

Avery (Lucas Court) Limited

# Ashurst Mews 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 effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ashurst Mews Care Home is a residential care home providing personal and nursing care for up to 60 people aged 65 and over. At the time of the inspection there were 59 people living at the service.

Ashurst Mews Care Home is a purpose-built building providing en-suite rooms for three units across two floors. The ground floor is a residential unit, the second floor has two units one which specialises in supporting people living with dementia and the second provides nursing care. Each unit has a communal lounge and dining area. There are communal gardens and a cinema room which at the time of the inspection was being utilised as a COVID-19 testing and visiting area.

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

Risks to people were not always assessed and mitigated.

Systems and processes had not always ensured effective managerial oversight of the infection prevention, safety and quality of the service or identified and prioritised risks to people's safety.

There was a system in place to record accidents and incidents, but lessons had not always been learned.

There was not always enough staff to ensure people's needs were met. Staff did not always have the time to provide care in a timely way or fully support people's needs and preferences.

Some staff were overdue training updates and did not always feel supported by the registered manager.

Activities and entertainment were limited. People were supported to maintain contact with families.

Staff used personal protective equipment (PPE) appropriately and understood the importance of good hand hygiene. The home was clean and free from malodour. Visitors were screened and tested before entering the building to prevent the risk of infection from COVID-19. Staff were vaccinated as per the regulatory requirement.

People were encouraged to be as independent as possible. Staff were respectful of people's privacy and respected their personal space. People's Records were stored securely.

Complaints were managed in line with the providers policy and procedure

Resident and relative meetings took place and the registered manager made themselves available for meetings with people and their families when requested.

The registered manager had been open and transparent when things had gone wrong and submitted notifications as per the regulatory requirement.

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.

Systems and processes protected people from the risk of abuse. Staff understood the sign of abuse and how to report it.

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 outstanding (published 9 October 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about staff numbers, staff training, and the managerial oversight of the safety and quality of the service. A decision was made for us to inspect and examine those risks.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing numbers and the safety and managerial oversight of the service at this inspection.

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 not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive 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** ●

# Ashurst Mews 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.

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

This inspection was carried out by two inspectors 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

Ashurst Mews 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and 11 relatives about their experience of the care provided. We spoke with 15 members of staff including the regional manager, registered manager, deputy manager, a nurse, ten care workers and the chef. We also spoke with a professional who visits the service.

We reviewed a range of records. This included five 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 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 training data, quality assurance and maintenance 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 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; Using medicines safely; Preventing and controlling infection

- Environmental risks such as fire safety, water safety and safety of equipment had not consistently been monitored to mitigate risk. In the absence of a regular maintenance person between the months of June and October safety checks had only taken place on the limited occasions that a maintenance person attended site. This meant people had been exposed to an increased risk of harm.
- Risk assessments did not consistently identify risks or provide clear guidance to staff on how to reduce risks. For example, one person's risk assessments and care plan contained details on how, when and where they experienced falls. This information had not been used effectively to put measures in place to prevent falls and the person had continued to experience falls.
- Staff did not consistently record when they carried out regular checks to monitor people who were known to be at high risk of falls.
- Where a person was known to present in distress that may put themselves and others at risk, there was no clear guidance for staff to support them safely and identify the cause of the distress.
- Staff did not consistently record the reasons for giving 'as and when required' medicines (PRN). This meant there were no records for health professionals to review to establish if some people's PRN medicines were effective or needed.
- Individualised risk assessments were not in place for people who were at a higher risk of infection from COVID-19. For example, for people with dementia who may have more difficulty with maintaining social distance and require prompting for hand hygiene.
- There was no system for recording COVID-19 lateral flow test results for temporary care staff to ensure that people were protected from the risk of infection.
- Not all new staff had received current training in infection prevention and control and personal protective equipment (PPE).

The provider had not always ensured risks had been assessed and mitigated; This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An electronic system prevented the risk of medication errors and ensured the right person got the right medicine at the right time.
- Medicines were given by trained nursing staff or senior care staff depending on the needs of people. Medicines were stored securely and appropriately in line with guidance.

- The home was clean and free from malodour. Relatives told us the home was always very clean. One relative said, "Home is very clean, very high standards of cleanliness, always looks nice." A person told us that the home was cleaned frequently and they were happy with the standard of cleanliness in their room.
- The registered manager advised that staff requested evidence of COVID-19 lateral flow test results from temporary staff on arrival and following the inspection a system was implemented.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.

We have also signposted the provider to resources to develop their approach.

#### Staffing and recruitment

- There were not always enough staff to meet people's needs. There were vacancies in the service at the time of the inspection. Records and information from the registered manager, care staff, visiting professionals and our observations confirmed the home was sometimes short staffed.
- People did not feel there was always enough staff. One person told us, "There are too few staff for the level of need." Another person said that, "Staffing had had a big impact on care." A relative told us their family member often commented, "There's nobody (staff) about on an evening and at a weekend they are rushed off their feet." Another relative said, "I don't think there is enough staff."
- A staff member told us that staff had to prioritise keeping everyone safe and meeting basic care needs, which meant other areas of need were not met. They told us that, people often had to wait for long periods for help with washing and dressing and they often couldn't meet people's requests for baths, showers or companionship. Another staff member said, "Being understaffed is the hardest thing about the job".
- The provider did not use a tool to regularly calculate staffing numbers needed to meet people's needs. We were not reassured that the registered manager had a clear picture of what staff numbers were needed in each area. Two staff members shared their concerns with us regarding the number of falls in the home, believing that some people needed more staff support than they currently received.

The provider had not consistently ensured there were enough staff deployed to meet people's needs; This placed people at risk of harm. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and regional manager were open and transparent around the difficulties with recruiting and retaining staff during the COVID – 19 pandemic. During the inspection we saw that the deputy manager was deployed to support a unit with a staff shortage. A contingency plan was in place which included re-deploying staff and management around the home, deploying staff from sister homes and temporary staffing via an agency however, staff were not always available.

#### Learning lessons when things go wrong

- Systems and processes were in place for reporting and recording accidents and incidents. The registered manager had maintained oversight in this area, but lessons had not consistently been learnt. For example, risk assessments had been reviewed following accidents and incidents but the registered manager had not always recognised where improvements could be made to prevent further accident or incident.



Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff had received training in recognising the signs of abuse and understood how to report concerns. The provider had a dedicated number for staff to report concerns to if they did not feel comfortable reporting within the service.
- People told us they felt safe. One person spoke with us about how nice the staff were. A relative said, "I would say my relative is very safe there". Relatives told us they felt their family member would be able to speak to a staff member if they were worried or concerned.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff were overdue training refreshers. Following the inspection, the regional manager advised that trainers from some of the provider's other services were pooling resources to provide more training dates for staff to access.
- Staff received training and induction on joining the service which included shadowing a care staff member.
- Staff received a regular supervision from a senior member of the care team or a nurse. One staff member said there wasn't always an opportunity for discussion and they sometimes felt rushed due to time constraints.

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

- We were not reassured that people were supported to have enough fluid to maintain their health and wellbeing. Fluid records did not include a target to guide staff on how much people needed to drink in a day to remain hydrated. The regional manager told us this was reviewed and corrected following the inspection.
- Some staff felt there was not enough time to provide regular hot drinks for people. One staff member told us they felt bad that they could only offer cold drinks on days when there were less staff. A relative told us, "The other day, [relative] asked what time coffee would be served and staff told them 'we don't have time to do drinks today.'" People who were more independent had self-service access in communal areas to hot and cold drinks and snacks.
- The kitchen produced a choice of hot and cold meals which were well presented and supported good nutritional intake, there was extra helpings available to people if they wished and fortified dietary needs were met. Cultural needs were catered, staff had good knowledge in this area. We saw positive interactions, support and encouragement from staff who were kind, caring and imaginative when encouraging people to eat and drink.

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

- The provider had a program in place to support people living with dementia which including reminiscing with music, memory boards and memory boxes. However, only a small number of people had memory boards and no one had a memory box on the day of the inspection.
- The communal area had dementia friendly activities available for people to access independently which we saw people use during the inspection.
- People were able to personalise their rooms if they wished. We saw that some people had chosen to display personal possessions including photographs and ornaments and had changed soft furnishings to

their preference. Bathrooms were adapted to meet people's mobility needs.

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

- A thorough assessment of need was completed with people and their family's involvement prior to people being admitted to the service. Some risk assessments and care plans needed more information to ensure staff could support people safely. Risk calculation tools were completed. However, we highlighted errors for two people in a risk calculation tool to the registered manager who agreed to review the accuracy of the information.

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

- People were supported to access healthcare services as and when required, such as GP's, district nurses and dietitians.
- People's records contained readily available information such as, medical history and current medication to aid smooth transition into other services such as emergency healthcare. A visiting G.P told us, "The staff are incredibly caring and diligent in raising concerns with a GP" and "They [staff] make good decisions about the need for hospital or 999 calls." A relative said, " [Staff are] good at getting my relative seen by local GP, the surgery is very close."

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in the least restrictive way possible and in their best interest. Individualised mental capacity assessments were in place to reflect the decisions that people could not make for themselves, with evidence of family and professionals' involvement.
- DoLS had been applied for where required and staff had a good understanding of the mental capacity act. One staff member described how a person must not be restricted from moving just in case they fell as this was an unnecessary form of restraint.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The provider had not ensured people had always been well treated and supported, the issues we found around safety had put some people at an increased risk of harm. Staff did not feel they always had enough time to ensure people's holistic needs were met.
- Staff were kind and caring and were prioritising people's basic health and care needs during any periods of short staffing. One staff member told us, "we can't always provide people with a shower or bath when they requested as there just isn't the staff available to do this." We found gaps in some people's care records and were not reassured that people were always helped with teeth brushing and denture care.
- People's religious and cultural needs were recorded and met. One staff member was able to competently explain what was important to one person around their religion and how this was respected by the home. People had access to faith leaders as required.
- People and their families were involved in the care planning and review process as much as possible, their preferences, likes and dislikes were recorded.

Respecting and promoting people's privacy, dignity and independence

- Independence was supported as much as possible. People were supported to do as much as they could for themselves, we observed that staff did not take over tasks from people that they could do for themselves. Some people left the home to spend time with their family.
- People's privacy and dignity was respected, and staff had a good understanding in this area. We observed staff to knock doors prior to entry and introduce themselves. Staff closed doors and curtains while supporting with personal care and did not unnecessarily interrupt people's time in their room with family.
- Care records and personal information was stored securely and in line with regulatory requirement.

# 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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Records reflected there was limited entertainment and one to one activity for people. People had access to communal lounges, and we saw some people use these throughout the inspection to socialise with each other, there was music and staff led activities in some areas such as colouring and singing.
- The provider arranged for a singer and a pianist to attend the home weekly. This entertainment was provided on the ground floor, records did not reflect that these activities were offered or provided to people with more complex mobility and health issues. We did not see evidence of activities or use of communal space on nursing unit. However, a holistic therapist visited people in their rooms to provide hand and foot massages for people if they wished and there was also a regular hairdresser on site.

End of life care and support

- Peoples end of life care wishes were mostly discussed on admission and at reviews if needs changed and recorded in their care plans. This included who to contact, preferences and in some cases funeral arrangements. We identified one person who had been admitted to the service a few months prior to the inspection for end of life care who did not have an end of life care plan in place. This was in place by the second day of inspection when prompted by the inspector.
- Staff had access to people's end of life decisions in the case of emergency.

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

- Some peoples care plans needed further development to ensure their individualised needs could be met. People's likes, dislikes and preferences were recorded.
- We observed people offered choice around food and drinks and where they wanted to spend their time during the inspection. People who were less dependent on staff were observed to move around freely. We spoke with one person who told us they chose to spend time in their room and staff respected that. We observed another person in their room had their environment set to exactly how they liked it.

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 registered manager and provider had a good understanding of AIS and information could be made available in other formats where required such as large print or other languages.

Improving care quality in response to complaints or concerns

- People had access to a complaints policy which were also on the back of people's room doors for ease of reference. People and relatives told us that they knew how to make a complaint. Complaints were monitored by the registered manager for trends and patterns and were responded to in line with the providers policy and procedure.

# 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 outstanding. At this inspection this key question has now deteriorated 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 had not ensured regular safety checks were always completed in the absence of a maintenance person. Some processes were in place from sister homes; however, this was not always effective.
- Systems and processes had not always identified risks to people. The registered manager told us they completed a daily walk through of the home to monitor record keeping and risks in the environment. This process had not been effective in identifying all of the concerns we found during the inspection.
- The provider's audits and quality checks failed to identify risk assessments did not identify all risks or provide staff with the information they needed to mitigate the risks.
- The provider's infection prevention audits failed to identify the lack of COVID-19 risk assessments, and the lack of system to check and record staff COVID-19 lateral flow test results.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective oversight of the safety and quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home had been impacted by staff shortages, which had been a national problem during the pandemic. Some staff shared with us their concerns and frustrations around staff shortages and the care they were providing, they told us had not always felt well supported.
- The registered manager and regional manager were open and transparent throughout the inspection. The regional manager made some improvements immediately following the inspection to address some of the concerns we identified. The provider had asked for feedback from residents via a survey and had compiled an action plan to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was evidence of partnership working with other professionals including GP's, Dietitians and chiropodists. A relative told us, "[The service was] quick to get my relative seen by GP, if there's any issues,

[staff] always ring me to tell me what's going on."

- Group residents and relatives meetings with the registered manager via zoom had recently recommenced. In the latest meeting relatives had expressed concerns around the lack of activities within the home, the limited visiting arrangements, and staffing numbers. They were given a response to their concerns. One relative told us that they had volunteered their time to help with leisure activities but had not had a response.
- Staff meetings had not regularly taken place. A staff member told us meetings were not accessible to all as they were held in the day which made it difficult for night staff to attend. Not all staff felt able to share ideas with the registered manager with one staff member telling us there was, "No opportunity to share ideas or have opinions." Another staff member told us that staff meetings felt like instructions and not a place to share ideas.
- The registered manager was available for one to one meetings on request and one relative told us they had had several meetings with the registered manager who always made time to meet with them.
- Prior to the COVID-19 pandemic there had been good links with the community such as visits from schools, and local community organisations, the registered manager planned to resume those links safety permitting going forward.

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 had a good understanding of the duty of candour and had been open and transparent when things had gone wrong. Families had been kept informed around accidents and incidents and the registered manager had submitted statutory notifications to the Care Quality Commission when required.



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 had not consistently ensured that the service was safe and risks to people were mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not consistently maintained effective oversight of the safety and quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not consistently ensured there were enough staff deployed to meet peoples needs.