meant the service was well 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

- Systems and processes had not identified the issues around safety we found during the inspection. However, the registered manager had a good understanding of their responsibilities and they had followed an auditing schedule to monitor the safety and quality of the service, though this was not sufficient.
- The registered manager audits had identified other issues effectively and there was evidence of changes made to improve. For example, a medications audit had identified some missing signatures on records. The registered manager had discussed this with staff which proved effective as there were no missing signatures the following month. The environmental audit had highlighted where repairs were required to ensure people's safety, and we saw that these had been completed.

We recommend that systems and processes are reviewed to ensure audits cover all aspects of the safety and quality of the service.

- People and staff were part of a testing program for COVID -19 and preparations were underway to support lateral flow testing which would support safe visiting and reduce risks to people.

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

- There was a regular team of staff that knew people well and who had a good understanding of people's individualised needs and ensuring they felt included. For example, where English was not a person's first language, staff had been provided with guidance on words and phrases to support the person to be involved in their care and make decisions.
- People spoke positively of the culture in the home and felt included in decisions. One person told us, "They ask me what I think of things." A family member told us, "[Registered manager] is always accessible, their door is always open and from a visitor's point of view that is good."
- There was an easy read complaints procedure in people's rooms where needed to support people to raise concerns.

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 provider and management team had demonstrated transparency by reporting incidents to the local authority and CQC appropriately. The registered manager was also transparent with people's families and kept them informed of any accidents, incidents or concerns.

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

- People were encouraged to give feedback on the service. Regular surveys were completed and the results were shared with people. We saw some of the surveys were in an easy read format. Where people needed staff to write their answers on their behalf staff had recorded the comments exactly as people had said them.
- Staff were well supported and received regular supervision, training and competency checks. Staff attended regular meetings which included sharing information, and the results of audit findings. One staff member said that the management team were approachable and fair and the staff meetings were useful. They said, "I find them useful because you need to find out if anything has changed in the home, procedures and policies that may have changed."
- People's relatives were able to join a private Facebook page to feel involved and engage with the service. Relatives were also able to call the home to talk with their relatives. One relative told us "They provide an excellent service. I have no concerns about the home, I have complete confidence. It is happy and vibrant, [relative] is safe and happy there. I would recommend."

Continuous learning and improving care

- The registered manager and provider demonstrated continuous learning and improvement. The provider had recently ensured the service had access to an online policies and procedures system. This meant that the management and staff team would have access to the most up to date information to ensure they maintained people's safety.
- The registered manager had subscribed to update services to ensure they had the latest guidance on issues such as medical device and medicine recalls.
- During the inspection we saw bathroom refurbishments underway. The deputy manager explained the older style wall coverings were being replaced with an easy clean material to support good infection control practices.

Working in partnership with others

- The registered manager worked in partnership with other professionals to ensure positive outcomes for people such as, the falls team, continence nurses, G.P's and district nurses.
- The management team were open and transparent throughout the inspection and keen to improve the service for the people they cared for.