

Barchester Healthcare Homes Limited

Ashfields

Inspection report

31 Salhouse Road
Rackheath
Norwich
Norfolk
NR13 6PD

Tel: 01603721720
Website: www.barchester.com

Date of inspection visit:
02 March 2022

Date of publication:
08 April 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

Ashfields is a purpose built single-storey residential care home providing personal care to up to 44 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 40 people using the service.

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

People did not receive their medicines as prescribed. This was because some medicines were out of stock in the service and therefore could not be administered. Some people were refusing their medicines and staff had not taken appropriate actions in response to this. Further concerns relating to the management of medicines including recording practices were also identified.

Risk assessments and care plans did not always effectively identify and address risk. We identified concerns relating to the management of people's nutrition and hydration needs, skin care and falls. We observed some instances where personal protective equipment was not being worn correctly to protect people from the risk of infection.

Governance systems in place had not been effective in identifying and improving the quality of the service. Records in respect to people's care were not always accurate and contemporaneous.

Following our inspection visit the regional director provided an update of initial actions they were taking and assurances that they were addressing the concerns identified.

Staff knew how to raise safeguarding concerns and felt confident to do so. However, concerns and incidents relating to medicines management had not been identified or reported as a safeguarding concern, as specified by local safeguarding guidance.

The environment was clean and hygienic. People and staff were taking part in regular COVID-19 testing. People were supported to maintain important relationships, and this included ensuring family and friends could visit the service. People were supported by enough staff who had been recruited safely. Where incidents had occurred, the registered manager had oversight of these. Incidents were discussed with people, relatives and staff, to facilitate any lessons needing to be learnt.

People and relatives were engaged in the service and feedback was sought from them in a range of ways. The registered manager was approachable and supportive. People were supported by a cohesive and caring staff team. There was a positive and pleasant atmosphere. Staff interacted with people in a person-centred and respectful manner.

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 01 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines, the management of risks in relation to eating and drinking enough, record keeping and governance. 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 COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

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 identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 ●

Ashfields

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 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, a medicines 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

Ashfields 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. Ashfields is a care home without nursing care. 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

This inspection was unannounced.

Inspection activity started on 2 March 2022 and ended on 3 March 2022. We visited the location's office/service on 2 March 2022

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and 10 relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager, the activities co-ordinator, a house keeping assistant, two senior care assistants, and three care assistants, one of which was a bank staff member. We also spoke with three members of staff solely regarding the management of medicines.

We reviewed a range of records. This included six people's care records and 22 people's medication records. A variety of records relating to the management of the service, including audits and staff files, were reviewed.

After the inspection

We reviewed correspondence from the regional director on the actions they were taking to address concerns identified at the inspection. We also reviewed the results of a staff survey.

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 good. At this inspection the rating has changed 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.

Using medicines safely

- Some medicines had not been available to give to people because they had not been obtained in time. This included medicines used to help relieve people of pain.
- We identified medicine discrepancies that raised concerns that some people may have received their medicines incorrectly and we found gaps in records for the administration of both oral and topical medicines. When people were not given their medicines, records about this were not always completed.
- Records showed that for two people recently prescribed medicated pain-relief skin patches there had been delays in applying them. We also found there were gaps in additional skin patch records to show that the patches had been safely applied and removed each time.
- When people regularly refused their medicines, appropriate actions were not always taken at the service. One person lacked the capacity to make decisions regarding their medicines and was regularly refusing them. It had been agreed with other health professionals that their medicines could be concealed in food (covertly) in order to ensure they received them, however staff were not following this guidance. This meant the person had not received their medicines as prescribed.
- In addition, for people, who were given medicines covertly and who lacked mental capacity, best interest decisions about this had not been formed by consulting with their relatives or advocates. There was also a lack of information available for staff about how to prepare each of their medicines in this way.
- For some people there was no form of personal identification available to assist in ensuring staff safely and correctly gave people their medicines and there was no written person-centred information for staff to refer to about how people preferred to have their medicines given to them.
- Written guidance for medicines prescribed on a when required basis (PRN) was available for some but not all medicines prescribed in this way. Some of the PRN guidance available lacked sufficient person-centred detail to enable people's medicines to be given consistently and appropriately by staff. We noted that when people were given medicines on a PRN basis there were often no records justifying the use of the medicine each time.

Medicines had not been managed safely and people were not received their medicines as prescribed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit the regional director provided an overview of actions and assurances that they were addressing the concerns identified.

Assessing risk, safety monitoring and management

- Risk assessments and care plans did not always effectively identify and address risk. We found risk assessments for people at risk of malnutrition were not always completed accurately to help inform the level of risk. Where risk was identified care plans had not always been updated to consider any mitigating actions.
- We also identified similar issues in respect to the management of people's skin integrity, pressure care and falls.
- We identified staff had not always taken timely action in response to unplanned weight loss or risk of falls. For one person we identified inconsistent actions in the monitoring of their weight loss. For another person we identified frequent falls, but staff had not considered referring the person to professionals specialising in the reduction of falls.
- The systems in place to monitor and assess risks in relation to people eating and drinking enough were not effective due to poor recording and/or risk assessing. For example, one person was identified at being at high risk of urinary tract infections so needed to drink a certain amount of fluids a day. No system had been put in place to allow staff to monitor the fluid they consumed.
- Staff were not supporting people to reposition as specified in their skin integrity care plans, this increased the risk of people developing pressure areas.

Risks to the health and safety of people using the service had not always been assessed, and actions to mitigate risk had not always been taken. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Our observations of personal protective equipment (ppe) being used by staff raised some concerns about the effective use of ppe. We identified instances where ppe was not being worn correctly to help minimise the risk of infection. The registered manager told us they would review this and take action to address these concerns.
- Relatives told us checks were carried out on arrival to the service and were happy with the infection control practices they observed. One relative said, "The COVID precautions are brilliant. They are still doing LFT [lateral flow tests] and masks for relatives who visit and you have to give evidence. There are hand gels in the home. Staff all have masks on, and I've seen them wearing gloves."
- Regular COVID-19 testing was taking place for people and staff.
- The environment was clean and hygienic. Records and our observations showed regular cleaning took place throughout the day.

Visiting in care homes

- Staff supported people to continue contact with and maintain relationships with family and friends. Relatives told us they were able to visit when they wanted. One relative said, "There is an online booking system for visits. The home has just updated its protocol. Unlimited numbers of visitors can go."
- Other systems to help people stay in contact with their family and friends were in use. This included telephone contact.

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.

- On our arrival staff did not check our vaccination status. However, the registered manager provided assurances that such checks are normally carried out and a system was in place to record this.

Systems and processes to safeguard people from the risk of abuse

- The majority of safeguarding concerns had been reported as required. However, we found concerns and incidents relating to medicines management that had not been identified or reported as a safeguarding concern, as specified by local safeguarding guidance.
- Following our inspection visit we raised a safeguarding concern to the local adult safeguarding body regarding the significant medicines concerns we found.
- Information on how to raise safeguarding concerns was displayed in the service.
- Staff told us they had been provided with information and training in this area and felt confident about raising any concerns they had.

Learning lessons when things go wrong

- A system was in place to oversee and learn from incidents that had occurred in the service. However this system had not been fully effective in identifying and supporting learning from issues relating to medicines concerns.
- Staff confirmed incidents were discussed with them.

Staffing and recruitment

- A staffing tool was used to help assess the amount of staff required to meet people's needs.
- Our observations and what staff told us assured us that there were enough staff to meet people's needs. One staff member said, "Staffing levels are enough to meet people's needs." They went on to say there was a good balance of need in the service which meant "[I've] got more time to engage and activities. I've got time to go round and talk to people in their rooms."
- Staff had been recruited safely. The required recruitment processes and procedures had been followed. This included undertaking Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 good. At this inspection the rating has changed 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

- Governance systems in place had not been effective in identifying and improving the quality of the service. We were aware from our monitoring and reviewing of the information we hold that issues identified at this inspection had been identified both in May and in October 2021. The registered manager and provider had been aware of the issues identified, however, no service improvement plan had been put in place and these issues remained at the time of our inspection.

- The systems in place, including medicine audits, had not identified the range and seriousness of the medicine concerns in the service identified at our inspection. This meant we could not be confident that the systems in place and audits carried out were effective.

- Where audits had identified some issues and actions required these were not reviewed at subsequent audits which meant there was a lack of oversight and this compromised the effectiveness of the audits.

- Records in respect to people's care were not accurate and contemporaneous. We identified care plans that were contradictory and did not contain up-to-date information. Ensuring records are accurate, complete, and contemporaneous is a regulatory requirement.

Governance systems in place had not been effective in identifying and improving the quality of the service, including in relation to the management of risk. Records were not accurate and contemporaneous. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the regional director provided an update of initial actions they were taking and assurances that they were addressing the concerns identified.

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

- There was a system in place to oversee and ensure incidents that occurred, such as falls and injuries, were reported. However, the systems in place had not been effective in identifying incidents relating to medicine concerns which had compromised the provider's ability to meet their responsibilities under duty of candour.

- Where incidents had been identified these had been discussed openly and reported as required. Relatives told us they had no concerns in relation to this and that they were contacted when incidents occurred.

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; Working in partnership with others

- People and relatives were engaged in the service and feedback was sought from them in a range of ways. This included regular individual care reviews, resident and relative meetings, and questionnaires. One relative told us how impressed they were with how staff had listened to and made changes to support their family member.
- Staff told us the registered manager was approachable, supportive, and fostered a cohesive team approach. One staff member said, "I really like [registered manager], he is supportive, and he is very whole home approach. He takes in to account all departments. He is the first manager that wants to join in with the activities. He really gets involved, the residents really appreciate that, they mention that he joins in".
- There was a positive and pleasant atmosphere. We observed staff interacting with people in a person-centred and respectful manner. Staff told us morale was good and the culture in the home as positive and inclusive. One staff member said, "This has been my favourite place to work, it's just such a good environment, everyone is so lovely."
- Staff worked with other relevant professionals to help ensure people's needs were met.

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 How the regulation was not being met: Governance systems in place had not been effective in identifying and improving the quality of the service, including in relation to the management of risk. Records were not accurate and contemporaneous. Regulation 17(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Medicines had not been managed safely and people were not received their medicines as prescribed. Risks to the health and safety of people using the service had not always been assessed, and actions to mitigate risk had not always been taken.</p> <p>Regulation 12 (1)</p>

The enforcement action we took:

We served a Warning Notice in respect to medicines management.