

Hinckley Care Limited

The Ashton Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

The Ashton Care Home is a residential and nursing home providing personal and nursing care to 53 people aged 65 and over at the time of our inspection. The service can support up to 72 people. Accommodation is provided on three floors. Residential care on the ground floor, dementia care on the first floor and nursing care on the second floor.

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

Shortfalls in quality monitoring had not led to an adverse impact on people.

Enough staff were deployed to meet people's needs in a timely way. Minor concerns over staffing levels on the ground floor had been acted on.

Care and support were delivered in a person-centred way, and planned with the person or their relative, but records did not always reflect this.

People received their medicines when they needed them but not all were stored securely. The environment was well maintained and free from infection and most equipment was appropriately checked.

People were safe and protected from abuse and avoidable harm by staff who had been recruited safely.

People were supported by kind and compassionate staff who usually knew them well. They had time to spend with people and involved them in making decisions about their care and support.

People were provided with a comfortable place to live and there were appropriate spaces to enable them to either spend time with others, or on their own.

People had their needs assessed and staff had the training and support they required to carry out their roles. People had access to the healthcare services they required. Staff worked closely with healthcare professionals and followed their advice and guidance.

People's nutritional needs were met, and they enjoyed their meals, and were given a choice of what that they liked.

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.

Complaints were taken seriously and used as an opportunity to learn and improve. People and staff were supported by their managers and were engaged and involved in service development.

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 requires improvement (published 25 January 2019) and there were multiple breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

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

The Ashton 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 one inspector, a specialist nurse advisor 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

The Ashton 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 did not have a manager registered with the Care Quality Commission. However, the current manager had applied to be the registered manager at the time of our inspection. Registered managers and providers 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. Inspection activity started on 28th January 2020 and ended on 31st January 2020.

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 including Healthwatch. 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. 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 this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, deputy manager, a nurse, senior care workers, care workers, the activities coordinator and a member of the kitchen and maintenance staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to quality assurance records.

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 improved to good. Where concerns over the potential risk to people's safety were highlighted action was taken to minimise them. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff deployed to support people in a timely manner. This was a breach of regulation 18 (Staffing) 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 18.

- There were sufficient numbers of staff to meet people's needs in a timely way but there were occasions when levels on the ground floor were inconsistent. One person told us, "Sometimes I feel there isn't enough staff to look after us properly. I have to wait a long time for help, they are under so much pressure." A care worker said, "We could do with more on the ground floor. We can end up running between the floors to help."
- We reviewed planned staff rotas which confirmed an increase of staff to the ground floor had recently been made. This assured us a consistent number of staff were now deployed.
- A dependency tool was used to determine the numbers and skill mix of staff required. This was reviewed when people's needs changed and when people were admitted and left the service.
- Communal areas were supervised, and staff provided support to people when they needed, and responded to call bells promptly.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure potential staff were suitable and had the right character and experience for their roles.

Using medicines safely

- People told us they received their medicines when they needed them. One person told us, "The nurse does my medication. I know what it is for and it is done correctly." Protocols were in place for people who were prescribed medicines 'as and when required'. People's medicine records also identified specific behaviours people may display when experiencing pain. This is important because people with dementia cannot always reliably express themselves to alert staff they may need pain relief.
- People's medicines were not always securely stored. Some food and fluid thickeners were stored in an unlocked cupboard in a communal area which people had unrestricted access to, and the main stock of thickeners were stored in a room where the temperature was above the manufacturers recommended level. We discussed this with the manager who immediately arranged for the medicine to be stored securely in the temperature controlled clinic room.

- Staff received training in the management and administration of medicine, and had their competency assessed to ensure safe practices were being followed. One nurse told us, "I have attended medicines management and administration training, my practice is checked, and I attend annual updates." We checked the nurses training record which confirmed they had recently undertaken a satisfactory competency assessment. An electronic Medication Administration Record (MAR) system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record.
- Staff supported people sensitively with their medicines. One staff member was observed to be sat next to a person when administering their medication. They asked the person, 'would you like to take it now?' After initial reluctance the person gave their consent when the staff member explained the benefits of the medicine.

Preventing and controlling infection

- People were mostly protected from the risk of infection. However, whilst people's mattresses were checked daily, staff were not aware of the need to check mattress cores. This is important as damaged mattress covers can lead to the core becoming contaminated which can spread health care acquired infections such as MRSA. We discussed this with the manager who confirmed there was no system currently in place for checking mattress cores. Following the inspection, the manager submitted evidence that checks of mattresses in line with current guidance had been introduced.
- Staff had access to and wore Personal Protective Equipment (PPE) when required. This included gloves and aprons when supporting people with their personal care needs. Staff confirmed they had received infection control training and were aware of the service's infection control policy.
- The environment was visibly clean throughout with schedules in place to ensure a good standard of cleanliness was maintained.
- One relative told us, "There has been an amazing improvement here since the new manager came. The hygiene and kitchen areas were a right mess, but they are much improved now."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed when they had first moved to the service. These included those associated with supporting people to move, the risk of falls, skin condition and people's nutrition and hydration, including any risk of choking. Records showed these risks were reviewed regularly to ensure people's risks continued to be safely managed.
- People had access to equipment to support them with their mobility. Staff were observed to be using appropriate moving and handling techniques when supporting people. One person told us, "I have all the equipment I need. I have an en-suite with a shower but last week I had a bath and they used the hoist so I could get in and out of the bath safely." A relative said, "[name] has everything they need to stay safe; bed rails, hoist, air mattress and a wheelchair.
- Personal emergency evacuation plans (PEEPs) ensured staff could support people to evacuate the service in the event of emergency. These included information for the number of staff required to support the person and referred to any equipment required.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they and their family members were safe. One person told us, "I do feel that I'm safe here." Another person said, "I am safe here and so are my personal belongings." One relative commented, "My [family member] has been here for three years and they are safe and well looked after here."
- The provider had systems in place to safeguard people from abuse and staff followed local safeguarding protocols when required. One staff member said, "I have completed the safeguarding training and the home has a policy on how to escalate concerns."

- Staff were trained to recognise the signs of abuse. They understood their responsibility to report any concerns, following the provider's safeguarding or whistleblowing procedures. One staff member said, "If I have any concerns for people, I inform the manager straight away and they take things seriously."

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. Action was taken to reduce further risk and staff were fully informed of any changes to people's care and support needs.
- Following a previous fire drill the head of maintenance identified not all staff followed the evacuation protocol correctly. The manager ensured all staff received refresher training and additional signage was installed following feedback by staff. During our inspection the fire alarm was activated. We saw how the procedure ensured people were evacuated in a timely way with staff following the training they had received.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were inducted into the service prior to delivering care tailored to their individual needs based on their experience.
- Staff were provided with access to training relevant to their role and this was regularly refreshed. One staff member told us, "We have on line and face to face training. We did moving and handling training recently which was good." A nurse told us they had attended specialist training in the management and prevention of pressure ulcers.
- Nurses working at the service had been supported by the registered manager to meet their requirements for revalidation and maintain their professional registration.
- Staff told us there had been improvements in the frequency of supervisions and appraisals and felt supported.

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

- People's nutritional needs were met, and where people's diets required monitoring, this was recorded. For example, one person needed their fluid intake monitoring closely to ensure they reached a daily target. Records confirmed this was consistently achieved.
- People were supported with their meals. We observed staff sitting with people at mealtimes offering support to those who required assistance. For example, one staff member was sat with a person describing their meal, it's temperature and asked the person whether they liked the meal. They were sensitive, stroking the person's hand to keep their attention, and gently coaxed them to eat leaving enough time between mouthfuls.
- The lunchtime experience was calm and relaxed. People appeared to be enjoying their meals with specialist cutlery and deep plates provided to support them to be independent as possible. One person told us, "The food is excellent here. There is always something I like, and we get lots of choice."
- People had a choice of meals and offered alternatives if they didn't want anything from the menu. Drinks and snacks were routinely provided throughout the day.

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

- People told us they had access to healthcare services when they needed them. One person said, "I have a catheter that is checked regularly, and I also see a chiropodist and an optician. The nurses here are very good too." Another person commented, "The doctor comes around on a Monday. If there is an urgent problem, they come to see us straight away."
- People's oral health was assessed, and care plans detailed how or what support people needed to

maintain their oral health.

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

- People and relatives made positive comments about the environment which was clean, modern and well presented. Bedrooms were personalised with photos and mementos displayed.
- People had safe access to internal and external communal areas.

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. We found that they were.

- Staff applied the principles of MCA. We observed staff seeking people's consent before providing support. People told us staff explained what they were doing and why and asked them if they were happy to receive support. Staff understood people's rights to refuse care.
- People were supported in the least restrictive way possible. People and their families had been involved during the assessment and planning process and care plans were signed to consent to care.

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

- People's needs were assessed, and they were consulted as to how they wished their care to be delivered prior to coming to live at the service. This made sure people's needs could be fully met and they were assured the necessary support was available.

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 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 told us staff were kind and caring and they felt respected. One relative told us, "The staff look after [family member] lovely." Another person told us, "I believe the new manager really cares about people here."
- Whilst permanent staff knew people well, some people commented this was not always the case when agency staff had been deployed. One person told us, "Up until recently it used to be a bit chaotic with different staff coming and going. To be fair though there has been a noticeable improvement since the new manager came."
- Interactions between people and staff were warm and respectful, and staff were engaging people in conversation throughout the inspection. Staff were discreet when people needed assistance. They reassured people who were anxious and distressed, and responded calmly and sensitively with reassurance of explanations of what they were doing.
- People were clean and well presented. They made positive comments having access to the onsite hairdresser which they said was important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff on the whole protected people's privacy and dignity. Conversations with people were discreet and staff knew the importance of supporting people with their care and support needs behind closed bedroom doors and curtains.
- Staff were observed knocking on people's doors before entering. However, we did note one person who was being hoisted in full view of other residents. We raised this with the manager who said they would remind staff of the importance of privacy when supporting people in communal areas.
- People were encouraged to participate in activities to maintain their independence. One person told us, "We [people] have wheelchair exercises through the week. Another person told us, "Staff encourage me to maintain my independence."

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

- People were able to express their views and felt confident in discussing with staff how they like their care and support to be delivered. Staff recognised the importance of this. One staff member told us, "We talk to people about their likes and dislikes."
- Residents meetings were held and where people found it difficult to express their views residents' 'representatives' had been recruited and they facilitated the meetings. This meant all the people had a voice in the service.
- Relatives told us their views and opinions of the service were listened to, but changes were not always

made. They told us the new manager was approachable and they made themselves available to them when needed.

- People could have access to an advocate who could support them to make decisions about their care and support. Information about these services were openly displayed. Advocates are independent of the service and support people to raise and communicate their wishes.

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.

At our last inspection the provider had failed to ensure records demonstrated people received care and support they needed. 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.

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

- During our previous inspection, people were at an increased risk of developing pressure ulcers because records showed they were not repositioned in a timely way. At this inspection records and staff's feedback confirmed these were now completed as planned. This meant people's skin care was now managed safely.
- Records confirmed people were supported by the appropriate number of staff. For example, where people required two members of staff to assist them with their care and support needs. This meant people received safe care.
- People's plans of care were followed, and staff told us they were given enough time to read them to understand people's needs. They contained people's support needs but were not always detailed or personalised. Staff received refresher training following the inspection, and an example of a completed plan was provided assuring us improvements had been made.
- Handovers between shifts were detailed which provided staff with any changes to people's care and support 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 could provide people with information in different formats if it was required. We saw some documentation had been produced in large print and pictorial form.
- Communication care plans were in place for each person to provide details of how best staff could ensure people understand and be involved in their care and support.

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

- Most people enjoyed the activities on offer and were able to follow their interests. One relative told us, "[Family member] loves the activities. They love the singers that come in." One person said, "We have a pianist, knitting club, and a lady comes to do my nails too." Another person commented, "The internet signal isn't very good, and it makes it difficult to use my computer."
- We observed staff support people during a dance and 'sing a long'. All the residents told us, they enjoyed themselves.
- People were supported to develop and maintain relationships with those important to them. One person told us, "I sit with my relative and we do the crossword together each day. This is important to me."
- An on-site cinema was popular with people and staff served snacks and drinks during films to replicate a community cinema. A church service was also held weekly.
- Relatives told us they were welcomed into the service at a time of their choosing. One relative told us, "I'm always made to feel welcome and the staff are very good".

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and easily accessible. People we spoke with knew who to talk to if they were unhappy about anything. One person told us, "I did make a complaint about nurses not coming when we asked them. Now things are much improved." Another person who complained to the manager after some items of clothing went missing told us, "The manager was really good about it. They took me to the local shopping centre and replaced the clothing they lost. It was a nice touch."

End of life care and support

- Care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes and these were recorded.
- A relative told us, "My family member has been here for two months on end of life care. The care has been excellent, they [staff] treated them with dignity."

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.

At our last inspection the provider had failed to ensure systems in place to monitor the service were effective. This was a breach of regulation 17 (Good Governance) 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.

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

- Areas for improvement identified at our previous inspection had been addressed. Staffing levels, risks to people's skin and people supported by the appropriate number of staff were now safely monitored.
- The system in place to audit care plans was not comprehensive. The audit did not include a qualitative section and only one care plan was included in the December 2019 audit which was not representative for the size of the service. The manager had recently introduced a more robust audit, and following the inspection sent us information assuring us this was in place.
- Concerns over the safe storage of one medicine, and mattress checks were rectified during the inspection.
- A range of other monthly audits were completed to monitor the quality of care provided.
- The manager took the concerns we identified seriously. They recognised the shortfalls and committed to making, and sustaining the improvements needed.

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

- The manager was a visible presence in the service undertaking daily 'walk arounds' to ensure such things as, staffing levels were appropriate, the environment was safe, and people were 'comfortable and happy'. Senior staff meetings took place daily to ensure important aspects of the quality and safety of the service were discussed.
- All of the staff made positive comments about the manager. One staff member said, "The manager is supportive, flexible and listens to us." Another said, "The manager has given the home 'direction' and turned it around. It's the best it has been."
- People and their relatives praised the manager. One person told us, "They are very approachable and always has time to talk to you. They are attentive both night and day and you are asked if you're ok." A relative told us, "The new manager is very good, efficient and nothing is too much trouble."

- Several compliments were on display in the service. One read, 'A kind and caring professional home. Many thanks for care advice and support to our [family member].

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

- The manager understood their legal responsibilities, they were open and transparent if things went wrong.
- They sent us notifications about things that may affect people using the service as they were required to.

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

- People, relatives and staff were encouraged and able to contribute during weekly and monthly meetings and informal conversations.
- There were mixed views of resident's meetings. Some people said action was taken following meetings where others did not. Staff overall felt team meetings were useful and the team worked well together and supported each other.
- People told us they enjoyed visits from students at a local college who worked with them to develop an individual life history book.

Continuous learning and improving care

- The manager was committed to improving the quality of the service. They said, "I have made changes to the service in the short time I have been here, and the feedback received has been positive [People, staff and relatives we spoke with confirmed this.] I recognise there is more to do here. I have recruited three more staff this week, there is only one vacancy to fill and the reliance upon agency staff has reduced. I feel I have the support of the staff and the organisation have made the funding available to me to make the improvements necessary."

Working in partnership with others

- Managers and staff worked in in partnership with key organisations, including the local authority, safeguarding teams and commissioners to support care provision and joined-up care.