North Yorkshire County Council

Ashfield (Malton) (North Yorkshire County Council)

Inspection report

Old Malton Road
Malton
North Yorkshire
YO17 7EY

Tel: 01653692371
Website: www.northyorks.gov.uk

Date of inspection visit:
25 January 2022
31 January 2022
04 February 2022

Date of publication:
08 April 2022

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
Ashfield (Malton) (North Yorkshire County Council) is a care home which provides accommodation and personal care for up to 31 older people including some who were living with dementia. At the time of inspection 16 people were using the service. Care is provided at Ashfield over two floors with lift access available. There are various communal areas that people can use, including lounges, a dining room and an activity room.

People's experience of using this service and what we found
People did not always receive a safe and well-led service. Care and support were not always tailored to meet people's specific needs. Care plans and risk assessments were not always personalised, and risks linked to people's care were not always considered, reviewed and monitored.

People's 'as and when required' medicines were not appropriately administered. Medicines audits were completed but did not identify the concerns found at this inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Quality assurance systems and processes were not effectively followed. Audits completed did not identify the shortfalls we found during the inspection. Records relating to people mental capacity needs were not always clear to show the provider followed the principles of the Mental Capacity Act 2005. We have made a recommendation about this.

Accidents and incidents were not continually analysed in line with the provider's process. Opportunities to learn lessons to continuously develop the service were missed.

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

Rating at last inspection
The last rating for this service was good (published 24 December 2019).

At our last inspection we recommended the provider considered current medicines guidelines relating to the use of 'as and when required' medicines and reviewed their approach to quality assurance systems in place at the service. At this inspection we found the provider had not fully acted on recommendations made and improvements had not been made.

Why we inspected

We undertook a targeted inspection to look at control measures in place for infection prevention and control. As part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the infection prevention and control (IPC) practice is safe and that services are compliant with IPC measures.

We inspected and found there was a concern with window safety and risk management so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement and Recommendations
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 breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up
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?

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.

Ashfield (Malton) (North Yorkshire County Council)

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.

Inspection team
One inspector visited the service on day one and three. Two inspectors visited the service on day two.

Service and service type
Ashfield (Malton) (North Yorkshire County Council) 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. Ashfield (Malton) (North Yorkshire County Council) is a care home without nursing care. 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
This inspection was announced on day one and two and unannounced on day three.

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 (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 three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, deputy manager, senior care workers and care workers.

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 continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and spoke with a professional who regularly visited the service.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Learning lessons when things go wrong

- People were at risk of harm due to poor information recorded in care plans. Care plans and risk assessments were not always in place or did not always contain information of the control measures for staff to follow to keep people safe.
- Care plans and risk assessment lacked detail, and information recorded was not consistent with advice from health professionals.
- Risks in relation to window safety had not been thoroughly assessed or mitigated. For example, bedroom windows were single paned glass and posed a risk of shattering, these risks had not been considered.
- Systems for monitoring accidents and incidents were inconsistent and not always followed. Opportunities to learn lessons from these were missed.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider informed us they were reviewing and updating all care plans and risk assessments for people. The provider also addressed the risks relating to window safety to ensure people remained safe, safety film was applied to all remaining single pane glass at the service.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had not made improvements.

- Improvements were still needed in relation to 'as and when required' (PRN) medicines. We identified one person who repeatedly refused their PRN medicine, no professional advice had been sought to explore alternative ways of administration. Failure to administer this medicine 'when required 'and as prescribed meant this person experienced distress when staff attended to their daily needs.
- Medicines which were prescribed to be given daily had been given 'as and when required', which conflicted with the original prescribing instructions. We could not be assured therefore the person was receiving the medicines as prescribed.
- PRN protocols were not always in place where needed. Staff were not always provided with information regarding the administration for topical medicines people received on a PRN basis.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were stored securely and disposed of correctly. Clinical rooms were clean and organised.
● Medication audits were completed on a regular basis but did not reflect shortfalls that we found during the inspection.

Preventing and controlling infection
● We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● Staff completed cleaning of high touch areas.
● Personal Protective Equipment (PPE) was not always stored correctly and was located around the service and exposed to cross contamination.
● Following the inspection, the provider sent us an IPC action plan which detailed the actions they had taken to address the concerns identified.
● At the time of this inspection, the provider's policy on visiting was aligned to government guidance and relatives told us they had been well informed about visiting procedures at the service.

Visiting in care homes
From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment
● There were enough staff to meet people needs. The provider was actively recruiting staff and was keeping the number of people at the service to a minimum until further recruitment was completed.
● The service used a dependency tool to calculate staffing requirements. Rotas showed consistent staffing levels were maintained. Contingency plans were in place to address any shortfalls in staffing.
● Staff recruitment processes were in place.

Systems and processes to safeguard people from the risk of abuse
● People felt safe at the service. Comments included, "It is a really safe service, the staff make me feel safe" and, "I am happy here, I am safer here than anywhere else."
● Staff had received training in how to keep people safe from abuse. They were clear on their responsibility and there was information available on how to raise concerns with external agencies.
● The registered manager liaised with the local safeguarding team to address concerns when they were raised.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection we recommended the provider reviewed their approach to quality assurance to ensure it is effective and act to update their practice. The provider had not made all of the required improvements.

- The provider had a clear audit schedule in place. However, systems and processes were not consistently followed to ensure the service was continually assessed or monitored for quality and safety in line with requirements.
- Records failed to identify the care people required or received; Care plans, risk assessments and monitoring charts were not always consistently completed or updated. For example, there were gaps in recording for people's personal care, fluid intake or positional changes. Daily records did not always contain all of the required information to demonstrate all care provided and care plans lacked accurate information for people.
- Documentation to evidence the additional cleaning of high touch areas were not consistently completed by staff.
- The principles of good quality assurance were not understood; audits were not always completed, and action plans were not followed up or structured to support effective monitoring at the service or to ensure continuous learning and improvements could be made.
- The provider had failed to learn and improve the service when advice was given from visiting professionals.

The provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records in relation to the Mental Capacity Act 2005 did not always included the required information to be assured that the MCA processes were followed and robust.

We recommend the provider consider current guidance on the principles of MCA and take action to update their practice accordingly.

● Following the inspection, the provider gave assurances that immediate action would be taken to address the points identified above. We received an action plan with clear timescales to address the concerns and inform how the improvements would be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

● Records did not contain personalised information about people's needs, risks they were exposed to or their preferences about how they wished to receive their care.

● We received mixed feedback about the management of the service. A staff member told us, "I don't always feel the management listen to our concerns." A health professional told us "I think there could be some improvements around communication, on a couple of occasions, I have given instructions that have not been passed on between staff."

● Staff knew people well and people were happy with the care and support they received. Comments included "It is lovely here, the staff are wonderful" and "I am very happy here, I have everything I need."

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 understood their responsibility under the duty of candour and was open and honest throughout the inspection process.

● The provider took immediate action to address the shortfalls identified during the inspection.

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

● People and staff received opportunities to provide feedback about the service.

● Relatives felt they were engaged in any changes at the service and the service has been extremely good at keeping them informed about their loved ones during the COVID-19 pandemic.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people were identified and mitigated. Medicines processes were not robust to keep people safe. Regulation 12 (2) (a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. Regulation 17 (2)(a)(c)