

Ash Hall Limited

# Ash Hall Nursing Home

## Inspection report

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16 February 2022

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10 May 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ash Hall Nursing Home is a care home providing personal and nursing care to 49 people over 65 years some of whom may be living with dementia, physical disabilities, sensory impairments, or mental health at the time of the inspection. The service can support up to 60 people in one adapted building.

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

Risks to people were not always managed effectively to protect them from potential harm. Not all windows had compliant restrictors fitted and radiators were not always covered or not safely monitored in accordance with Health and Safety Executive requirements.

Some lessons had been learnt and improvements made since the last inspection. New systems and processes had been implemented to promote people's safety, but some building safety concerns had not been found by the provider before our inspection. People, relatives and staff were positive about the management and felt able to approach the management team should they have any concerns.

There were enough staff to support people safely when we inspected, and recruitment is on-going to increase staffing levels, however staff were not always safely recruited.

People's medicines were safely managed by staff. Staff followed infection control procedures.

People were included and empowered. People told us they were happy and they were involved in their own care. Relatives told us they were involved in care planning and reviews.

The service worked in partnership with other agencies to support people's physical and mental health needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 September 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

We received concerns in relation to staffing levels and infection prevention and control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The provider told us they have installed compliant window restrictors where possible and risk assessed windows where not possible as well as monitoring radiator temperatures daily as the heat would be affected if they covered them. We will assess the effectiveness of these measures in the next inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ash Hall Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to Regulation 17 (Good governance) at this inspection. We found a lack of compliant window restrictors to protect people from falls from height and insufficient measures in place to protect people from potential scalding and burns from uncovered radiators. This was not identified by the registered manager and therefore risks were not mitigated for people.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ash Hall Nursing Home

## Detailed findings

### Background to this inspection

#### Inspection team

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by two inspectors on the first day of inspection and two inspectors on the second day. Additional relative feedback was gained by an assistant inspector and an 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

Ash Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service 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 received since the last inspection, including from the local authority and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We inspected on 14 February 2022 and 16 February 2022. We spoke with three people who used the service, and one relative. We spoke with seven staff including care staff, senior care staff, nurses, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at three people's care records and multiple medicine records. We looked at how medicines were stored, administered and recorded. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records, audits and accident and incident records were also reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records and other quality assurance records electronically. We held a virtual meeting with the registered manager and deputy manager to ask further questions and discuss our findings.

We spoke to 12 relatives on the telephone on 17 February 2022 and 18 February 2022 to gain their views.

# 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. 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; Learning lessons when things go wrong

- Despite people telling us they felt safe, risks had not always been identified for people and mitigation was not always in place to keep people safe. This includes the use of window restrictors not being in place on all windows and radiators not being covered in line with guidelines. More information is included under the 'Well-led' section of this report.
- Accidents and incidents were recorded and analysed to prevent incidences reoccurring and to keep people safe.
- We observed staff moving people safely using manual handling techniques and appropriate equipment. Staff provided reassurance to people throughout.

Systems and processes to safeguard people from the risk from abuse

- We saw that people's safety was promoted and one person told us, "I feel safe", while another said, "Staff are kind toward me". Relatives also told us, "The staff are absolutely great, the level of care is amazing!" and another said, "When I leave this home I am not worried that my relative is not safe or not being looked after – you cannot know how reassuring that is."
- Staff training was not always up-dated in a timely manner and this was being addressed by management. However, staff were aware of their responsibilities to safeguard people and knew how to report abuse.

Staffing and recruitment

- There were enough staff available to support people. However, action had not always been taken to ensure staff were suitable to work with people.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. DBS checks had been completed for staff; however, we found a concern in relation to one staff member and there was no risk assessment in place. The registered manager completed a risk assessment following our feedback.

Using medicines safely

- Medicines were safely managed. One person in the service told us, "They [staff] give me painkillers when needed." A relative told us, "I believe that they are on the ball when it comes to my relative's medicines." Another relative said, "There have not been any issues with our relative's medication, which is reassuring."
- People were supported with 'when required' (also known as PRN) medicines and protocols were in place;

however, more details were required to clarify when administration was required. Despite this, staff knew people well and when people required this medication.

- Medicines were safely stored, administered and recorded by trained staff.

Preventing and controlling infection including the cleanliness of premises

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.



# 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. The rating for 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

- Systems in place were not always effective in identifying and mitigating risks to people. For example, building safety concerns had not been identified and therefore people had not been protected from the risk of harm.
- Not all window restrictors were compliant with the Health and Safety Executive guidelines and not all windows had window restrictors in place. This meant people were at risk of falling from height. This feedback was given to management and we have been told that most windows have had the correct fittings in place to reduce the risk, however not all windows are compliant. Where no suitable window restrictors could be fitted, the registered manager has completed a risk assessment to mitigate risks.
- Radiators were not covered to protect people from scalding. The registered manager told us they would implement temperature checks on the radiators to ensure they would not be able to scald people. However, this had not been implemented in a timely manner following our feedback and people had been left at continued risk. We discussed this further and these checks are now in place.
- This is the third consecutive time the provider has been rated requires improvement, and therefore have not been able to demonstrate their ability to implement and sustain effective improvements at the service.

The provider had failed to ensure robust systems were in place to monitor the environment to protect people for avoidable harm from falls and burns. The provider has also failed to make sustainable improvements in the service. The above constitutes a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Most staff had received relevant training however some mandatory training required refreshing because this was annual training. The management team acted on our feedback and outstanding mandatory training was assigned to staff.
- Positive changes have been made in the service since the last inspection; this included accurate stock levels and recording. Care Home Assistant Practitioners (CHAPs) supported the nursing staff to administer medicine.
- People's care records were up-to-date, accurate and staff knew how to support people safely.
- Staff understood their roles and how to report any concerns.
- The registered manager told us they were delivering specialised palliative care training up-dates to staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were included in their care which led to them being empowered. People told us they would be able to say if they were unhappy.
- One person told us, "I had my hair done, I feel so much better when I have nice hair" as well as saying, "I can walk to the lounge and be more independent". While another person told us, "Staff ask me if I need support, but if I am not ready, they will come back later." Another person said, "Staff help me with everything."
- Relatives told us, "I have always appreciated being able to pop in when I want – as long as I adhere to the current PPE regulations." While another relative told us, "I have found [the registered manager] very good and helpful. I am confident that if I have any concerns, I can take them to [the registered manager] and they will be resolved."
- Staff told us the management team was, "approachable" and they felt listened to. Staff told us they were involved in the daily handover meetings and kept informed on any changes in people's needs as well as in the service.

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 knew to be open and honest when things went wrong and understood their responsibilities around this.
- Relatives told us they knew who to speak with should they have a concern and felt reassured they will be listened to. One relative said, "I believe that the communication I have with the care home is good and I have no reason to think that if I have raised any queries that they have not been actioned. If I have questions, they have always been able to answer them." While another relative told us, "I have no issues approaching them if I had any concerns over my relatives care."
- The registered manager told us about outstanding audits and was open and receptive to the inspection team's feedback.
- The registered manager had submitted statutory notifications to the Care Quality Commission as necessary.

Working in partnership with others

- The service was working in partnership with other professionals to ensure people's mental and physical wellbeing was being promoted.□
- The registered manager told us, "Because we have such good GPs our medicines are really good and appropriate."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure robust systems were in place to identify and monitor potential risks in the premises which left people at risk of harm.