

Signature Senior Lifestyle Operations Ltd

# Ascot Grange

## Inspection report

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Date of inspection visit:  
15 June 2021  
18 June 2021

Date of publication:  
14 July 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ascot Grange is a residential care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The home is purpose-built and can support up to 106 people across four adapted floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

This service has a dual registration which means there are two registered providers jointly managing the regulated activities at this single location. The providers are WR Operations 1 Limited and Signature Senior Lifestyle Operations. This means the service is subject to one inspection visit however the report is published on our website twice, under each provider.

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

Some people and staff told us the service was sometimes short staffed. Most people and staff felt there were enough staff to respond to people's needs quickly. We found documentation was not readily available to evidence regular reviews and summaries of people's needs and agreed support hours. We have made a recommendation about this.

People said they received safe and caring support, with comments such as, "I feel safe here there is no reason to not feel safe", "Oh yes definitely safe here. I am well cared for with no worries" and "I was well protected during COVID".

The registered manager had taken appropriate action in relation to previous concerns about the management of falls and inconsistent reporting of events to the local safeguarding authority and CQC. We found systems were in place to review and escalate incidents of falls with a multidisciplinary team of healthcare and local authority professionals to reduce the risk of future occurrences and avoidable harm.

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.

The environment was comfortable and adapted to meet people's physical and sensory needs. Healthcare and local authority professionals told us the service was open to partnership working and responsive to suggestions, which benefitted people's health and quality of life.

The service fostered an open culture. People told us the service sought and listened to their views, with comments such as, "I go to the resident's meetings and they do act on things" and "I think so that it is well run and organised. The manager is approachable".

Management understood regulatory requirements and notified CQC of specific events. We saw this had been

sustained since March 2021 after we had initially identified concerns about this with the registered manager and provider.

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

The last rating for this service was Good (published 22 January 2018).

#### Why we inspected

The inspection was prompted in part due to concerns about the management of people's falls and inconsistent reporting of events to the local safeguarding authority and CQC where required. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

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

#### 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Ascot Grange

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors on day one and one inspector on day two which was conducted remotely. An Expert by Experience contacted people and relatives to gain their feedback about the service.

#### Service and service type

Ascot Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included feedback we had gained from people and relatives using the service as part of our monitoring activity in February 2021. We sought feedback from the local authority and healthcare professionals who work with the

service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 12 people who used the service and two relatives about their experience of the care provided. We spoke with 13 members of staff including care workers, restaurant and housekeeping staff, a nurse, a supervisor, the clinical manager, the registered manager and the provider. We observed staff provide care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at documentation about people's support needs and staff levels. We sent questionnaires to the 82 members of the staff team and received 17 written responses. We spoke with one local authority professional who had regular input with the service.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People we spoke with were generally satisfied with staff response times but felt the service was short staffed on occasion, with comments such as; "There is not always enough staff, but they don't take more than five minutes to come." Another person said, "There is enough staff but occasionally they are short." Other people told us there were enough staff who responded to their needs quickly enough.
- Some staff raised concerns with us about being short staffed due to unplanned absences and were unhappy about the pressure this placed on staff; "We are quite often understaffed with carers on dementia floor and the company are refusing to use agency staff which leaves the remaining staff working even harder. Management rarely help us out on the floor" and "Reception book appointments for residents' families to come in, which again leaves the floor with less staff as someone prepares and escorts the resident downstairs." A larger number of staff told us there were enough staff most of the time and unplanned absences were covered by staff overtime, managers and agency staff, which records confirmed. The registered manager said they would take action to follow-up staff concerns to feed into the management of the rota and staff allocation.
- There was a small number of care worker vacancies due to a recent admission and one nurse vacancy at night, which were being recruited to. Records showed agency staff use had reduced from 87 hours per week in March 2021 to 12.5 hours in May 2021.
- During our inspection staff appeared busy throughout but also appeared organised and unrushed. We saw staff provided support at people's own pace and made time to engage and chat with people. One person called out from their room and a staff member responded immediately.
- People had easy access to their call bells. The registered manager regularly monitored staff response times to call alarms and investigated if they were out of the accepted range. For example, they explained emergency alarms continued after the first staff member arrived, until a nurse or manager also attended.
- The registered manager showed us up-to-date staffing levels which they advised were calculated based on people's daily care needs. However, records were not readily available to show a summary of people's agreed total support hours, or frequency of reviews over time. This meant we could not check whether planned staffing levels were always aligned with people's needs. The registered manager calculated the current total support hours and provided this to us after our site inspection. This showed actual planned staffing levels exceeded their calculation to meet people's day to day care needs.

We recommend the registered manager improves recording systems to evidence regular reviews of people's agreed support hours and planned staffing levels.

- Staff were recruited safely. Checks were completed for employment references, criminal record and barred lists prior to staff commencing employment to ensure they were of good character and suitable.

- Agency staff profiles contained information about relevant training, induction, previous experience and background checks as above.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe, with comments such as, "Absolutely safe because there are always people all around me and the place is well secured", "[Family member] is in safe care. Physically the building is safe and it is a safe environment" and "I feel safe because everyone here is so nice".
- Systems were in place to protect people from harm and abuse. The registered manager and clinical manager shared the role of safeguarding lead. The provider had not arranged higher level safeguarding training for managers; however, managers received support from the provider and the local authority and demonstrated they understood requirements.
- Records showed safeguarding concerns were reported to the local authority and CQC. The registered manager had implemented a tracker to monitor safeguarding outcomes. Agreed actions to promote safety were recorded on the providers' electronic system for incidents.
- Staff received safeguarding training and were able to identify signs of abuse and reported any concerns. Most staff we spoke with told us they were confident to raise concerns with management, who took appropriate action. A small number of staff told us they felt management did not always address concerns about staff issues to their satisfaction. We fed this back to the registered manager who advised they would take action to address this.

#### Assessing risk, safety monitoring and management

- The service was taking ongoing appropriate action to address concerns about the management of falls experienced by people. For example, monthly multidisciplinary meetings were established in partnership with a range of community healthcare professionals, where people's mobility needs were reviewed and actions to further reduce risk were agreed. Actions were overseen by the clinical manager and followed-up at regular meetings to evaluate the success of interventions.
- People's risk assessments and care plans identified equipment such as sensor and crash mats, hoists, specialist wheelchairs and low-profile beds, which we saw were used to support people.
- The service had introduced a grab stick for one person to enable them to pick items up from ground level without leaning too far. The registered manager advised this was successful in preventing falls of this nature and records confirmed this.
- Fortnightly falls prevention sessions were held in a communal space for people, to help raise their awareness and provide guidance about how to minimise the risk of falling. The clinical manager advised this was popular and well attended by people.
- Other risks to people such as choking, and diabetes were identified and appropriate measures in place to maintain people's safety. For example, one person's care plan contained detailed guidance for staff concerning the signs and symptoms of hyperglycaemia and hypoglycaemia. There were clear instructions for staff concerning the emergency management of this.
- Health and safety systems were well-managed by a dedicated maintenance manager and team. Compliance checks and safety records, such as fire and water safety risk assessments, gas, mains electrical wiring and portable appliance testing certificates were up-to-date to ensure the environment was safe.

#### Using medicines safely

- Systems and records indicated medicines were generally managed and administered safely. We identified one case where staff had not consistently recorded the reason for administering a when required medicine, which was against procedure. The registered manager told us they would address this with staff to improve practice. Records showed the person's medicines were regularly reviewed by the GP and there was no evidence the person was adversely affected. Another person's records showed staff had followed the correct



recording and monitoring protocols.

- People were satisfied with the medicines support they receive from staff. One person said, "They [staff] do discuss my medicine with me and they know what to do." We observed a staff member prepare and administer medicines to a person safely and with their consent. People's medicines were stored in secure cabinets in their own rooms, which promoted privacy and dignity.
- The majority of staff told us they felt medicines were managed and administered safely. Staff authorised to administer medicines received medicines training and had their competency assessed regularly, which records confirmed.
- Two staff told us they had concerns about the level of experience of some staff who were authorised to administer medicines and felt this was unsafe. They also raised third-hand information about one member of staff who had not followed the correct medicines protocol on one occasion. We shared this information with the local safeguarding authority and registered manager, who agreed to update us of the investigation outcome and any actions to protect people from the potential risk of harm.

### Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. Staff who provided people with close physical assistance with eating and drinking, were wearing fabric aprons instead of disposable plastic aprons. This was not in line with government guidance. We raised this with the registered manager who acknowledged this type of support had been overlooked as personal care within two metres and took immediate action to rectify this. PPE stations were accessible to staff and well stocked.
- We were assured the provider was preventing visitors from catching and spreading infections. There were robust visiting protocols and health screening undertaken prior to entry.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The service had adapted numerous internal and garden spaces to enable safe visits. People were supported to receive visitors in their private rooms where needed and were enabled to access the community for day trips. We observed relatives visit the service during our inspection. A visiting relative told us, "The staff have done really well with COVID-19. They really take it seriously".
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service. Discrete signage was in place for people required to isolated to ensure all staff were aware.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured 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.

### Learning lessons when things go wrong

- Systems were in place to investigate accidents and incidents and findings and outcomes were discussed at regular clinical meetings and staff meetings. Actions were delegated to department managers to implement and were followed-up at subsequent meetings by the registered manager.

# 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

- Assessments of people's needs were holistic and included emotional and physical needs as well as people's wishes and preferences, such as dietary requirements and religious needs.
- Where people lived with dementia, their care plans contained detailed information about how the condition affected each person and what staff should do to maintain the person's quality of life. For example, one person had difficulty remembering previous decisions made with staff and subsequently refused to engage with the process. Their care plan described how staff could best resolve issues and prevent the person's distress. Another person's care plan referred to the use of sensory items to help distract and engage the person if they became upset.
- Systems were in place to monitor people's skin integrity. Records completed by staff to confirm they had supported people to reposition regularly were up-to-date. Any pressure wounds were treated and photographed to monitor progress.

Staff support: induction, training, skills and experience

- Staff received inductions and shadowed more experienced staff before they were able to support people unsupervised. We observed more experienced staff lead and show newer staff how to apply their training, such as using moving and assisting equipment.
- Staff attended mandatory and specific training to meet people's needs. Positive behaviour support was included in dementia training to develop staff skills in proactive and preventative approaches, to minimise and deescalate people's distress.
- The majority of staff told us they had enough one to one meetings with supervisors to discuss their performance and development. Records showed that most staff received regular supervisions. There were some gaps for bank staff, which the registered manager was aware of and had taken action to ensure supervisions were booked.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People we spoke with were satisfied with menu choices; "Generally the food is good enough and the choice", "The food is the best things, [family member] says it's fabulous" and "Meals are very good, choices are good, no complaints. We praise them for that. They make sure we get what we order".
- We observed a pleasant atmosphere at lunch time, with social conversation between people and between staff and people they were supporting. Meals were well-presented and staff assisted where people needed support to eat and drink, at people's own pace. We saw a staff member anticipated and enabled a person to feed themselves when they were able to do so.

- A restaurant member of staff had good knowledge of people's dietary requirements, allergies and preferences.
- Drinks tables were accessible to people throughout the day in communal spaces. We observed people had plenty of drinks within reach in their rooms and frequent tea and coffee rounds were provided by staff throughout the day.

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

- The environment was comfortable and adapted to meet people's physical and sensory needs. There were no malodours and communal and private spaces appeared clean. A person told us there was a good laundry service and "Everything is kept clean and nice." A staff member commented, "The housekeeping team does an amazing job keeping the property clean and well sanitised for us all."
- The décor was in good condition; the provider had ensured areas were differentiated to support people orientate in their surroundings. The pictures and photographs on walls were relevant to the age group of people living at the home.
- There was clear signage throughout the home and people had personalised photos outside their own doors to help them recognise their own private spaces.
- People had access to an attractive garden. One person told us "The nicest thing I would particularly mention is the garden. There are lots of trees and lots of flowers that makes this place very wonderful and it is a privilege to be here." During our visit we saw numerous people sat in the garden and appeared visibly happy, enjoying a meal or a drink and chatting with other people and staff. Some people spent time tending to plants in the greenhouse.

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

- Systems were in place to monitor and respond to changes in people's health and appropriate referrals made. For example, People's food and fluid intake was monitored and if agreed individual targets were not met this was flagged on the staff electronic system and reviewed by nurses. Where needed, records showed people at risk of dehydration or malnutrition were referred to the GP and/or dietitian for review.
- One person told us they felt worried about eating due to digestive difficulties. We raised this with the registered manager who confirmed the person had recently been reviewed by the GP who had prescribed medicines. In response to the person's concerns they arranged a further review with the GP and placed the person on food and fluid monitoring to provide them with additional support, although records confirmed their weight was stable and had increased slightly.
- A referral had been made for occupational therapy for a seating assessment in response to an incident where a person had slipped from their own chair, to help prevent reoccurrences.
- Care plans were in place to support people with their oral hygiene and care records documented regular dentistry reviews.
- The service implemented a national scheme to improve the transfer of care records and medication and personal belongings when people were admitted to hospital. A healthcare professional told us, "The care homes manager is very proactive on this".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were undertaken where appropriate and actions taken where necessary in line with MCA requirements. For example, if items such as bed rails were to be used to keep people safe, assessments were completed to establish whether a person had or lacked capacity to make decisions. Where people lacked capacity best interest decisions were documented.
- Staff received MCA and DoLS training and understood the legal requirements and principles of seeking consent and taking the least restrictive course of action where people lacked capacity to consent. We asked staff what they would do if people refused care or treatment. One staff member said, "Reassure them, speak through what they were going to do and how it's going to be done." Another staff member said, "leave and go back if they kept refusing, I will go to the supervisor".
- The registered manager had a system to monitor and track DoLS authorisations to ensure they were up-to-date. Specific care plans were in place to reflect any conditions to DoLS authorisations. For example, the service was required to record any objections a person made to the care provided such as asking or trying to leave the care home.
- Staff told us people who resided on the dementia unit were subject to DoLS as they were assessed as needing continuous supervision to maintain their safety. This area was locked to prevent people living leaving unsupervised. However, people were able to come and go on the floor as they wished with staff support. If they wanted to leave the area and, for example, spend time in the garden, they could. We saw several examples of this happening during our visit.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they were happy with the service and felt the home was well managed, with comments such as, "It is five star and very good here. The nicest thing here is the attention they give to you", "I have good communication and can always get through. It is well run and managed and I met the manager who is very open and chatty" and "[Staff] are kind and caring and will sit and have a chat. I am treated with respect and dignity".
- Policies and procedures promoted person-centred-care and staff understood and shared these values. For example, staff received equality and diversity training and told us what it meant in practice; "Treating people equal, respecting their wishes and needs", "Everyone has the right to feel comfortable in their place of work or where they live. Treating everyone as equals is a must" and "Treating everyone, be that a resident or staff member, as an individual and not making any judgements."
- Some staff linked issues with staffing levels with lower staff morale and felt management needed to do more to address this. Most staff described positive staff morale and felt valued in their roles with comments such as, "The team on a whole work well together and get on to make the day to day running of the home enjoyable. My manager is very supportive and encourages and helps me develop in my role" and "We all get on well there is good team spirit."
- The provider implemented a number of staff reward and recognition schemes. Most recently the service had celebrated 'care workers' week for all staff. One staff member told us, "During the [care workers']/staff week, fantastic treats like massage, spa, hair treatments, goodie bags, food and drinks, and fun activities were planned out well." In addition, different managers led 'open talks' every day to answer staff questions.

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 manager was aware of duty of candour requirements and told us this was about the principle of being open and honest, updating people and families of investigation outcomes and apologising when things went wrong.
- There was an up-to-date Duty of Candour policy and procedure in place which included the process of writing to relevant people with the above information.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Management understood regulatory requirements and notified CQC and other agencies of specific events.

We saw this had been sustained since March 2021 after we had initially identified concerns about this with the registered manager and provider.

- There was a schedule of regular audits to monitor the quality and safety of most areas, such as people's clinical needs, medicines and infection prevention control. These audits were comprehensive and had identified areas for development. For example, a recent medicine audit had identified a medicine recording error and agreed actions were in place to prevent reoccurrence.
- Monthly clinical meeting minutes showed analysis of falls trends took place. However, there was not a specific audit process, which would be useful to evidence the success of agreed interventions against the number of falls and/or injuries. The registered manager advised us the provider had reviewed its 'falls strategies' to develop systems already in place. An implementation meeting was planned in June 2021 to support the roll-out of this.

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

- Regular residents' meetings were held to seek people's views. Meeting minutes referred to more vegetables being provided with main meals in response to people's previous feedback. The new clinical manager explained their role and responsibilities to people and information about COVID-19 restrictions was shared, including how transport for trips out was being facilitated to comply with social distancing rules. It was noted people who attended the latest meeting closed the meeting by saying, "The managers and staff are doing a fantastic job at the moment and with all the changing guidance and are really keeping the residents informed...The relaxed atmosphere that is brought to these forums is appreciated and feel they can raise anything...".
- People and relatives we spoke with commented, "I am not aware of any meetings. [Staff] verbally ask my views", "I think it's better now than it was; it needed to be. At least now the staff ask my opinion on things" and "I think communication is good. I will always get a call if there's been a change in [family member's] condition. All of the managers are very approachable".
- Staff told us team meetings were held once a month which they found useful to discuss areas such as, staffing levels, concerns and policies to keep staff updated. Staff commented, "Management are always keen to listen to what we have to suggest: there is a suggestion box in the staffroom for example" and "As time went by, the system has gotten better with regards to managing the safety of everyone in relation to COVID-19 transmission. [The provider] has always communicated with every home and staff members about constant changes in government policies and adhered to this.
- The majority of staff felt the management team were approachable and accessible, with comments such as, "Management have always had the office doors open and invited staff to sit down and talk with them at any time for any issues that they are having", "The Dementia manager is very hands on and is excellent in their management and care for the residents and staff." Staff also commented the hospitality manager was supportive to care workers.

Continuous learning and improving care

- A service action plan addressed people's feedback and areas identified from various audits. There was a separate action plan to ensure the review and people's involvement in their care plans was sustained. We saw good progress had been made and the service had begun to provide all care workers with care planning training to develop skills in this area.

Working in partnership with others

- The service worked collaboratively with a range of local authority and healthcare professionals to benefit people and develop the service. For example, the home had received support from a care homes pharmacist to make sure their medicines audits were comprehensive, as a result a new audit template was implemented and completed.

- Two healthcare and local authority professionals told us the service was open to partnership working, one commented, "[The registered manager] and the staff have been transparent and open to support and suggestions... They are co-operative and willing to be involved with projects and new ideas".