

Minster Care Management Limited

Ashgrove Care Home - Humberstone

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashgrove Care Home - Humberstone is a residential care home providing personal care to up to 56 people aged 65 and over, some of whom may be living with dementia. The service was supporting 27 people at the time of the inspection.

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

People and their relatives were happy with the care being provided and told us they felt safe. There were enough staff to meet people's needs and safe recruitment and selection processes were followed.

The registered manager focused on continuous improvement and had made changes since being in post. All staff we spoke with felt the changes were having a positive impact on the quality of care provided. People and their relatives felt the manager was approachable and would act on their feedback. The management team had good oversight of the service.

There were systems in place to ensure the safe management of medicines. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 1 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashgrove Care Home - Humberstone

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

One inspector carried out this inspection, and an Expert by Experience made telephone calls to people and their relatives. 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

Ashgrove Care Home - Humberstone 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.

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 inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

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.

During the inspection

We spoke with the registered manager, deputy manager, senior care worker and a nurse. We received feedback via email from five staff following the site visit. This included carers, night carers and a nurse. We spoke with seven people who used the service about their experience of the care provided. We spoke with six relatives via telephone. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were processes in place to ensure medicines were safely received, stored, administered and returned to pharmacy when they were no longer required. The registered manager had increased monitoring of medicines administration to improve quality in this area. Where errors had been made, these had been identified by the management team and action had been taken.
- Staff and nurses who supported people with their medicines were appropriately trained. Regular checks of their practice had been carried out.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- Staff had received training in safeguarding and had good knowledge.
- People and their relatives felt the service was safe. Relatives said, "[name] is safe there because of the practises they put in place there" and "[Name] is definitely safe, there is security on the door and always staff visible."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and reviewed on a regular basis. Staff had knowledge of people's needs and associated risks.
- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The environment and equipment had regular checks, and these were recorded.
- Accidents and incidents were analysed by the management team and the provider to look for themes and trends. Learning had been captured and action taken where required.

Staffing and recruitment

- We observed enough staff and nurses available to support people's needs. People, relatives and staff felt staffing levels were sometimes an issue but that this did not put people at risk. People told us, "I have never been short of attention, but they could do with a few more carers", "I think there needs to be more staff but I am happy with them" and "Staff are nice when they come. However, sometimes I will ring the bell and nothing will happen." The registered manager said they are now monitoring call bell response times in line with staffing levels and will continue to review staffing on an ongoing basis.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- Visiting arrangements followed current government guidelines. Risk assessments and care plans were in place to support safe visits to the care home and when people visited family and/or friends.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Governance systems were in place to identify and address any shortfalls in quality, this drove forward improvement. The registered manager was open and honest about areas for improvement they had identified and evidenced they had promptly acted to address these. For example, we identified some records which were not consistently completed to evidence care given. The management team had already identified this and implemented a new monitoring chart for seniors to check these records had been completed appropriately.
- The provider had oversight of the service through electronic monitoring systems. Monthly reports were collated and shared with the provider to aid their oversight.
- People, relatives and staff were positive about the registered manager and their leadership. A staff member said, "[Name of registered manager] has pulled the home around and made it a lot better." One person said, "The registered manager is approachable, and they are lovely. It is well run as far as I can see" and a relative told us, "The registered manager knows everything that is going on. They keep me informed and up to date. It is well run and organised."
- The management team engaged with people receiving care, their relatives and staff. For example, staff were open and honest in survey feedback to the registered manager and felt their opinion was listened to. A relative told us, "The registered manager is very good and approachable, and they would take things on board and would act on them."
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 responsibility in relation to duty of candour.
- There was a positive culture within the service. Staff told us they felt they worked together as a team to meet people's needs. This included sharing knowledge and skills between carers and nurses.