

Care and Resolve Limited

# Ashmill Residential Care Home

## Inspection report

141 Millfield Road  
Birmingham  
West Midlands  
B20 1EA

Tel: 01213586280  
Website: [www.ashmillcarehome.com](http://www.ashmillcarehome.com)

Date of inspection visit:  
23 January 2020  
24 January 2020

Date of publication:  
13 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Ashmill Residential Care Home is a care home providing care to 17 people at the time of the inspection. The service can support up to 19 people with a physical disability in one adapted building.

### Peoples experience of using the service and what we found

Quality assurance systems were in place but needed further development to ensure they consistently identified and addressed shortfalls. Improvements were needed to the systems regarding medicines. Some areas of management of risk needed to be improved. Improvement was needed to make sure all staff were aware of recently approved Deprivation of Liberty authorisations.

People told us they felt safe from abuse and relatives felt their family members were safe. Staff had a good understanding of how to protect people from harm and recognised different types of abuse and knew how to report it.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs. We received some mixed views from people and relatives regarding staffing arrangements. Staff followed infection control guidance and had access to personal protective equipment.

People's care needs had been assessed and reviews took place with the person and where appropriate their relative. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people.

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

Staff treated people as individuals and respected the choices they made. Staff spoke to people in a respectful way.

People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint process which people and relatives were aware of. People's end of life care wishes were recorded in line with their preferences in a respectful and dignified way.

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 requires improvement (published 29 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive

inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

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

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 improve the standards of quality and safety. 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 always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** 

# Ashmill Residential 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

This inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

Ashmill Residential Care 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 is also registered to provide personal care to people living in their own houses or flats. However, the service has not undertaken this activity since it was registered.

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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, cook, regional support manager, senior care staff and care staff. We also spoke with a student on placement at the home and with a health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 spoke on the telephone with three relatives and 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's care plans and risk assessments had been reviewed and contained up to date information about people's current care needs and how they were to be safely supported. We identified a risk assessment for one person regarding a choking risk would benefit from some additional detail on how staff should respond to any choking occurrence. The regional support manager told us they would ensure this was done.
- Staff were aware of people's individual risks and how best to support them. Some people needed food and fluids provided in a specific texture to prevent them choking. Staff were aware of these risks and ensured food was provided in line with the person's assessed needs.
- Records showed checks were carried out periodically on the building to ensure people were kept safe. During our inspection we observed staff had left a cupboard containing hazardous cleaning materials unlocked. A room undergoing refurbishment that contained hazardous items including power tools was also unlocked and unattended. It was not clear how long these had been unlocked. This was rectified when brought to the registered managers attention.
- Health and safety checks were completed. For example, water temperatures and checks on equipment used to support people. Fire drills were carried out and fire equipment had been serviced.

### Staffing and recruitment

- People and relatives gave us a mixed response about staffing levels, while some felt there were sufficient staff others felt staff numbers needed to be increased. One person told us, "We need more staff as sometimes I need help." One relative told us, "There's enough staff," another relative commented "They need more staff as they used to have a cleaner and a laundry assistant."
- Staff told us there were enough staff to safely meet people's needs. However, one staff told us, "It is busy in the morning, the routine is hectic as we don't have a cleaner in post. We also do the laundry." Another staff told us, "Staffing is much better than before, there is more consistency and less use of agency."
- The registered manager acknowledged there had been some recent difficulties in recruiting ancillary staff (a cleaner and an additional cook). They told us a cleaner had been recruited and was due to commence soon.
- Our observations were people did not have to wait for long periods to get their needs met. Staff kept a constant presence in communal areas to make sure people were safe and to respond to people's request for support.
- The provider completed a range of checks before new staff started work. We reviewed the recruitment process and saw this included obtaining references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent

unsuitable people from working with people who require care.

#### Using medicines safely

- Where medicines were prescribed "as directed", there was guidance in place for most people, so this would be administered consistently. For one person, staff were unable to locate their guidance. One person was prescribed a variable dose of one or two tablets. Staff were not recording how many tablets were given. The registered manager told us they would ensure this was completed in future.
- Medicines were stored and administered safely, but we brought to the attention of the registered manager a gap in the records for monitoring the temperature of the medicines fridge. It is important this is done daily to ensure medicines stored in the fridge remain effective.
- One care staff member was observed administering medicines and this was done safely. Staff had received training in medicines and actions were in progress to ensure all staff received an annual review of their competency.
- Records showed prescribed creams had been administered, body maps had been completed so staff knew where to apply creams.

#### Learning lessons when things go wrong

- There were records of accidents and incidents. These included what happened before, during and after the incident. Whilst there was not always a written action plan from this to include any learning, the registered manager was able to provide examples of actions taken to reduce the risk of future occurrences.

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

- People were protected from the risk of abuse. Staff had received training on how to safeguard people and could describe the different types of abuse and how to report concerns.
- People told us they felt safe. One person said, "I feel very safe here."
- The provider had effective systems in place to safeguard people. We saw these had been followed when staff had identified potential abuse to people and the provider had taken appropriate action in response to this.

#### Preventing and controlling infection

- The home was clean and free from any unpleasant smells.
- Staff understood the importance of infection control to protect people and visitors from the risk of Infections. We saw staff followed good practice.

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

- Discussions with the registered manager indicated that previously applications had been made to the local authority to deprive people of their liberty when people had been assessed as having capacity. The registered manager told us that following discussion with the local authority she now understood these applications should not have been submitted.
- Staff told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty. However, they were not sure which people had DoLS authorisations in place.
- CCTV was in use in most communal areas of the home. Signs about its use were on display and people and relatives told us they felt reassured by its use. However, there was no evidence that people had been consulted regarding the use of CCTV or that their consent had been obtained. Following our inspection, the registered manager took action to rectify this.

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

- The provider carried out an initial assessment of people's needs prior to their admission to ensure these could be met. Thereafter, their care needs were reviewed and any changes in care were identified promptly through assessments and monitoring.
- Relatives confirmed they were involved in their family member's care, where appropriate, and their views were taken into consideration.
- People told us they were happy with the care they received, and staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.

Staff support: induction, training, skills and experience

- Staff were complimentary about the quality of the training they received. One new member of staff told us, "I had three weeks induction always supported by another member of staff and completed all the mandatory training."
- The provider had a system to monitor that all staff had regular and refresher training to keep them up to date with best practice.
- Refresher training in relevant areas was in progress over the two days of our inspection. Since our last inspection staff had also received Equality and Diversity training which we had previously identified was not provided. People's diverse needs were considered by staff.
- Since our last inspection improvements had been made regarding the support for staff and there was now a system in place to ensure staff had regular supervision. Most staff told us they felt supported in their role.

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

- Where people required support to eat, this was provided in an encouraging way by staff. Some areas of people's dining experience needed improvement such as the positioning of some staff whilst they supported people with their meal. For example, we saw some instances of staff standing over people whilst they supported them to eat, which was not respectful.
- Staff were aware of how to ensure that people maintained a nutritious and healthy diet.
- Most people were happy with the meals on offer. One person told us, "The food is fantastic, I have lots of choice and they cook things I ask for, like fish and chips."

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

- Hallways and doorways had been adapted so they were wide enough to accommodate people's wheelchairs.
- People's bedrooms were decorated to individual tastes which reflected their personalities and interests.
- We identified at the last inspection the home was in need of redecoration. A refurbishment plan was in place and work was in progress during this inspection.

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

- People told us they had the opportunity to see healthcare professionals such as their GP to maintain their health and receive ongoing healthcare support. One person told us, "I see the doctor whenever I need to, the staff go with me to the medical centre, the dentist and optician visit me here. One relative told us the staff were "Brilliant" in supporting people with any healthcare needs.
- People's care plans included individual health action plans and showed the involvement of health care professionals, for example; district nurses, dentists and opticians.
- One person had recently been discharged from hospital and staff had made a prompt referral to the district nursing team for support and equipment relating to pressure care.

# 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 and relatives told us staff were kind and caring. One person told us, "The staff are fantastic, they always keep me cheerful." One relative told us, "The staff are kind and caring, I think the majority of them are genuinely there for the right reasons."
- We observed kind and caring interactions. When a person became anxious, staff supported them in a kind and calm way, re-assuring them. One care staff member told us, "I get time to talk to people."
- People's diverse needs were respected, care plans identified people's cultural, religious and spiritual needs.

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

- The provider supported people to express their views, so they were involved in making decisions on how their care was delivered. We saw records of regular meetings with people using the service. One relative told us, "We are invited to review meetings."
- People told us they made choices about their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection care staff did not always respect people's privacy and dignity. We found this had improved.
- We observed staff knocked on bedroom and bathroom doors before entering. People received their personal care in private; staff asked people discreetly if they required personal care. One person told us, "Staff are great, they respect my privacy."
- People were encouraged to do as much for themselves as possible. Care plans showed what aspects of personal care people could manage independently and which they needed staff support with. One person told us, "Staff have supported me with positive attitudes about all that I can do, not what I can't do."
- People's confidentiality was respected, and care records were kept securely.

# Is the service responsive?

## Our findings

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

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

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

- Care records included information about people's likes, dislikes and what was important to them.
- Staff demonstrated a good understanding about people's individual needs and were able to tell us about these.

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.

- People had a communication plan in their care records which gave staff guidance on how to enhance people's communication and give them choices. One care staff told us, "I know everyone's different communication needs. Some use eyes and hands, some people use communication aids."
- Staff had access to a range of communication tools and aids to enable them to communicate effectively with individuals and ensure they had information in a way they could understand.

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

- People spent their day according to their preferences. Some people preferred to spend their time in their own rooms, while some preferred to spend time in the communal areas.
- People told us they enjoyed the activities that were on offer although some people told us they would like to go out more often. One person told us, "We go out shopping, bowling, to Star City, I like the trips, I think there are enough, a couple of times a week." Another person told us, "I make plans to do something and then something crops up and the staff can't come with me, which means I can't go."
- People told us their family and friends were welcome to visit at any time. Relatives confirmed they were always made to feel welcome by staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place for people, relatives and staff to follow should they need to raise a complaint.
- People and relatives knew how to complain. One person told us, "I tell the staff if I am not happy and they listen to me." One relative told us, "I feel able to raise any issues."
- Records indicated that one formal complaint had been received and investigated. Although not recorded, the registered manager was able to tell us the outcome and lessons learnt.

#### End of life care and support

- We saw people had end of life care plans which included their wishes and preferences.
- We were informed that one person was assessed as requiring end of life care and the relevant health care professionals were involved in the person's care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements were needed to ensure the systems in place for monitoring the service were fully effective.
- We looked at how the registered manager monitored the service for patterns and trends in the event of any accident, complaint, incident or safeguarding concerns. Although information in relation to these types of incidents was recorded, there were no effective systems in place to identify actions that were needed to improve the service and keep people safe.
- Audits undertaken by the management team had identified shortfalls, such as gaps in care records. We could see these shortfalls were fed back to staff. At this inspection we found there continued to be gaps in records. For example, food and fluid monitoring charts had not always been completed fully to show people had sufficient to eat and drink.
- The registered manager had carried out a recent survey with people, staff and professionals to gain their views. No analysis of the surveys had been completed to identify areas needing improvement. The registered manager took action to analyse the surveys during our inspection.
- The registered manager responded positively to the inspection process and took immediate action on issues raised during the inspection. For example, in consulting with people regarding the use of CCTV. However, this was a reactive approach. An effective quality monitoring system would have identified these issues and addressed any shortfalls in a timely manner.
- The overall rating for the service is requires improvement, this is a repeat of the previous rating and shows that sufficient action has not been taken since our last inspection.

There were insufficient systems in place to monitor and 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.

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

- We were made aware there had been some recent concerns raised by some staff about the management of the service. The registered manager was open and honest and told us she had used these concerns as a learning opportunity. Relatives and the majority of staff told us that the manager was approachable. One relative told us, "The manager is very approachable and has made improvements [to the service]." Another relative commented, "The manager is alright, she works shifts sometimes when they are short staffed, I think

that is good."

- Copies of meetings with people, relatives and staff showed they were consulted on how the service ran. One relative told us, "I'm able to raise any concerns and feel listened to."

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 Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The registered manager understood the need to be open and transparent with people and their relatives if something went wrong.
- The registered manager and provider were open throughout the inspection about what the service does well and what areas needed further improvement.
- It is a legal requirement that the overall rating from our last inspection is displayed. We found that the provider had displayed their rating as required.

Continuous learning and improving care; Working in partnership with others

- There was a plan in place for continuing improvement within the home, including the introduction of electronic medicine and care records.
- The regional support manager had spent two months working in the service, assisting in the review of care plans to improve their quality and providing additional support and guidance to the registered manager and staff team.
- The registered manager and nominated individual were receptive to feedback and proactive in making improvements.
- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed.

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  Improvements were needed to ensure the systems in place for monitoring and improving the service were fully effective.