Claregrange (Trading) Limited

Aslockton Hall Nursing & Residential Home

Inspection report

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Date of inspection visit:
12 August 2020

Date of publication:
25 September 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Aslockton Hall Nursing & Residential Home is a residential and nursing home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can support up to 62 people in one adapted building which has two floors.

People's experience of using this service and what we found
Medicines were not always stored safely, and some people did not have guidance for their "as required" medicines for staff to follow. Three people were not given their medicine at the correct time in accordance with their prescriptions.

There were not always sufficient staff available to meet people's needs. People, relatives and staff had mixed views about the availability of staff. There were times during the day where staff were not able to meet people's needs in a timely manner. The issues with staffing levels also impacted on how frequently some people had their care plans and risk assessments reviewed.

People were not consistently protected from the risks associated with acquired infections. Staff did not always use personal protective equipment correctly, and people shared the slings used for hoisting them. Shared equipment like this increases the risk of infection being transferred from one person to another. The registered manager took immediate action to address these issues.

Audits of the quality of care were not always effective at identifying issues. There was a plan for improving the quality of the service, but neither the audits or the plan had been effective in identifying the issues we found on this inspection. There were areas of staff training that were not up to date. Feedback from the local authority quality monitoring audit had not always been acted on.

The registered manager had ensured that people and staff had timely access to testing for COVID-19. The provider had also updated their policies and risk assessments to take into account the specific risks posed by COVID-19.

People felt they were cared for safely, and relatives felt their family members were safe living at the service. Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns about the people they cared for. People's needs were assessed, and any risks associated with their health conditions documented. Risks associated with the service environment were assessed and mitigated. Accidents and incidents were reviewed and monitored each month to identify trends and to prevent re-occurrences.

People and relatives felt able to speak up about the quality of care and make suggestions for improvement and were confident the registered manager would take action. Staff said they felt part of a team and were well supported by their colleagues and the registered manager.

The registered manager and staff team worked with external health and social care professionals to improve people's care and quality of life.

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 under the previous provider was requires improvement (published on 6 April 2018) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Since the last inspection, published April 2018, the provider changed legal entity.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about unsafe care practices. The concerns were shared with the local authority, who carried out four safeguarding investigations. The local authority concluded that one of the concerns was not substantiated, and their investigations for the other three concerns were inconclusive.

A decision was made for us to inspect and examine those risks and follow up what improvements had been made since we last visited the service. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-Led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aslockton Hall Residential & Nursing Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches of regulation in relation to the management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to

understand what they will do to improve the standards of quality and safety. We will work with the 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Aslockton Hall Nursing & Residential 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.

This was a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Inspection team
The inspection was carried out by one inspector and a Specialist Advisor (older adults nurse). A second inspector carried out phone calls to relatives and staff following the inspection visit.

Service and service type
Aslockton Hall Residential & Nursing Home 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
We gave the service 24 hours' notice of the inspection to discuss the safety of people, staff and inspectors

with reference to the COVID-19 pandemic.

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 about 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. We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with two people who used the service and six relatives. We spoke with 11 care and nursing staff. We spoke with the registered manager. We looked at a range of records including two people's care records and how medicines were managed for 11 people. We also looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, which they did.

After the inspection
We continued to seek clarification from the registered manager regarding the evidence we had.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Preventing and controlling infection

- Where people were prescribed medication on PRN (when required) basis there was not always a protocol in place for the use and administration. A protocol needs to be in place to ensure that staff give a medicine to people correctly and at the time when it is needed. There was a risk people would not get their medicine when they required it.
- Four people were prescribed medicines that needed to be taken at least 30 minutes before other medicines, food or drinks. For three of the people, the medication administration records showed their medicine was given at the same time as the rest of their medication. This put people at risk of being given medicines that would not be absorbed correctly and would not be as effective.
- The bin for the disposal of sharps (for example, needles) was not dated and signed when brought into use which is not in line with the management of hazardous waste regulations. We told a nurse about this who said they would ensure this was done from now on.
- Staff were not consistently using personal protective equipment (PPE) effectively. Specifically, we saw staff occasionally wearing masks incorrectly and, on one occasion, removing their mask to speak with a person. Staff told us they were concerned they were not encouraged to change masks as often as the most recent government guidance recommended. The registered manager addressed this with staff on the day of the inspection visit. They assured us there were sufficient stocks of PPE for staff to use correctly and said they would be encouraging staff to follow the guidance on sessional use of masks.
- Slings, used for hoisting people, were used for multiple people. This put people at risk of cross-contamination through sharing slings. Staff and the registered manager confirmed people shared slings and did not have them for individual personal use. Following our inspection, the registered manager provided evidence that they had assessed each person needing a sling and had ordered the appropriate number of new slings.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were not always stored safely. On the day of inspection, the temperature in the room was 30ºC. The room had no air conditioning or natural ventilation to help reduce the temperature.
- There was no evidence the provider had taken action to ensure risks associated with storing medicines at these temperatures were mitigated. There was also no evidence that staff had sought advice from a pharmacist or other healthcare professional about the efficacy of storing medicines at the high temperatures recorded. This put people at risk from being given medicines that were not effective due to the higher storage temperatures. However, the impact of this on people was likely to be low.
- Staff received training about managing medicines safely and had their competency assessed. Staff told us,

and evidence showed that overall, medicines were administered and disposed of in accordance with current guidance and legislation.
● We were assured that the provider was preventing visitors from catching and spreading infections. All visitors were required to wear PPE, maintain good hand hygiene and social distancing. Relatives were supported to visit their family members in the garden to reduce the risk of infection, and sufficient shelter had been provided in case of inclement weather.
● The registered manager had ensured that people and staff had timely access to testing for COVID-19. The provider had also updated their policies and risk assessments to take into account the specific risks posed by COVID-19.
● The provider was admitting people safely to the service. The provider had a plan in place to ensure that the risk of infections were minimised. This included additional cleaning staff on shift and a plan to provide personal and nursing care in isolation for people if this was necessary.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to assessing and managing risks associated with people's needs.

● People's needs were assessed, and any risks associated with their health conditions documented. For example, people who were at risk in relation to their nutritional needs, falls, choking and skin integrity had risk assessments in place. These were reviewed regularly. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. For example, staff carried out daily checks on people who were at risk of skin breakdown and checked the pressure relieving equipment they used. This meant people were protected from risks associated with poor pressure care.
● Risks associated with the service environment were assessed and mitigated. For example, radiators were covered to ensure people did not burn themselves. Staff had a clear system in place for regular checks on all aspects of the environment. This included legionella checks, fire safety checks and checks on equipment such as pressure relieving equipment, hoists and slings.
● There were plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. On the day of inspection the fire alarm went off, and we saw staff followed the provider's policy which told them what to do.
● Each person had their own personal emergency evacuation plan (PEEP) with up to date information about their mobility and support needs. This meant staff and visiting emergency professionals had quick access to information about people's needs. Staff and emergency services would quickly know how to support people safely.

Staffing and recruitment
● There were not always sufficient staff available. People and relatives had mixed views about whether there were enough staff to meet people's needs. One person said, "I feel the staffing levels are quite low. I do sometimes see people waiting quite a while for staff to attend, especially at the weekend." A relative said, "You don't seem to see them [staff] about much." However, other relatives felt there were enough staff to meet people's needs.
● Staff also had mixed views about the level of staffing. Some staff we spoke with felt there were enough of them, whilst other staff felt they did not have enough time to provide the quality of care they felt people needed.
● We saw there were times during the day when there were not enough staff to respond to people's request

for assistance. For example, a person's bedroom call bell rang for ten minutes without staff responding to it. Staff told us there were only three of them downstairs at that time (to support 15 people), and they had all been supporting another person to move using a hoist.

● We also saw there were times during the day when people in a lounge area did not have access to staff and did not have a call bell system to use there. This put people at risk of not having staff available to support them in a timely way.

● We identified one person who had not had aspects of their care plan reviewed for some time. The registered manager confirmed that there were times when there was not enough staff time allocated to enable people's care plans to be reviewed as often as they felt necessary. This meant there was a risk that some people's care plans did not accurately reflect their current needs. The registered manager confirmed they would talk with the provider to ensure sufficient staff time was available for reviewing care plans and associated risk assessments.

● Staff told us the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People and their relatives felt the service was safe. One person said, "I haven't any worries about safety. The general standard of care is very good." Relatives said they felt their family members were cared for safely and treated with dignity and respect.

● Staff understood how to recognise and report concerns or abuse. They were able to give examples of how they would identify when someone was at risk of abuse and were clear on their responsibilities to report concerns. Staff received training in safeguarding and felt confident to raise concerns about the people they cared for.

● The registered manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

● Following recent safeguarding investigations, the local authority had made recommendations on improving aspects of the quality of care. The registered manager had created an action plan to ensure any issues identified in the safeguarding investigations were dealt with, and there was a plan in place to reduce any risks associated with concerns about the quality of care.

● Accidents and incidents were reviewed and monitored each month to identify trends and to prevent re-occurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. We noted that there was a lack of information in the review forms about the time and location of each accident or incident. We discussed this with the registered manager, who agreed they would include this information in their monthly analysis to help them identify any further trends or patterns. Learning from incidents was shared with staff to improve care.

Requires Improvement

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had not ensured effective systems were in place to respond to feedback to improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to responding to feedback.

● People felt able to speak up about the quality of care and make suggestions for improvement and were confident the registered manager would take action. One person said they felt there should be more frequent resident meetings, and the last one was in February 2020. They said they felt the meetings were a good opportunity to discuss what was working well and how things could be improved.
● Relatives felt staff made them feel welcome and included in the service. They felt able to make suggestions for improving care, and able to raise questions of concerns. Relatives felt informed about what was happening with their family members' care. One relative said, "Before lock-down I visited every day. Now we Facetime twice a day, which staff facilitate. I feel the home has embraced me as well as my [family member]."
● Staff said they felt part of a team and were well supported by their colleagues and the registered manager. One staff member said, "I do feel valued. I have always enjoyed working there, staff are friendly and like one big family. The manager is approachable."
● The registered manager held regular meetings with staff to discuss quality of care and the development of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Audits of the quality of care were not always effective at identifying issues. The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment.
● There was a plan arising from audits to show what action was required and who was going to do it. Since the last inspection the registered manager had regularly shared their improvement plans with CQC. From reviewing these and looking at the evidence found on this inspection. There were still areas of care where

quality needed to improve, but it was clear where work had been done to raise the quality of care in some areas.
● The registered manager recognised this, and said they were working with the staff team to identify the priorities for action. For example, we saw care planning and risk assessments for people were now more robust than at the previous inspection. However, there were still gaps in training, inconsistent compliance with the correct use of PPE and issues with medicines management that needed to be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and relatives spoke positively about the way the service was managed. One person commented that there had been changes of management since the last inspection but they felt, "Things are stable now." Relatives felt staff and the registered manager were very approachable and welcoming towards them.
● Staff and the registered manager were clear about their different roles and responsibilities. The registered manager understood the responsibilities and regulatory requirements of being registered with the CQC. They had also accessed local authority training opportunities in leadership, with the aim of further developing their management skills.

Continuous learning and improving care
● The local authority carried out a quality monitoring audit in January 2020. This identified a number of areas for improvement, including gaps in staff training, gaps in record keeping for people's care, issues with medicines management and inconsistent supervision of staff.
● From an analysis of the provider's current training matrix, we identified there were still areas where staff had not received training. For example, 23 staff had not completed skin care training, and 15 staff had not done any training on falls awareness. 27 staff had not completed training on consent, and 13 staff had not refreshed their training on consent in the last year as required by the provider.
● The registered manager confirmed that some of the planned training this year had been put on hold due to restrictions caused by COVID-19. However, we noted that much of the training should have been planned in following the local authority's audit in January 2020, and provider audits prior to this should have identified the training gaps and addressed this.
● The local authority audit in January 2020 identified there were gaps in recording temperatures in the medicine storeroom. The provider's action plan for improving medication management, last updated in June 2020, did not make any reference to ensuring the room temperature was checked at an appropriate time (currently checked by night staff, when the temperature will be lower) and action taken to ensure the room was 25ºC or below. Feedback from this external audit had not always been used effectively to drive improvements in the quality of care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The local authority identified that supervision with staff was not happening on a regular basis. For example, not all staff received supervision in 2019. Supervision is an important way of giving feedback to staff on their performance and discuss training needs. The registered manager confirmed they had been working to improve this, but since lock-down in March 2020, the schedule for staff supervision had not been kept up to date. We saw the registered manager now had a plan in place to ensure regular supervision was in place for all staff.

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 provider and manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

● One relative described how the registered manager had dealt with an incident, and said they felt the investigation process was open and transparent throughout.

● Prior to this inspection, an anonymous person had contacted CQC with concerns about the way meal preparation was being managed. We asked the registered manager to investigate and address the concerns. They did this in a detailed way and took action to ensure that people's food and drink preferences were catered for in a professional way.

Working in partnership with others

● The registered manager and staff team worked with external health and social care professionals to improve people's care and quality of life. Since the service went into lock-down in March 2020, visiting health and social care professionals had reduced their face to face contact with people in the service. However, the staff continued to keep in contact with them using a range of technology. This meant people continued to get support from their local healthcare services.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure medicines were managed and administered safely. Aspects of infection prevention and control were not done safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Audits of the quality of care were not always effective at identifying issues. Feedback from internal and external audits had not always been used effectively to drive improvements in the quality of care.