

Mauricare Limited

Ashview House Residential 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Ashview House Residential Home on 28 March 2018. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in January 2018 had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? This is because the service was not meeting some legal requirements in these areas and people were at risk. At this inspection we found that improvements had been made in these two areas, however further improvements were required.

Ashview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This care home is registered to provide care to up to 22 people. At the time of the inspection six people were using the service, however two of these people were in hospital on the day of the inspection.

There was a registered manager in post. 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.'

Although significant improvements to the quality of care had been made over a period of time, further improvements were required. The registered manager had put systems in place to monitor and improve the quality of service and some of these had been effective.

The registered manager had acted upon issues of concern and managed staff performance to ensure people received appropriate care.

The registered manager knew their requirements in relation to their registration with CQC and the provider was carrying out quality checks on the service.

People's medicines were not being consistently well managed and staffing levels had not been assessed as sufficient to meet people's needs and keep them safe.

Risks of harm to people were minimised and lessons were learned following incidents that had resulted in harm to people.

People were safeguarded from the risk of abuse as staff followed safeguarding procedures when they suspected abuse.

New staff were employed through safe recruitment procedures.

There were infection control procedures in place to prevent the spread of infection.

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 consistently safe.

People's medicines were not being consistently well managed.

Staffing levels had not been assessed as sufficient to meet people's needs.

Risks of harm to people were minimised and lessons were learned following incidents that had resulted in harm to people.

People were safeguarded from the risk of abuse as staff followed safeguarding procedures when they suspected abuse.

New staff were employed through safe recruitment procedures.

There were infection control procedures in place to prevent the spread of infection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Although significant improvements to the quality of care had been made over a period of time, further improvements were required.

Systems had been put in place to monitor and improve the quality of service.

The registered manager acted upon issues of concern and managed staff performance to ensure people received appropriate care.

The registered manager knew their requirements in relation to their registration with CQC.

The provider was carrying out quality checks on the service.

Requires Improvement ●

Ashview House Residential Care Home

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 checked 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 28 March 2018 and was unannounced. It was undertaken by two inspectors.

We looked at the provider's action plan and statutory notifications the provider is required to send us. A statutory notification is a notification of significant incidents that may affect the health or welfare of people who use the service, such as a serious injury.

We spoke with two people who used the service, the registered manager, a senior carer and a carer.

We looked at the care records of three people who used the service. We looked at how the provider managed people's medicines, two staff recruitment files and the systems the provider had in place to monitor and improve the quality of service for people.

Is the service safe?

Our findings

At our previous inspection we had concerns about the safety of the service and that improvements were needed to ensure that people consistently received their care in a safe manner. We found that the provider was in breach of Regulation 12 of the Health and Act 2008 (Regulated Activities) Regulations 2014. At this inspection found that improvements had been made and they were no longer in breach of this regulation, however further improvements were required.

Previously we found that people's medicines were not always managed in a safe way. At this inspection we found that improvements had been made as the registered manager had implemented new systems to ensure that people were having their medicines at the required times. A weekly medication audit had identified issues with gaps in recordings of when people had their medicines which we saw had been addressed with individual staff members. However, we found that the medication stock still did not always balance with what was recorded as being available. This meant that the provider could not be assured that people had been administered their prescribed medicines. The registered manager told us that there were still improvements to make in the booking in of medicines and would be going through the process with individual staff.

Previously we had found that out of date medication was in use. At this inspection we found that all medicines were in date and safe to use. We had found that guidance for staff as to when to administer 'as required' (PRN) medicines such as pain relief did not contain information specific to the individual person. At this inspection we found that the guidance had been personalised to ensure that staff would recognise people's individual signs and symptoms of when they required their PRN medicines.

Since the last inspection one person's needs had changed in relation to the amount of staff support they required to meet their personal care and mobility requirements. We also discussed the additional duties that the senior staff were being asked to complete in the absence of an employed cook. Senior staff were having to cook the main meals for people and this meant that they were unable to support or observe the care staff when competing their tasks. We discussed with the registered manager as to whether there were now enough staff to meet this persons' and other people's needs. The registered manager told us that she felt that there were sufficient staff as the staffing levels had remained the same. However, they had not considered that due to the change in the one person's needs that there may be times during the day and night when there were no staff available to care for other people who used the service when two staff were supporting the one person. The registered manager assured us that they would develop a dependency tool to ensure that they had sufficient staff at all times to keep people safe and meet their needs.

We looked at two staff recruitment files and saw that they had been employed through safe recruitment procedures to ensure they were fit and of good character to work with people. Pre-employment checks included the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. Individual risk assessments were in place where a concern had been raised on a DBS check to ensure these staff were supervised, monitored and safe to work with people who used the serve.

Previously we had found that people who had diabetes were not receiving care that was safe and they were at risk of harm. At this inspection we found that improvements had been made and the risks to people living with diabetes were being reduced. One person's diabetes was now being managed with the support of the district nurses who were visiting the person twice a day. The district nurses would leave staff instructions if they were concerned about the person's blood sugar readings and we saw evidence that staff followed their instructions to maintain a healthy reading. We saw diabetes care plans were still in place and that these were clear and comprehensive. They highlighted what each person's healthy blood sugar readings should be and what action to take if the reading was out of the desired range. We saw that staff took action when a person had an unhealthy blood sugar reading by treating the symptoms of either a too low or too high reading. We also saw that staff sought medical advice if they were concerned about a person's blood sugar readings.

We found that lessons were being learned following incidents that had resulted in harm. For example one person had fallen and been admitted into hospital. The registered manager informed us that they planned to go and assess the person's needs prior to them returning as they wanted to be sure that they could meet their needs safely. They also told us: "We need to risk assess the person as we might need to put specialist equipment in place such as a sensor mat to alert staff to when they are trying to stand". This showed that the registered manager was ensuring that they were preventing the risk of a further incident to the person.

People were being safeguarded from the risk of abuse as the staff and registered manager knew what to do if they suspected potential abuse. One person told us: "I feel very safe, the staff look after me". The registered manager showed us that they had raised safeguarding concerns with the local authority when they had suspected abuse in the form of neglect had occurred to one person. The local safeguarding reporting procedure was clearly visible for staff, people and visitors in the reception area.

There were infection control measures in place to minimise the risk of infection. We saw that staff used gloves and aprons when supporting people with personal care and that there were hand washing facilities and anti-bacterial soap available for staff and visitors to use. There were domestic staff and the registered manager told us that they had devised a new cleaning schedule for the night staff. The kitchen had been awarded a three star rating at their last food hygiene inspection which is satisfactory.

Is the service well-led?

Our findings

At our previous inspections we found that improvements were needed in the overall management of the home and that it was not well led. We had found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of Registration Regulations 2009. At this inspection we found that improvements had been made and they were no longer in breach of these regulations, however further improvements were required.

Since the last inspection the acting manager had applied and registered with us as registered manager of the service. The previous registered manager was yet to deregister themselves.

We discussed with the new registered manager how they assessed safe staffing levels and ensured there were sufficient staff at all times to meet the needs of people who used the service. They told us that the staffing had remained the same since they had been employed at the service. They had not considered that some people's needs had changed and that their dependency levels may mean that they now required more staff. They told us that they would assess people's dependency needs to ensure that the current levels of staff were safe and that going forward that more staff would be recruited when necessary.

At our previous inspection we found that medicines audit had not been effective in ensuring that people were having their prescribed medicines at the required times. At this inspection we found that improvements had been made as we saw that action had been taken when issues had been identified on the audits. For example, when staff had omitted to sign to say they had administered medication, we saw that the registered manager had formal recorded conversations with them to remind them of their responsibility to sign the medication records when they had administered people's medicines to them. However, we found audits had not identified that stock levels of stored medicines were not always correct and had not been identified on previous weekly audits. During the inspection these stock levels were corrected by the registered manager. This meant that this audit was not fully effective in ensuring the safe management of people's medicines.

Previously people's health monitoring was not effective. At this inspection we saw that people's health was monitored, observations recorded and action taken when people were noted to become unwell. For example, we saw records that confirmed that staff had noted that one person had become unwell and 'were not themselves' when they had been readmitted from a stay in hospital. Staff had recorded the signs and symptoms the person was displaying and sought medical advice. This action had stopped the person from becoming seriously unwell due to a medical intervention which had caused them to become unwell and could have potentially been fatal.

At the last inspection people's daily records were not being checked to ensure that people were receiving their assessed care needs met. At this inspection we saw that the registered manager had implemented an audit of people's records. We saw that the records were checked and that any necessary action had been carried out and recorded, such as GP appointments if a person had been noted to be unwell.

The registered manager carried out quality and compliance checks. This involved a check of the building to ensure that it was clean, well maintained and was meeting the regulations in relation to the health and safety requirements.

We saw evidence that the registered manager took action to ensure that issues around staff performance were managed with the support of human resources. Staff performance was monitored through supervision and the registered manager had conducted spot checks of the service on an unannounced basis.

The provider had begun to carry out quality inspections of the home. The registered manager told us: "There is a vast difference in how the owners are being. They are being very supportive and the atmosphere has changed".

At our previous inspection we had found that the provider was in breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009 as they were not notifying us of significant events as they are required to do by law. Since the last inspection we had been notified of a serious injury to one person who used the service. This meant that the provider was notifying us as required and they were no longer in breach of this regulation