

Ashwood Care Home Ltd

Ashwood Rest Home

Inspection report

10-12 Shirley Avenue
Shirley
Southampton
Hampshire
SO15 5NG

Tel: 02380780232

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ashwood Rest Home is a 'care home' which can accommodate up to 19 people in one adapted building. The service was undergoing extensive renovation work. Since our last inspection, an extension had been built at the back of the property, where people now lived.

At the time of inspection, the older part of the building was being renovated and was not accessible to people. The provider told us that both parts of the building would be available to accommodate people once completed. There were 12 older people living at the service at time of inspection, some of whom were living with dementia.

People's experience of using this service:

The provider did not have robust systems in place to manage risks associated with the environment. This included risks around fire safety and legionella. The provider did not always ensure that instructions around the administration of medicines were clear and the systems to monitor safe storage of medicines were not always consistently followed.

Key documents in relation to the running of the service were either not available or easily accessible. This meant that records were difficult to follow and not always clear. Audit processes were in place but did not always effectively identify where and how improvements could be made.

The home was undergoing extensive renovation work. The provider had worked to minimise the disruption this had on people. However, aspects of the décor and decoration remained unfinished. This had a minor impact on how communal spaces were used as some areas were cluttered with furniture or other items. The registered manager was responsive to feedback from the inspection and took immediate action to put measures in place to ensure people were safe.

Staff were caring and knowledgeable about people and were responsive if they were confused or distressed. People were treated with dignity and respect. People and their relatives told us they were involved in making decisions about their care. 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 had access to healthcare services and the provider worked with other stakeholders when risks were identified around people health and wellbeing. People were supported to have enough to eat and drink.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was rated good at our last inspection (published 9 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches of regulations in relation to safe care and treatment and good governance at this inspection.

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

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 effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Ashwood Rest 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of inspection was carried out by two inspectors. One inspector and an expert by experience completed day two of the inspection. 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:

Ashwood Rest Home 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. Ashwood Rest Home can accommodate up to 19 people in one adapted building.

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.

What we did:

What we did before the 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 spoke to one social worker who had recent experience working with the service.

During the inspection

We spoke with five people and four relatives. We spoke with the registered manager, the provider, the nominated individual, the deputy manager, five care staff and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 supervision. A variety of records relating to the management of the service, including policies, procedures, audits and risk assessments were reviewed.

After the inspection

The registered manager forwarded us some information about actions they had taken in response to concerns raised during the inspection. This included; a fire risk assessment, an updated evacuation plan and a legionella risk assessment.

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 good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- The provider had not followed national guidance in how to manage the risks associated with legionella. The Health and Safety Executive guidance, dated 2013 states a legionella risk assessment should be carried out to identify any risks within a care home environment and that measures to control the growth of bacteria should be in place. At the of inspection, there was no legionella risk assessment in place and control measures did not meet the requirements of the guidance. The checks that were carried out were not recorded. This meant that people were at increased risk of exposure to Legionella.
- The provider had not acted in accordance with fire safety regulations. The door to the ground floor electrical cupboard had a 'Fire Door' sticker on it. However, the door was loosely fitting and did not fit flush with the frame to create an appropriate seal in the event of a fire in the cupboard. On the first day of inspection, the registered manager was unable to locate the key to the electrical cupboard. This meant that staff could not access the cupboard in the event of an emergency.
- Fire safety checks were not robust, and the records were not complete. Monthly extinguisher checks had last been completed on 6 March 2019. Monthly emergency lighting checks had not been carried out since 5 September 2018. Emergency exit signage did not always correspond with the escape routes identified in the provider's emergency evacuation plan. In one example, a fire exit, situated at the side of the building which was temporarily out of use still had green fire exit signs directing people to the exit. The exit was blocked, inaccessible and not identified as an exit as part of the provider's evacuation plan.
- We were not assured that all appropriate action had been taken to keep people, staff and visitors safe.

Failure to assess risks and do all that is reasonably practicable to mitigate risks was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014; Safe care and treatment. Providers must ensure the safety of their premises and equipment within it. They should have systems and processes that assure compliance with statutory requirements, national guidance and safety alerts.

- We brought this to the attention of the registered manager who took immediate action to put measures in place to keep people safe. After the inspection, the provider commissioned qualified professionals to carry out risk assessments for legionella and fire safety at the home. They confirmed they had identified the ongoing control measures to monitor risks associated with legionella and a system to monitor these checks.
- The provider sent us an updated emergency evacuation plan to reflect ongoing changes to the home due to renovation. The registered manager confirmed the ground floor electrical cupboard had been adapted to ensure it met fire safety regulations.
- Risks associated with people's health and medical conditions were assessed and mitigated. These included risks around falls, developing pressure sores anxiety and behaviour.

Using medicines safely

- Procedures were in place for the management, administration and storage of medicines. However, some areas required improvement.
- Medicines were stored securely; however daily temperatures were not always taken to ensure medicines were stored in line with manufacturer's guidelines.
- The guidance around medicines administration was not always clear. In one example, one person was prescribed a medicine which was required to be taken at a specific time. The person's medicines guidance did not detail this specific instruction. This put the person at risk of not receiving their medicine as prescribed. We brought this to the attention of the registered manager, who told us they would consult the pharmacy about administration instructions and would update guidance accordingly.
- In another example, instruction labels had come off or become faded for three people's topical creams. Therefore, it was not clear who they were for or how they should be administered. We raised this with a staff member who took them out of use and said they would re-order new supplies.

The failure to ensure there were effective systems in place for the proper and safe management of medicines was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014; Safe care and treatment.

- Where people were prescribed PRN (as required) medicines, additional guidance was in place for staff about when and why these should be given.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults. This training helped them recognise the signs and actions to take in the event a person suffered abuse or avoidable harm.
- The provider's safeguarding policy was developed in line with guidance from the local authority.
- The registered manager had taken appropriate action when concerns were raised about people's welfare. They had investigated issues promptly and liaised with the local authorities safeguarding team.

Staffing and recruitment

- Relatives and people told us there were enough staff in place to meet people's needs.
- The registered manager had assessed required staffing levels using a dependency tool, which identified the level of care people required. Staffing levels were consistent with the results of these assessments.
- The provider had robust recruitment checks in place to assess new staff's skills, work experience and professional conduct. This helped assess staff's suitability for their role.

Preventing and controlling infection

- The home was a clean and hygienic environment. The provider had domestic staff employed who carried out routine and deep cleaning of all areas of the home.
- Staff had access to personal protective equipment such as gloves and aprons when supporting people with their personal care.
- There were appropriate arrangements in place for the disposal of clinical waste.

Learning lessons when things go wrong

- Staff understood their responsibility to raise and report any concerns or safety issues. They documented any incidents, and these were then reviewed by the registered manager to identify if any further action was required.
- The registered manager shared findings from incident reviews with staff, which promoted collective learning. Processes were in place to enable any learning from incidents to be shared, reflected upon and any

lessons learnt.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager used a set of nationally recognised tools to assess people's needs in relation to, staffing, risks of malnutrition and dehydration and the risk of developing pressure sores. Assessments were used to formulate people's care plans.
- The provider made adjustments when people's needs changed. This included sourcing new furniture, mobility equipment or supporting people to move to more accessible rooms.

Staff support: induction, training, skills and experience

- Staff received appropriate training, ongoing support and supervision in their role.
- New staff received training in line with the Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. The provider consulted best practice guidance to ensure that staff received appropriate training updates.
- The registered manager monitored staff's working performance through observation of their working practice and formal supervision meetings. Staff we spoke to felt supported in their role and were confident and competent in providing appropriate care and support to people.

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

- People told us they were happy with the quality and choice of food available. Comments included, "[The chef's] homemade cakes are lovely" and, "[Staff] tell me what's on the menu and usually ask me if its suitable. If not, I can have something else."
- People's dietary preferences and requirements were identified in their care plans. The chef had a good understanding of people's specific needs and made adjustments to menus accordingly.
- People were supported to drink regularly during the day. If they were at risk of dehydration, staff monitored their fluid intake, to help ensure they were hydrated.
- Some aspects of people's dining experience could be improved. The dining room was dark and cluttered with furniture and other items such as a medicines trolley. Consequently, the room felt cramped and busy.
- The tables had been arranged into one long line. This was not beneficial to people as some people wanted a quiet atmosphere, whereas others tried to stimulate conversation. There was tension between people during lunch as a result. The provider had arranged for 'protected mealtimes. This meant that building works were not carried out during designated mealtimes, to minimise disruption to people.
- The registered manager told us that many of the issues highlighted in the report were due to temporary arrangements around storage of items in light of ongoing renovation work. After the inspection, they told us they would be reviewing people's dining experience to identify where improvements could be made.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with professionals from health and social care to meet people's needs.
- When completing assessments of people's needs, the registered manager referred people appropriately to professionals, including occupational therapists when additional needs were identified.

Supporting people to live healthier lives, access healthcare services and support

- People had access to regular healthcare appointments as required. This included dentists, doctors, opticians and chiropodists
- Where professionals made recommendations, these were incorporated into people's care plans.
- The provider supported people to be attended by doctors when they became unwell. This meant that people received timely medical interventions to treat illnesses.

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

- The home was going through extensive renovation work.
- During the completion of this work, the provider had needed to make temporary adaptations to the environment for people's safety and comfort. This included building temporary toilet facilities on the ground floor for people's ease of access.
- Since our last inspection, the provider had installed a passenger lift, which increased access between each floor of the home.
- Some aspects of the decoration and décor of the home were incomplete. Some areas of the home required painting and the artificial grass in the garden required relaying as it was lifting at the edges.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 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 with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the provider had met these legal requirements.

- The registered manager had assessed people's capacity to make key decisions about their care.
- To support their decision-making process, they used a capacity and best interests assessment tool, which had been developed by the local authority.
- The provider had completed appropriate best interest decisions for a range of key decisions about people's care including the use of bed rails.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. Comments included, "Staff treat mum well. It's a friendly place, we've always got contact with the staff. I know she's being looked after", and, "All the staff are nice to me."
- Staff knew people's backgrounds, likes and preferences. Where some people were unable to verbally express their needs, staff understood their preferences, routines and the support they needed around everyday tasks. For example, staff were able to tell us about people's preferences around their appearance and personal care.
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act (2010).
- Staff were attentive to people if they were confused or distressed. For example, one person was disorientated about why they were living at the home. Staff were quick and attentive to offer the person comfort and reassurance, which they responded well too.
- The provider had received several compliments regarding the caring nature of staff and the effort made to meet people's needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff gave people choices about how their care was carried out. One person said, "They hold up my clothes in the morning and ask me which one I want to wear. If I want a shower they will help me."
- People and where appropriate, their relatives or advocates were involved in making decisions about care. This included helping to develop and review care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "Overall, the staff are respectful."
- Staff were sensitive to respect people's personal belongings. One person said, "They take care of my stuff. My clothes always come back from the laundry. They never lose any and they are always pristine and ironed."
- People were supported discreetly with their personal care. Where people required assistance, staff approached people attentively, ensuring they did not have to wait too long for help.
- People's privacy was respected. Where people wished to spend quieter time on their own, staff were sensitive to this. The registered manager had also arranged furniture to create a private area in the lounge where people could spend time with visitors or relatives away from main communal space.

- People were encouraged to be as independent as possible. This included encouraging people to complete aspects of their personal care on their own or helping out with domestic tasks if they wished too.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed their health needs, personal care preferences and preferred daily routines.
- People's care plans were in the process of being transferred to a new computerised system. The examples of new care plans we were shown, were more detailed than the those in the previous format. The computer system had functions which would enable the registered manager to monitor changes to people's health and wellbeing in real time, by accessing electronically recorded daily records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss, and in some circumstances to their carers.

- Staff understood people's individual communication needs. Where some people had sensory impairment including hearing loss, staff tailored their communication to ensure people understood and were given appropriate time to process and respond to requests.
- Where some people were unable to communicate verbally, staff were knowledgeable about how they communicated through body language and gestures. This helped to ensure their needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was mixed feedback about the activities available to keep people occupied and stimulated. Four people or relatives were happy about the level of activity available. However, two relatives felt more could be done to provide a better range of activities in line with people's interests. Activities organised included, games, quizzes, themed events and musical performers. The registered manager told us staff would individually review people's preferred activities with them to help ensure they could tailor activities appropriately.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint. One person said, "I can tell you, I would feel more than comfortable raising a complaint if needed."
- The provider had a complaints policy in place which identified how concerns would be investigated and responded too. The policy was displayed in prominent places throughout the home.
- The provider had not received any complaints since the last inspection. The registered manager told us how they would deal with a complaint if received. This was in line with the provider's policy.

End of life care and support

- Staff had received training in end of life care.
- People had end of life care plans in place. These advanced care plans detailed people's preferences around their care during their last days and reflected people's protected characteristics, culture and spiritual needs.
- Care plans also included the role of other stakeholders in providing responsive end of life care.
- The registered manager had arranged for staff to receive end of life care training in line with The Six Steps Programme. This is a nationally recognised model of best practice in end of life care. This training would help for to further staff skills and continue to improve the quality of care.

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 now deteriorated 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

- The provider and registered manager had not ensured all risks to people and staff had been adequately assessed and mitigated.
- They had not followed national guidance in respects of the Health and Safety at Work Act 1974 to ensure the safety of the premises, including the management of legionella.
- We were not assured that staff roles and responsibilities for environmental safety checks were clearly defined and staff were aware of what to do.
- Records relating to the management of the service were disorganised, incomplete or unavailable.
- On the first day of inspection, we asked to see the new Fire Risk Assessment, completed in January 2019, but the registered manager could not locate it. This should be a working document and easily accessible. After the inspection, the registered manager sent us a copy of the updated fire risk assessment.
- Fire records included several out of date versions of, for example, personal evacuation plans, fire escape routes and the fire evacuation strategy. This meant there was a risk of staff following out of date guidance which could put people at risk.
- Audits were in place, but these were not always effective as they had not picked up the issues we identified at our inspection.

Failure to operate effective processes to assess, monitor and mitigate risk and maintain accurate and up to date records is a breach of Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014, Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had started working at the service in December 2018. They had a very hands on approach, regularly spending time working with people alongside staff to offer advice or support.
- The registered manager was very open to feedback during the inspection and took prompt action to address the concerns that had been raised.
- The provider had been sensitive to limit admissions to the home during renovation work. They told us this was to minimise disruption and change whilst building work was being carried out.
- Staff told us they had confidence in the registered manager's leadership. Comments included, "It has been a really difficult year with all the building work. I feel like with [the registered manager] now onboard, we are finally starting to settle down", and, "The registered manager is working hard to make things better. We will

get there."

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

- The registered manager had worked hard to minimise the impact on people when moving from the old building to the new. During the lead up and after the move, they had put extra staff on to help orientate and support people through the change. They had kept relatives informed about how the building works were progressing and timescales for completion.
- The registered manager held regular staff meetings, where ideas and areas for improvements were discussed. In recent a staff meeting, feedback from a recent quality monitoring visit by the local authority was discussed.

Continuous learning and improving care

- The registered manager had identified areas where the quality of the service could be improved, such as making the format of care plans clearer and tailoring activities to people's individual needs and preferences.
- The registered manager also planned to develop a 'sensory room' within the service. They had enrolled staff in training designed to meet people's sensory needs with the aim of reducing people's anxiety.

Working in partnership with others

- The provider welcomed external stakeholders into the service to carry out audits around key areas of the service. This included pharmacy audits and quality audits from the local authority.
- Where these audits highlighted issues, the registered manager took swift action to help ensure measures were put in place to mitigate issues. For example, a recent audit by the local authority had highlighted gaps in staff's mandatory training refreshers. In response, the registered had promptly ensured all staff had received the required training.
- The provider was participating in a programme run by the Clinical Commissioning Group (CCG) called, 'enhanced healthcare in care homes'. The aim of this programme was to improve the quality of life, healthcare and planning for people living in care homes. This was achieved through working in partnership with medical and healthcare professionals to deliver preventive care to people at risk of having an unplanned admission to hospital.
- As part of this programme, the provider used the National Early Warning Score (NEWS) to help monitor people's health and wellbeing. The NEWS is a tool developed by the Royal College of Physicians, used by the NHS to quickly determine the degree of illness of a patient. It is based on the monitoring of six vital signs including respiratory rate and blood pressure. As part of the programme, staff had received training to take and record these observations and monitor for any changes in the person's health as indicated by fluctuations in readings taken. Staff were instructed to contact relevant medical or healthcare professionals if observations taken were outside agreed normal parameters. This helped staff monitor changes to people's health and ensure appropriate medical intervention was quickly sought.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to assess risks and do all that is reasonably practicable to mitigate risks and ensure the proper and safe management of medicines was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014; Safe care and treatment .</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to operate effective processes to assess, monitor and mitigate risks and maintain accurate and up to date records is a breach of Regulation 17 of the Health and Social Care (Regulated Activities) Regulations 2014, Good Governance.</p>