

Isys Care Limited

Ashdale 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashdale Care Home is a residential care home providing personal and nursing care to 11 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

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

Medicines were not always managed safely. People told us they sometimes had to wait for staff longer than they would expect. The provider implemented a range of systems including audits and checks to assess, monitor and improve the service. However, these had not been effective in ensuring the safe and proper management of medicines. People gave us mixed feedback about the quality of food served to them.

People told us they felt safe and staff were kind and caring. Staff had received training to keep people safe and manage risks. The manager had reviewed and updated people's care plans and risk assessments to ensure people's needs were clearly identified and supported by staff. The service worked very well with other organisations to ensure people's needs were met.

The home was clean and homely but required maintenance work and redecoration throughout. The provider had a refurbishment plan in place.

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 were happy with the care they received and there was a clear direction and ambition to improve the service.

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 13 July 2022).

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. However, there were some areas still in need of improvement, not identified by the provider, which they addressed promptly.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this focused inspection and remains requires improvement.

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, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashdale 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 Health and Social Care Act 2008.

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 and a specialist nurse advisor. An Expert by Experience made phone calls after the on-site inspection to people's relatives to gather their feedback about the care people received. 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

Ashdale Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashdale Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and had submitted an application to CQC to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed all the information we held about the service including past inspection reports and information in notifications the provider is required to send us. We asked for feedback from the local authority. 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.

During the inspection

We reviewed care records relating to three people, including risk assessments, care plans and multiple medicines records. We spoke with the manager, provider, and three staff. During the inspection we spoke with four people and six relatives. We looked at records relating to the running of the home and spent time in communal areas observing staff practice and people's activities.



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 we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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. Further improvements were needed around the management of medicines.

- At our last inspection we identified people's medicines were not always managed safely. At this inspection we saw the provider had made some progress, however, further improvements were needed. For example, we identified that some medicated creams and ointments which were stored in people's rooms had expired because staff did not record the date when they were opened. This is important, because some products may not be effective if the expiry date has passed.
- People's medicine records were not always fully completed. For example, the provider had failed to ensure that medicine stock from the previous month was recorded on people's medicine administration record (MAR) when it was carried forward to the next month, and signed by staff who booked that medicine in. This was important to ensure there was a clear audit trail of all medicines.
- The manager took immediate actions to remove the expired items and assured us they would carry out daily checks to make sure all medicated creams were labelled upon opening to ensure they were in date.
- At our previous inspection we found systems to identify risk to the health and safety of people were not always effective. At this inspection we found that risks to people were assessed. The provider had reviewed and updated people's risk assessments to ensure they were more informative and robust. This meant staff had clearer guidance on how to support people safely.
- The provider had re-assessed and reviewed people's emergency evacuation plans. These support people's safe evacuation from the building in the event of an emergency. The plans contained person specific evacuation procedures. Staff were trained in fire safety and took part in regular fire drills.
- The provider had implemented a new tool to monitor, assess and mitigate risks to people following any incidents. This tool enabled the manager to look for any patterns and trends, for example times of the day when people had increased numbers of falls. This meant measures could be put in place to reduce the risk of people falling.

Preventing and controlling infection

- At our last inspection we identified the service required modernisation to improve infection prevention and control. At this inspection, the provider had started making improvements to the cleanliness of the service. For example, we observed carpets were cleaned and the environment de-cluttered.
 - Improvements were required to some hygiene practices. During our tour of the building we noticed urine bottles and toilet aids were stored on people's bedside tables which was not hygienic.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - 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 responding effectively to risks and signs of infection.
 - 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.

Visiting in care homes

- Visiting took place in line with the government guidance in place at the time of the inspection.

Staffing and recruitment

- People told us staff were kind and caring, however they did appear rushed at times. They told us that when they used their call bell to summon assistance, staff sometimes took a long time to come. We raised this with the manager, who told us they would investigate this issue to ensure staff promptly respond to any call bells.
- On the day of our inspection there were enough staff available to support people to stay safe and meet their needs. The provider completed a dependency tool to determine safe staffing levels in the service. Staff rotas confirmed enough staff were deployed.
- Staff were recruited safely. Required checks were carried out to protect people from unsuitable staff being employed. There were no new starters since our last inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from potential abuse.
- People and their relatives spoke positively about how safe the service was. People told us that felt safe and felt happy.
- Staff understood how to safeguard people from abuse or neglect and knew how to recognise and report concerns.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to support people with appropriate or specific mental capacity assessments related to their care. This was a breach of regulation 11 (Need for consent) 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 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had reviewed and completed new MCA decision specific assessments when people lacked capacity. Best interest decisions were appropriately made and recorded as required.
- Staff received training in the MCA and had access to information and guidance to help support their practice. Staff asked people's consent before offering support.
- Where required, DoLS applications were made in people's best interests to ensure their rights were protected.

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

- We received mixed feedback about the quality of food served to people. One person told us the food could be improved and that despite staff asking them what they would like to eat, the second choice was often jacket potatoes. Another person told us the food was limited and wasn't always "that hot" when it arrived. We raised this with the provider who told us they were in the process of reviewing menus, to ensure more choices were offered to people.
- After our previous inspection the provider purchased additional plate guards to enable people to eat more independently. The provider told us they were looking into how they could improve the meals and mealtime experience for people living in the service.
- People had assessments of their eating and drinking needs, including where they required special preparations of food and fluids. For example, if someone required their drinks to be thickened or a soft diet to reduce the risk of choking.

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

- There had been no new admissions since our last inspection. The manager told us they would undertake an initial holistic assessment with people before they moved into the service, to ensure they captured all of the necessary information about their needs.
- The provider had reviewed and updated people's care plans and relevant needs assessments to ensure they reflected the latest standards, guidance and good practice. Records showed people and their relatives were involved in regular reviews of their support.
- The provider was in the process of moving to a new electronic care planning system. They anticipated this would provide better management and oversight of care records and support plans.

Staff support: induction, training, skills and experience

- The provider had implemented new systems to highlight when staff required refresher training and what training staff had completed. Records confirmed this was effective.
- People and their relatives felt staff were well trained and had the skills and experience to carry out their duties.
- Staff undertook required training in topics and subjects relevant to their roles, such as moving and handling. The manager had recently completed moving and handling trainer's training, which meant they were able to deliver this training promptly to staff when required. Staff told us the training they had received was informative and left them well-equipped to carry out their jobs.

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

- Much of the décor and furnishings in the service were tired and dated. The provider had a refurbishment plan in place to carry out the work required imminently. This included re-decoration of communal areas as well as additional work to the garden and the grounds surrounding the home.
- People's bedrooms were clean, personalised with their own belongings including photographs of people who were important to them.

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

- People were supported to maintain good health.
- Referrals to external professionals were made to ensure people received additional health and social care support in a timely manner. People's care plans provided staff with enough guidance, so they knew if people had healthcare needs that may need review or attention from a healthcare professional such as a GP or specialist nurse.
- People's individual care plans set out how their specific healthcare needs should be met in the way they preferred. For example, assessments of people's oral health and appropriate guidance for staff to follow.

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 we rated this key question requires improvement. At this inspection the rating this key question has remained 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 last inspection, there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken enough action to ensure the breach was addressed. However, there were still some improvements required in quality assurance systems and processes.

- Since the last inspection, the provider had implemented and used a new range of audits and checks to assess, monitor and continually improve the service. This included fire and water checks as well as moving and handling equipment. However, the provider's systems had not been effective in identifying and addressing the issues related to safe management of medicines that we found during the inspection.
- The provider had introduced a new formal process to review and analyse incidents and accidents when they occurred.
- The provider had sourced support from an external consultancy service to support the manager to create and work on the service improvement plan. This meant that concerns from our previous inspection as well as any improvements identified by the provider were added to it and acted upon to drive further improvements. The manager was very responsive to our feedback and addressed many of the areas of concern during, and quickly after our visit.
- The manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about their working roles and providing people with good quality of care.
- There was no manager currently registered with CQC. The current manager had submitted an application which was being processed.

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

- Improvements had been made to some of the care records to ensure they were person-centred and inclusive but further work was needed to embed this across the service.
- People's relatives described the care their family member received as, "Brilliant. Can't talk highly enough of them", and "I am very happy with Ashdale and can't fault them."
- People and their relatives told us they were aware about ownership and management changes and had been invited to an open evening to discuss this.

- Relatives told us they had noticed improvements being carried out. They told us the home was being re-decorated and an activities co-ordinator had been appointed to support people to stay active and stimulated.

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

- The provider engaged with people and those acting on their behalf. They used face to face meetings and satisfaction questionnaires to gain feedback about the service and quality of care people received.
- The manager continually engaged with staff. Staff meetings were held, along with individual meetings with the manager. The provider also used a staff satisfaction survey to encourage feedback from staff about how the service was performing.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.
- The provider and manager worked closely with the local authority and clinical commissioning group and valued feedback given from their quality assessment visits.

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 manager complied with and understood their responsibility in relation to duty of candour.
- The provider had a policy and procedure which provided guidance on their responsibilities under the duty of candour. This involves being open and transparent when things go wrong.
- The manager knew how to share information with relevant parties, when necessary.