

Lux & Lux Care Ltd

Ashlands Nursing Home

Inspection report

Turnpike
Rossendale
Lancashire
BB4 9DU

Date of inspection visit:
02 August 2022
03 August 2022

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05 September 2022

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

Ashlands Nursing Home is a residential care home providing nursing care for up to a maximum of 21 people. The service provides support to older people. At the time of our inspection there were 15 people using the service.

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

People were generally happy living in the home and satisfied with the service. However, we found there were significant shortfalls in relation to staff recruitment processes. Whilst we received concerns about the level of staffing, there were sufficient staff on duty during the inspection. Staff understood how to protect people from harm or discrimination, however, not all staff had completed safeguarding training and the provider's policy and procedure needed updating. We also raised a safeguarding alert following our visit. The nominated individual took immediate action to address the concerns. Individual risks had been assessed, but the assessments were not always updated. There were no environmental risk assessments. People were satisfied with the support they received with their medicines, however, the records for the administration of prescribed creams had not been completed consistently. The home had a satisfactory standard of cleanliness, however, there were no housekeeping staff on duty during the inspection and care staff were carrying out the cleaning duties.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, there were no supporting care plans in relation to Deprivation of Liberty applications. People were mostly satisfied with the food. However, dietary records were not consistently completed, and pureed food was prepared as one meal rather than separate portions. There were arrangements for staff training, however, we made a recommendation about ensuring new staff complete the provider's mandatory training in a timely manner. The premises were a listed historical building and whilst some refurbishment had been completed, other areas would benefit from attention.

People were mostly satisfied with the care provided. However, we noted most people were cared for in bed, which meant there was little change in their lives. There was no evidence seen to demonstrate people had been involved in their care plan or consulted about the operation of the home. People were generally complimentary about the approach taken by the staff.

People had individual care plans, however, not all plans were fully completed and staff told us they had little time to read the plans. Records of care were maintained, but these did not cover people's emotional wellbeing and there were also gaps in people's daily monitoring charts. People told us there were limited activities and we did not see any activities taking place during the inspection. This meant there was an increased risk of social isolation.

We received concerns about the management of the service both before and during the inspection. Whilst

staff told us the manager was approachable, they were not sufficiently visible in the home. We discussed this matter with the nominated individual who made immediate arrangements to address this issue. There were some basic audits, but these did not cover the operation of the home. The audits were ineffective in maintaining and improving the quality of the service. There were also gaps in people's records. Whilst the nominated individual was involved in the home, we saw no evidence of provider audits or oversight reports.

The nominated individual was committed to making the necessary improvements to the service and sent us information on their actions following the inspection.

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

Rating at the last inspection

This service was registered with us on 21 December 2020 and this is the first inspection. We carried out a targeted inspection, published 25 February 2022, which did not provide a rating for the service.

The last rating for the service under the previous provider was good, published on 20 April 2018. The rating at this inspection is requires improvement.

Why we inspected

The inspection was prompted in part due to concerns in relation to staffing issues, the environment, medicines management, quality of care, record keeping and the management of the home.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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 the recruitment of new staff, the governance systems and record keeping. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always 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.

Ashlands Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

An inspector and an Expert by Experience undertook the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector visited the service on day two.

Service and service type

Ashlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashlands Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home, six members of staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building and reviewed a range of records. This included five people's care documentation, two staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

The provider sent us information about their planned actions in response to the findings of the inspection and sent us copies of additional documentation.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider's recruitment processes were not effective. We looked at two staff files and noted shortfalls in the documentation and regulatory checks. This included a failure to obtain a full history of employment and evidence of satisfactory conduct in previous employment.
- There was no recruitment and selection policy and procedure. This meant there was no guidance on how to safely recruit new staff.

The provider had failed to establish and operate an effective recruitment procedure. This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to and during the inspection, we received concerns about the number of staff on duty. One person told us, "Staff are 'pushed to the wall' sometimes" and another commented, "Sometimes the staff are busy and we have to wait a while. They are run off their feet." We looked at the rota and noted arrangements had been made for a consistent level of staffing. There were sufficient staff on duty during the inspection.

Assessing risk, safety monitoring and management

- Whilst individual risks had been assessed, the assessments were not always updated following falls. Staff also told us they did not routinely read and consult people's care plans and risk assessments as part of daily practice. This meant there was the risk of inconsistent and unsafe care.
- Environmental risks had not always been assessed. The provider had a business continuity plan, which was due to be reviewed. This included a Covid-19 response plan.
- We looked at the safety certificates, with the exception of the gas safety certificate all certificates were up to date. The electrical safety certificate was not available. The nominated individual explained work was ongoing to renew both certificates.
- The provider had arrangements for routine repairs and maintenance, however, the maintenance book had not been updated when work had been completed. We also noted not all people were able to use the assisted bathing facilities. This meant people were mostly supported to wash in bed.

Following the inspection, the nominated individual told us they would ensure all documentation was updated and they would purchase bath slings to help support more people to have a bath.

Using medicines safely

- People were happy with the support they received for their medicines. One person said, "I get my medication every day at the right time."

- People's medicines were stored in locked cupboards in their bedrooms. This meant people received their medicines at the best time for them.
- The records for prescribed creams had not been completed consistently and we could not be assured the cream was being applied in line with the prescriber's instructions.

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

- Staff were aware of safeguarding procedures and where to report in the event of an alert. However, not all new staff had completed training and the safeguarding procedure needed to be updated in line with local protocols.
- A safeguarding alert was raised following the inspection. The provider took immediate action following consultation with the local authority.
- The manager and staff had maintained a record of accidents and incidents and made referrals to other organisations, as appropriate.
- The manager had carried out an analysis of the accident and incident data to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

How well are people protected by the prevention and control of infection?

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured the provider was admitting people safely to the service.
- We were assured the staff were using personal protective equipment (PPE) effectively and safely. However, there were occasions when staff let their masks slip down.
- We were assured the provider was accessing testing for people using the service and staff, as appropriate.
- We were assured the provider was making sure infection outbreaks could be effectively managed.
- We were assured the provider's infection prevention and control policy was up to date and was being reviewed regularly.
- We were somewhat assured the provider was promoting safety through hygiene practices of the premises. The premises had a satisfactory standard of cleanliness, however, there were no housekeeping staff on duty during the inspection. Although the care staff were carrying out the cleaning duties, the cleaning records had not been completed since 21 July 2022.

Visiting in care homes

People were supported to have visitors and maintain contact with their friends and families in line with government guidance. We observed visitors talking with people in all areas of the home during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- People told us the staff were efficient and knowledgeable. One person said, "I think staff have been trained. They know what they are doing."
- The manager maintained a training matrix; however, this had not been updated and was not reflective of the completed staff training.
- The provider had identified mandatory training for all staff, however, new staff had not completed the training and were providing care without completing all the necessary safety courses. A member of staff told us; they had relied on more experienced staff to learn how best to provide people's care.

We recommend the provider seeks advice and guidance from a reputable source to ensure all staff complete the mandatory training in a timely way and all new staff complete a thorough induction programme.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support. However, people had not always signed consent to care forms.
- Appropriate DoLS applications had been submitted to the local authority and copies had been added to people's files. However, we saw no supporting care plans setting out the reasons for the applications and the least restrictive options of care. The nominated individual assured this documentation would be developed.

- Associated conditions on approved applications had been met.

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

- An assessment of needs was usually completed before a person moved into the home, either by the manager or a trusted assessor at the hospital. We saw a completed assessment and noted it covered all aspects of people's needs. People were invited to visit before making the decision to move in.
- People's diverse needs were considered during the assessment process. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

- People were mostly satisfied with the environment. The service was based in a converted historical building set in its own grounds. While some rooms had been decorated in keeping with the style of the building, we noted some areas of the home would benefit from refurbishment. The nominated individual explained there was a programme of ongoing refurbishment.
- People were able personalise their rooms with their own belongings.

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

- People were supported to access healthcare services. Staff had developed supportive relationships with other agencies and professionals to ensure people received advice and support with their medical needs. We spoke with a visiting healthcare professional, who provided us with positive feedback about the service.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- People were mostly satisfied with the food provided. One person told us, "The food is okay. It's a standard meal with an alternative. We are asked daily" and another person commented, "It's a set menu. If you don't fancy it, they give you something else."
- People were supported to maintain a balanced diet. Risks to their nutrition and hydration had been assessed and documented in their care plan. Where people were deemed at risk, there were arrangements in place for staff to monitor people's food and fluid intake. However, the monitoring charts were not consistently completed.
- We observed people needing pureed food had their complete meal blended and put into a bowl together. The manager offered to source appropriate moulds so food could be presented in separate portions.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were generally satisfied with the care and support provided. One person told us, "The carers are usually respectful and nice. I have never felt uncomfortable" and another person said, "I'm well treated. Staff have a good attitude." However, we raised a safeguarding alert following the inspection, which prompted an immediate response from the provider.
- People received support with their personal care needs, however, most people were cared for in bed. This meant there was little change in their lives.
- We observed sensitive and caring interactions between people living in the home and the staff.
- Staff spoken with during the inspection, understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

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

- People were supported to express their views and were consulted daily on their preferred routines and choices. Staff included people in decisions about their care and gave people time to voice their wishes. However, we saw no evidence to demonstrate people were involved in the development and review of their care plans.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Privacy screening was provided in shared rooms.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The provider had arrangements for developing personalised care plans, however, not all plans were fully completed.
- Whilst all staff had access to people's care plans, they told us they rarely read the care plans and didn't consult the documents as part of daily practice. This meant the staff may not be fully aware of people's needs and preferences.
- While records of care had been maintained these did not consider people's emotional wellbeing. There were also gaps in the daily monitoring charts such as repositioning charts, oral health and hair and nails. Staff assured us care had been carried out, but they didn't have enough time to complete the charts.

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

- People told us there were limited activities. One person commented, "There are no activities. There was previously an activity coordinator, but that's gone by the by" and another person said, "I get fed up of being in bed all day."
- Following the inspection, the nominated individual informed us staff initiated various small activities and entertainers visited the home, however, not all people chose to join in and none of the activities had been documented.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or the use of pictures.
- There was a section in the assessment and care planning documentation to provide staff with information about people's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.
- The manager kept records of complaint investigations and outcome letters.

End of life care and support

- People were supported to have comfortable and dignified end of life care. Where appropriate, people's end of life wishes, and preferences were recorded and reviewed as part of the care planning process.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Before and during the inspection, we received concerns about the management of the home. Staff and people living in the home all said the manager was approachable but not sufficiently visible in the home. This had resulted in a number of unresolved issues. We discussed this situation with the nominated individual and they immediately made alternative management arrangements.
- The provider had systems and processes to assess and monitor the quality of the service; however, these were not effective. Whilst we saw evidence of some basic audits, these did not cover all aspects of the operation of the home.
- Whilst it was evident the nominated individual was involved in the operation of the home; we saw no ongoing audits or oversight reports completed by the provider or the provider's representative.
- We found people's records were incomplete and care plans were not always reflective of people's current needs and circumstances. There were also gaps in people's daily monitoring charts such as food and fluid intake, repositioning charts and personal care charts. In addition, there were shortfalls in the recruitment records of new staff and the administration of prescribed creams, as well as staff training and maintenance records.
- The manager told us staff were invited to individual and group meetings to discuss the service, however, in the absence of effective audits it was difficult to determine continuous learning and ongoing improvement.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. These findings constituted a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual told us they were committed to making the necessary improvements to the service and took action during and following the inspection to begin this process. They confirmed the management arrangements after our visit.

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

- People told us they were usually consulted about daily aspects of their care. However, they also commented on the lack of consultation. One person said, "There are no questionnaires, surveys or resident's meetings" and another person told us, "They have mentioned having a meeting, but nothing has happened

yet."

- We saw no evidence of any group residents' meetings during 2022 and whilst we were sent three feedback forms from relatives, people living in the home had not had the opportunity to complete a satisfaction survey. This meant people had limited opportunities to express their views on the service.
- The manager and staff worked in partnership with external agencies to learn and share knowledge and information.
- Staff understood the diverse needs of the people they supported.

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

- Whilst the nominated individual and manager were working to promote a positive culture, staff morale was low at the time of the inspection. This was due to the lack of leadership and management oversight. The nominated individual made more robust arrangements as a result of the inspection findings.
- The manager understood their responsibility under the duty of candour.
- The nominated individual was open about the areas requiring improvement at the service and the work they were doing and planning to address shortfalls.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. (Regulation 17 (1) (2) (a) (b) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had failed to establish and operate an effective recruitment procedure. (Regulation 19 (2)).