

Regal Care Trading Ltd

Ashley Court 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

Ashley Court Care Home is a residential care home providing personal and nursing care for up to 38 people. The service provides support to older people, including people living with dementia. At the time of our inspection there were 33 people using the service.

The care home accommodates people across two floors, and on each floor, there is a lounge and dining area.

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

At the last inspection we identified missing information in two new staff members files such as references, recent photo and previous work history; the provider stated they would put support in place to ensure compliance. However, at this inspection we also found missing information in the two recruitment files viewed, such as, gaps in education and work history that had not been explored during the recruitment and selection process. After the inspection site visit the registered manager provided us with the missing information and told us they had completed a full audit on all staff files.

Reports carried out on behalf of the provider in February 2022 had identified essential repairs were needed to upgrade the fire alarm system. Following the inspection, the provider confirmed in writing that works to upgrade the fire alarm system had been completed on 29 August 2022.

Systems were in place to ensure medicines were ordered and disposed of safely and securely. However, good practice was not always followed when storing medicines. The procedures and record keeping for administering external medicines such as topical creams were unclear. The registered manager took immediate action during and after the inspection visit to rectify the areas identified.

Potential risks to people's care and safety were assessed and kept under review to promote their safety. For example, equipment such as floor sensor (alert) mats were used for people at increased risk of falls. Pressure relieving equipment was used for people with frailty and poor mobility to reduce the risks of skin damage.

People using the service and relatives confirmed there were enough staff available to meet the needs of people using the service.

People were protected from the risk of abuse and told us they felt safe. There was a positive inclusive culture in the home. Care was person centred and people's individual characteristics were considered and planned into care.

People and their relatives spoke highly of the staff and management team and felt included and well supported.

The registered manager and management team were open and transparent. They focussed on improving

the service. They worked in partnership with other health care professionals to achieve positive outcomes for 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.

Rating at last inspection and update

The last rating for this service was good (published 15 February 2021).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashley Court Care Home on our website at www.cqc.org.uk.

Why we inspected

We received concerns in relation to the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 monitor the service and will take further action if needed.

We have identified a breach in relation to staff recruitment.

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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Ashley Court 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector, a pharmacist specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashley Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 sought feedback from Healthwatch Northampton. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

During the inspection

We spoke with eight people using the service and two relatives, we sought their views about their experience of the care provided. We spoke with five care staff, the office administrator, laundry assistant, activity person, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 nine people's medicines records, the medicines storage systems and observed a medicines administration round. We reviewed the care records for two people using the service and the recruitment records for two newly appointed staff. The provider's policies and procedures and management quality assurance records were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Staffing and recruitment

- At the last inspection we identified missing information in two new staff members files such as references, recent photo and previous work history; the provider stated they would put support in place to ensure compliance. They confirmed following the last inspection, that audits of HR files were scheduled to take place twice per year. The second audit of 2022 due to take place in August 2022.
- At this inspection we reviewed two recruitment files for staff that started working at the service in April and May 2022. We found missing information in both files, such as, gaps in education and work history and conflicting information, that had not been scrutinised during the recruitment and selection process. Following the inspection, the provider confirmed they had taken steps to complete the missing information in both staff files. They told us they had also conducted an audit on all the staff files.

The provider had failed to operate robust recruitment and selection practices. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Disclosure and Barring Service check (DBS) were completed on all new staff employed at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff available to meet people's needs. One person said, "Staff come if I call them or need them. I like to leave my room door open, and the staff check if I am okay." Another person said, "The staff are nice, and they do respect my space. They are here to help day and night." We observed staff responded promptly to people's requests for assistance.

Assessing risk, safety monitoring and management

- A fire risk assessment completed by the provider in February 2022 identified essential repairs were needed to the fire panel. In addition, a fire alarm service in April 2022 identified a fault with the fire panel that required repairing / upgrading.
- The registered manager confirmed the fault with the fire panel was ongoing, and delays to repair the fire panel were due to contractors being unable to obtain the required parts. They confirmed the fire panel was very sensitive, but operational and would respond to fire detection. We saw records of weekly fire system tests were undertaken and firefighting equipment was regularly checked by an approved contractor.
- During the inspection the fire alarm system repeatedly beeped, indicating a fault had been detected. Each

time staff had to manually reset the fire panel. We noted periods when the bleeping went on for approximately 30 minutes before the alarm was reset, only to re-start again soon after. This coupled with the sound of the nurse call system sounding intermittently, was not conducive to promoting a calm environment for people to live in. Following the inspection, the registered manager provided confirmation that the provider had approved a contractor to start on upgrading the fire alarm system on 22 August 2022.

- Improvements had been made to risk assessment processes since the last inspection. Potential risks to people's care and safety were assessed and kept under review to promote their safety. For example, equipment such as floor sensor (alert) mats were used for people at increased risk of falls. One person said, "I have an alarm mat, it went off a couple of days ago because I had a fall, the staff found me quickly and called the GP."
- Pressure relieving equipment was used for people with frailty and poor mobility to reduce the risks of skin damage.

Using medicines safely

- Good practice was not always followed when storing medicines. For example, a drink belonging to a staff member was found in the dedicated medicine's fridge. The registered manager took immediate action for the removal of the drink and instructed all staff not to use the medicine's fridge to store drinks.
- In July 2022, an electronic recording system for external medicines was introduced. We found the records for administering external medicines, such as topical creams on the electronic system were unclear. The system was due to be reviewed at the end of July and beginning of August 2022. However, on bringing this to the attention of the registered manager they took immediate action during and after the inspection to rectify the areas identified for improvement.
- The medicines records had detailed person-centred information for when administering oral medicines to be given when required (PRN), such as pain-relieving medicines.
- Staff received appropriate training to support people with their medicines and their competency to administer medicines was regularly assessed.
- Systems were followed for reporting medicines related incidents. Records showed that prompt action was taken to reduce the likelihood of errors recurring to further improve the systems in place. One person said, "The medicines are fine, I count them every time, so I would know if one was missing."

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

- Staff undertook appropriate training on safeguarding that included the reporting procedures. The contact details of the local safeguarding authority and reporting procedures were on display within the home. One relative said, "I know [Name] is safe here, they are so well looked after."
- Records showed the registered manager responded to safeguarding concerns, accidents and incidents promptly and the outcomes were used to review and update systems and processes to promote people's safety. For example, an analysis of falls was undertaken to identify any themes or trends so that appropriate action was taken to reduce further falls risks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were applied for through the local authority to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider facilitated visits to people living at the home in accordance with current care home visiting guidance. A relative said, "We visit twice a week, sometimes more often."

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 our last inspection we rated this key question good. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and the nominated individual completed routine audits on all aspects of the service. However, the areas identified during the inspection, around staff recruitment and medicines management had not yet been identified in the audits.
- Audits in respect of staff recruitment files were scheduled to take place during February and August each year, whilst medication audits took place each month. The registered manager responded promptly to the inspection findings both during and after the inspection visit.
- Lengthy delays in the provider approving a contractor to upgrade the fire alarm system, impacted on the quality of the environment for people using the service and staff working in the service. Due to the fire alarm being constantly triggered, lengthy periods of the alarm sounding, and a reliance on staff to manually reset the fire panel each time.
- After the inspection visit, we received written confirmation from the provider that works to upgrade the fire system were completed on 29 August 2022 and the issue resolved.
- The registered manager had submitted statutory notifications to CQC informing of notifiable events as required by law. However, a notification had not been submitted to CQC when first becoming aware of the fault with the fire panel in February 2022. Following the inspection visit, they retrospectively submitted a notification to CQC informing us of the fault and the actions planned to upgrade the fire panel.
- The rating from the last inspection was displayed both inside the home and on the provider website, as also required by law.
- The provider had systems in place to assess and monitor the quality of the service delivered.

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

- People spoke positively about the experiences of care they received at the home. One person said, "If somebody is a bit worried the staff try to spend time and talk with them and hear what is wrong, I would describe the staff as professional and caring." Another said, "[Registered manager] is part of the team, I can rely on her. Maybe this home is not perfect, but I would not like to be living anywhere else."
- A relative said, "We know what a good home looks like, and this place is good, safe and solid. We are more than happy with the standards and quality of care; the staff will go over and above to keep all the residents safe and healthy. We looked at other care homes that maybe look more flashier, but we felt this home was what we were looking for. We have recommended this home to others."

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 was open and transparent in their response to accidents, incidents, complaints and concerns. One person said, "[Registered manager] is honest, if something can't be done, they will say so, it is a rarity in today's world when people try to please everybody." One relative said, "I think [Registered Manager] is very open and honest, she does not try to hide anything, we like that, and we appreciate that as a strength. Accidents happen, like falls, but how they are managed is important. We want to be told everything and we feel [Registered manager] does tell us everything."
- We found the registered manager and the nominated individual were open and transparent throughout the inspection and took immediate action to address the shortfalls found during the inspection.

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

- People were encouraged to provide feedback on the service. Quality assurance surveys were completed, and the outcomes and actions taken by the provider were shared with people and relatives. Opportunities were available for people to speak directly with the registered manager. One person said, "I prefer talking with [Registered manager] rather than writing or answering questions."
- Staff received appropriate supervision and support. Records showed staff received one to one supervision to discuss their work and development needs. Team meetings took place where information was shared, and key issues were discussed.

Working in partnership with others

- People's care records documented the involvement of healthcare professionals, such as GPs, district nurses, falls specialists and speech and language therapists to ensure positive outcomes for people using the service. One person said, "When I moved here, I changed my GP, the staff helped me to do that."
- Systems were in place to ensure when people move between care settings information about their healthcare needs and medicines was accurate and up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate robust recruitment and selection practices. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>