

Ashville Care Limited

Ashville Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service 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

Ashville Care Home is a residential care home providing personal care to 11 people aged 65 and over, at the time of the inspection. The service can support up to 24 people in one adapted building, over two floors. The service specialises in providing care to people living with dementia.

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

Following the last inspection, a number of improvements had been made to the service. Significant investment in the premises had taken place and the environment was now a pleasant and appropriate space to care for people with dementia.

Although governance systems had improved since our last inspection, greater oversight was needed of some equipment and the medicine management system to ensure consistent high- quality care and support.

People were protected from abuse. Overall risks to people's health and safety were assessed and mitigated and staff knew people's plans of care well. Medicines were managed in a safe way, although some improvements were needed to ensure consistent good practice. There were enough staff in the home.

People's care needs were assessed and managed in line with guidance. Staff received a range of training relevant to their role. People had a choice of food and action was taken to address any nutritional risks. The service liaised with a range of professionals over people's health needs.

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 were treated equally and fairly by staff. We observed staff treated people with kindness and compassion and listened to them. Staff knew people well and their individual likes and preferences.

People had a range of appropriate care plans in place which we saw staff following. There was a basic range of activities available to people. Staff took action to ensure people's social needs were met. Complaints were logged, investigated and learnt from.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 19 December 2018)

The provider completed an action plan after the last inspection to show what they would do and by when, to improve.

At this inspection we found significant improvements had been made although some further improvements were still required to governance systems to ensure full compliance with the regulations.

This service has been in Special Measures since 19 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. In addition, this inspection followed up on action we told the provider to take at the last inspection.

Enforcement

We have identified one breach in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

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

Follow up

We will request an action plan for the provider to understand what they will do to further governance within the service. We will work alongside the provider and local authority to monitor progress. We will 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 consistently 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 consistently well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ashville Care 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. 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.

Inspection team

The inspection was carried out by two inspectors. Ashville care home is a 'care home'. People in care homes receive accommodation and 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.

Notice of inspection

This inspection was unannounced.

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 commissioning and safeguarding teams 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 two people who used the service and two relatives. Most people using the service were unable to provide us with feedback about the service. We therefore extensively observed care and support. 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 spoke with four care workers, the administration manager and the registered manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of

the service on behalf of the provider.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant there was not complete assurance about the safety of the service. We would need to see sustained improvement and some remaining risk management issues resolved before we were confident the service was consistently safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- Relatives felt their family members were safe. One relative told us, "I've got no worries about my [relative] being here. We don't worry about their welfare." We observed care and people looked comfortable and relaxed in the company of staff.
- Safeguarding procedures were in place and we saw examples of them being followed to help keep people safe. Staff had received training in safeguarding and understood how to identify and act on allegations of abuse. This gave us assurance that the correct procedures would continue to be followed.

Assessing risk, safety monitoring and management

At our last inspection in November 2018 the provider had failed to properly assess and mitigate risks relating to the health, safety and welfare of people. This included risks to individuals and risks associated with a poor environment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had improved enough and was no longer in breach of the regulation.

- At the last inspection we found numerous issues with the premises, such as poorly maintained areas, defective taps and defective lighting. At this inspection improvements had been made. The provider had invested substantial funds in the premises and many areas were now of a good standard with high quality lighting, new taps and new decor. One relative told us "The whole place is beautiful."
- Further refurbishment was planned in the coming months to bring the remaining areas, namely upstairs corridors and bedrooms up to a high standard. However overall, we were pleased with the progress made since the last inspection.
- Improvements made been made to risk management processes. People had clear risk assessments in place and these were well understood by staff. We saw equipment such as pressure cushions and mattresses being used appropriately and were subject to regular checks.
- We saw evidence the advice of health professionals had been sought and used to create safe plans of care. These were subject to regular review.
- However, we observed one instance where staff used unsafe moving and handling techniques to transfer a person. We found their manual handling care plan needed to provide clearer advice to staff. We raised this with the registered manager who took immediate action to deal with this. We also noted one wheelchair

had not been appropriately maintained. Whilst checks were made on the cleanliness of such equipment, the maintenance of wheelchairs was not being routinely carried out. The registered manager removed the wheelchair and took immediate action to ensure it was serviced.

Staffing and recruitment

- Overall, we found there were sufficient staff deployed to ensure safe care and support.
- We observed staff were visible and available to meet people's needs. Call bells were responded to within an appropriate timeframe. Staff and relatives told us there were always sufficient numbers of staff.
- Rota's showed that shifts were always covered. However, they showed staffing levels reduced at weekends. Staff told us this was not a problem, and the registered manager said they believed staffing levels were still appropriate as there were less professionals visiting and a number of people went out.
- We spoke with the registered manager about the benefit of using a dependency tool to help justify staffing levels at various times. They said they would put this in place.
- There had been no new staff appointed since the last inspection, so we did not examine recruitment practices. At the last inspection there were no concerns in this area.

Using medicines safely

- Overall medicines were managed in a safe and proper way, although some improvements were needed to some practices.
- We looked at three people's electronic medicine administration records (EMARs) and found people were receiving their medicines as prescribed. Medicines were stored safely and securely.
- Staff responsible for the administration of medicines had received training in medicine management. However, there was no assessment of staff competency to give medicines safely in line with National Institute for Health and Care Excellent (NICE) Guidance. The registered manager told us they would ensure these were actioned immediately.
- Information on "as required" medicines was stored within people's care and support plans to guide staff on consistent administration. Staff would benefit from more information on how people liked to take their medicines, included within people's care records.
- Whilst we were able to account for all medicines, the electronic monitoring system had a fault and was not showing the correct stock balances. The registered manager told us they would get technical support to help with this.

Preventing and controlling infection

- The home was clean and tidy and staff had access to appropriate Personal Protective Equipment (PPE).
- Infection control checks were undertaken on a regular basis to help ensure standards were maintained.

Learning lessons when things go wrong

- Incidents and accidents were logged, investigated and subject to monthly analysis. Monthly analysis reflected on whether things could have been done differently to help prevent a re-occurrence.
- Where things had gone wrong, we saw examples of new procedures put in place to improve practice. For example, following concerns about a respite admission, the registered manager had spoken with staff and implemented new systems to ensure the incident did not re-occur.

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 requires improvement. At this inspection this key question has now improved to good.

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 demonstrated there was a clear pre-assessment process in place for new residents where they thought carefully about whether they could meet people's needs.
- People's care needs were assessed both prior and on admission taking into consideration their choices and preferences.
- Recognised guidance was used to ensure standards were maintained. This included recognised risk screening tools and following guidance such as National Institute for Health and Care Excellence (NICE) with regards to oral health and dementia care.
- The service had recently used this guidance to improve oral health in the home. Training had been given to staff and care plans and practice reviewed.

Staff support: induction, training, skills and experience

- Staff received a range of training. This covered key areas of care and support. We looked at training records which showed this was kept up-to-date.
- Additional training was offered or had been booked for staff to aid their further development. This included 'react to red' for senior care workers to help them identify when people's skin integrity was at risk. Training had also been provided on the use of incontinence products.
- The registered manager had started knowledge checking staff in a range of subjects. They advertised a topic of the week and the week after gave them a questionnaire to complete. This helped check and improve staff knowledge.
- Staff received regular supervision and appraisal which they told us were useful to them. However, we found recording was minimal and have asked the registered manager to show more detail to demonstrate these meetings covered all the necessary areas.

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

At our last inspection the provider had failed to ensure people's nutritional needs were met. This was a breach of regulation 14 (Meeting Nutritional and Hydrational Needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of the regulation.

- There was a satisfactory variety of food provided to people. This included a choice of two meals at each mealtime. Fresh baking was usually done daily. Relatives we spoke with said the food was good and we saw

evidence people enjoyed it.

- We saw people were given visual choices of the dishes on offer to help promote choice. A large TV screen had been ordered to display amongst other things food options in a clear way to people.
- People's weights were regularly monitored. Where weight loss was identified appropriate action was taken including fortifying food and referring onto other professionals. Advice from other professionals was clearly documented so that staff knew the correct plan of care to follow. This included advice from Speech and Language Therapists (SALT) about the consistency of food and drink.
- Where people were at risk of poor nutrition, food and fluid charts were maintained. Whilst most of these were completed to a satisfactory standard, we saw some staff members had failed to record when they had given people snacks and supper. We raised this with the registered manager to ensure it was addressed.

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

- Since the last inspection, the provider had invested substantial funds in the property and as a result communal areas were now of a high standard, suitable for the needs of people living in the home. New furniture had been put in place which created a pleasant environment and different areas where people could socialise.
- An enclosed garden area had been created which meant people could explore outside safely. We saw this was enjoyed by people.
- There were various stimuli around the premises to provide a point of interest to people living with dementia. New dementia friendly signage was on order and would be put in place as the refurbishment progressed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence the service worked with a range of professionals including district nurses, GPs and Speech and Language Therapists. Their advice was clearly recorded and used to update plans of care.
- Relatives said the service worked well with other professionals. A relative said "They will ring me if they've had a doctor out [for their relative]. They don't mess about. They'll get a doctor. Staff always deal with it."
- Arrangements were in place to ensure key information on people's needs was transported with them to hospital should they be admitted. This helped to ensure seamless care.

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.

- The service was acting within the legal framework of the MCA. Where people lacked capacity and decisions needed to be made, we saw evidence clear best interest processes were followed.
- The registered manager ensured that people's liberty was lawfully restricted by making timely applications

and recording where people had an authorised DoLS in place.

- Staff told us people were offered choices in all aspects of their daily routines. One staff member said, "I like to give them choice in the morning with what they want to wear." People were also given choice, for example, at mealtimes and with their night time routines.

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 requires improvement. At this inspection this key question has now improved to Good.

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 were treated equally and fairly by kind and compassionate staff.
- Relatives told us that staff were kind and caring. One relative told us "They (staff) are always very caring. The kindness shines through."
- We observed care and support and saw staff consistently treated people in a positive way. This included using a good mixture of verbal and non-verbal communication to comfort, put people at ease and compliment them. We heard a staff member say "Let's have a look at your nails. Oh, they look lovely." Staff took the time to speak with people in between care and support tasks which made for a pleasant and inclusive atmosphere.
- Information on people's past lives had been sought to help staff provide person-centred care. Staff knew people well and their individual likes and preferences.
- Through talking to relatives, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality
- Staff had received training in equality and diversity. People's diverse needs were assessed as they moved into the home. The registered manager demonstrated a good awareness of diversity issues which gave us assurance that people would be treated equally and fairly.

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

- Relatives said they felt listened to and involved in people's plans of care.
- The registered manager had an open-door policy and we saw they were regularly engaging and speaking with people.
- We saw people were given choices through the day, for example one person was shown two different snacks to help make an informed decision about what they wanted.
- People were able to express their views through more formal means, which included care reviews.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed staff respected their family member's privacy and dignity. We observed staff knocking on people's doors before they entered their rooms. One staff member explained that they made sure bedroom doors and curtains were closed when they provided personal care. They also covered people using

towels where possible.

- A relative told us their family member was assisting staff who were putting curtains up and they also helped drying crockery and cutlery. This meant that people were supported to live independent, meaningful lives.
- Relatives told us they were made to feel welcome when they visited the home. One relative said, "They're very friendly to us."
- People looked clean and well-dressed, showing staff respected people's appearance.

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 requires improvement. At this inspection this key question has now improved to Good.

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

At our last inspection the provider had failed to ensure care plans were well organised and person-centred. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of the regulation.

- People received personalised care that met their individual needs. Staff understood how people liked to be cared for and we observed staff following people's care plans.
- Care plans had been reviewed and amended to ensure less duplication and included more person-centred detail. Overall these provided evidence people's needs had been assessed and provided clear guidance for staff. We identified two people had specific needs which were not covered in care plans. We spoke with the registered manager to ensure this was immediately addressed.
- Care plans were subject to regular review, involving people, relatives and/or health professionals.
- Staff told us communication between staff and the management was good. Handovers took place twice a day. We saw staff were regularly updated with key changes in people's conditions and plans of care to help ensure they remained responsive to people's needs.

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.

- The service was meeting the standard. A policy was in place and the registered manager had taken steps to comply with the standard.
- People's communication needs had been assessed. People had accessible information standard care plans in place which assessed any additional support they required with communication and if any documents needed making available in a different format. Documents were available in large print and could be translated into different languages if required.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were provided with a basic range of activities on a daily basis. A singer visited the home on a

monthly basis and relatives told us their family member joined in with this activity.

- We spoke with the registered manager about how the range of activities and outings for people could be increased, particularly as the occupancy of the home increased.
- We saw staff spending time with people, meeting their social needs and chatting with them. Staff knew people's interests, hobbies and aspirations. For example, one person liked to dance and staff supported them to do this.
- A staff member told us how they had set up a smart TV for one person, so they could watch their favourite programmes via the internet. During the inspection we saw the person enjoying these programmes.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. Relatives told us the registered manager was approachable and when they had raised issues they had been satisfied with the outcome.
- A complaints policy was in place which was displayed clearly in the home.
- There had been three complaints since the last inspection. We saw these had been recorded, investigated and responded to in a timely manner.
- Analysis was done monthly to analyse any themes or trends with regards to complaints and ensure lessons were learnt.

End of life care and support

- People's end of life care needs had been assessed. We saw care plans were in place which detailed strategies such as hospital avoidance and how to ensure the person had a dignified death. These contained some good details, although some of them would benefit from further personalisation. For example, around the type of music and in whose company, people would like to spend their final days.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. We would need to see sustained improvement and the remaining issues to be resolved before we were assured that the service's management and leadership was consistently good and person-centred.

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

At our last inspection the provider had failed to ensure appropriate arrangements were in place to assess, monitor and improve the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found a number of improvements had been made to governance. However, there were still some issues that needed to be resolved. As such the service was still in breach of the regulation, however the severity and impact of the breach had reduced.

- A number of improvements had been made since the last inspection. This included environmental and risk management improvements. We were satisfied with the progress made in improving the environment, whilst recognising that these improvements needed to continue and be sustained.
- A range of audits and checks were undertaken. Most of these were sufficiently robust. However, some improvements were needed to medicine management audits to make them more detailed. For example, ensuring they checked medicine stock levels and the competency of staff. Audits undertaken had not identified discrepancies in the stock level reported by the electronic care monitoring system. Although audits of most equipment took place, wheelchairs had not been included and we found some defective equipment. The registered manager agreed to make these changes to provide better oversight and governance.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate systems to assess, monitor and improve the service were not sufficiently robust. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager took immediate action to address the issues we found during the inspection.

- The registered manager told us they were visiting the home at anti-social hours to spot check performance, although these needed to be clearly recorded to provide evidence of what was checked.
- The registered manager had introduced weekly reflective reports which were being consistently

completed. These looked at what had happened in the previous week, where lessons could be learned and what was needed moving forward. This was a good tool to promote continuous improvement.

- Staff knowledge and skills were being regularly assessed and action taken to address any shortfalls in knowledge.
- The service had its rating on display and had informed us of notifiable incidents in line with the required standards.

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

- Relatives and staff told us the registered manager was friendly and approachable. One relative said, "The manager? You can pop in there at any time (to see them)."
- Staff and the management team created a pleasant atmosphere within the home and we saw they worked well together to ensure people's needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were honest with us about the previous shortfalls in the service, and further work they needed to do to bring the service up to a high standard.
- Reflection had taken place on past failings to help ensure sustained improvement and promote high quality person-centred care.

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

- Staff said they liked working at the service and felt well supported. They said the registered manager regularly engaged with them. Staff meetings were periodically held where staff could raise issues and quality issues were discussed. Staff confirmed they had regular staff meetings. One staff member said, "Everyone gets a chance to speak up and make suggestions."
- Relatives said they felt engaged and involved. Feedback was sought from people and relatives and reviewed on the electronic care management system. The registered manager told us they were planning on sending on a survey in the coming months.
- Feedback was also sought through informal means with the registered manager being in the building most days and having an open-door policy.

Working in partnership with others

- The service had worked with commissioners to help improve the service over the last few months. We saw this had been an effective relationship to help improve the service.

The registered manager worked with a range of health and social care 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 (1) (2a) (2b) Systems to assess and monitor the service were not always sufficiently robust, for example in relation to wheelchair maintenance and medicines management.