

Isys Care Limited

Ashdale 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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashdale Care Home is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

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

Risks associated with people's care and support had not always been updated when their care needs had changed, or incidents had occurred. Medicines were not always managed safely by suitable trained staff. Accidents and incidents were not always investigated.

People were not always supported to have maximum choice and control of their lives and were not being supported 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 were not always robust to identify the shortfalls we found during the inspection. The provider asked people to give feedback about the quality of they received.

People told us they felt safe at the home. Staff were aware of how to safeguard people from abuse. There were enough staff to support people safely and meet their needs. People were supported by staff who used a personalised approach to care and asked people for their preferences and consent.

People, their relatives and staff thought the registered manager was approachable if they had any concerns and they spoke to them regularly about the quality of their care. Where required, the staff referred people to external professionals for more specialised support and advice.

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

Rating at last inspection and update

The last rating for this service was good (published 19 March 2020).

At our last inspection we recommended that the provider considers current guidance and ensures all staff fully understand and demonstrate a good working knowledge of the Mental Capacity Act 2005. At this inspection we found that the management team were still not fully aware about the requirements relating to assessing people's capacity.

Why we inspected

The inspection was prompted in part due to concerns received about people's care plans, risk assessment and documentation, premises and medicines. 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.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led section of this report. You can see what action we have asked the provider to take at the end of this full report.

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

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, management of medicines, consent to 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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashdale 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 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

This inspection was carried out by two inspectors and pharmacist specialist. An Expert by Experience made phone calls after the on-site inspection to people's relatives to gather their feedback about the care people received. 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

Ashdale Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Ashdale Care 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 May 2022 and ended on 27 May 2022. We visited the service on 22 and 23 May 2022.

What we did before 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 four people about their experience of using the service and one relative. We spoke with seven staff including the registered manager, deputy manager, a nurse, senior carer, carer, kitchen and domestic staff. We made phone calls to eight relatives to get their feedback about care provided to their family members. We reviewed a range of records, including care plans and risk assessments, medication administration records, staff files, staff rotas, and audits. We spoke with the local authority contracting team and Clinical Commissioning Group.

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

- Systems to identify risks to the health and safety of people who use the service were not always effective.
- Where risk to people had been identified, risk assessments were in place. However, they were not robust and lacked clear guidance for staff on how to support people safely. For example, risk assessments for moving and handling or catheter care were not specific for each person. Risk assessments for people who were at risk of developing sore skin did not always include clear guidance for staff about how frequently to support people to change position and some records were incomplete.
- Risk relating to fire safety were not always fully considered. People had emergency evacuation plans (PEEPs), but they did not have enough information detailing the emergency procedure in the event of a fire. Staff had not taken part in regular fire drills. Fire drills allow staff to practice evacuation procedures in a simulated situation to ensure they are fully aware of how to safely exit the building. This put people at increased risk.
- Risks to people's safety were not always monitored and managed ensure appropriate action was taken to mitigate future risk. For example, when people had fallen over there was no analysis to identify whether the fall was preventable and there was no clear information regarding action taken to mitigate the risks of the person falling again. This meant the provider could not always make sure that action would be taken to stop similar incidents from happening again.

Using medicines safely

- People's medicines were not always managed safely.
- We saw records of one person who had been prescribed a sedative when required. The records showed this medicine had been administered daily for at least 4 months without a recorded reason. There was no record of escalation of this to the person's GP. Taking a sedative regularly may cause dependence and increases the risk of side effects. We raised this with the manager on inspection to review with the GP.
- Person specific guidance was available to support staff when administering 'when required' (PRN) medicines. However, staff were not always recording the time, reason or outcome for the person receiving the medicine. This meant the effectiveness of the medicine could not always be reviewed.
- There was no system in place to ensure that topical medicines were applied as prescribed by the GP. We looked at the administration records for two people who had been prescribed an antibacterial cream. The topical administration records showed that the cream had not been applied as frequently as prescribed. However, the medication administration records showed no gaps in administration. This means that people with skin conditions may not be being treated appropriately and that the records were not being completed accurately. This had not been identified as an issue by the provider.

We found no evidence people were harmed; however, risks to people's safety and risks relating to safe management of medicines had not been effectively assessed and managed. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls we found about assessing and managing the risks to people, people and their relatives told us they received good and safe care. Staff knew people very well and knew how to look after them safely. Staff were aware of when people needed regular repositioning and knew people dietary requirements.
- The management team worked with the local authority and health commissioners to review people's social and health needs and implemented improvement plans.
- Staff treated people with dignity and respect when administering medicines and understood how each person liked to take their medicines. Person centred information was available to support staff to do this.
- Medicines were stored securely, and medicine trolleys were locked when left unattended in communal areas.

Staffing and recruitment

- Staff were recruited safely but some improvements were required. Most of the required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks and obtaining up to date references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Some longstanding staff had not had their DBS checks renewed for over 10 years. DBS checks do not have an official expiry date however the provider had not produced their own policies with regards to renewing staff DBS checks.
- The provider was actively recruiting new staff and relied on use of agency staff. The registered manager told us they used the same agency and block-booked the same agency nurses to ensure consistent care to people.
- On the days of our inspection there were enough staff available to support people to stay safe and meet their needs. The provider completed a dependency tool to determine safe staffing levels in the service. One relative told us, "There are enough staff. They are always up and down, always popping in."
- People and their relatives told us that regular staff were very caring and compassionate. Comments included, "The girls (carers) are lovely. [Person] is in their room all day and every day. They chat to [person] when they go in", and another relative said, "Carers are lovely. They look after [person] well. Cannot fault them."

Preventing and controlling infection

- We looked around the home to check the environment and saw further work and modernisation was required throughout the house and its grounds. There was chipped paintwork, damaged doors and door frames in parts of the home. The carpets were visibly stained and worn in places. The service was very cluttered, this included the management office and communal areas. This would make these areas difficult to keep clean.
- We were somewhat assured the provider's infection prevention and control policy was up to date. The policies and procedures were not detailed and had not always reflected government latest guidance.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had not used recommended tools to monitor and recognise when people may be deteriorating or at risk of physical deterioration during the outbreak of COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.

Visiting in care homes

- Visiting took place in line with the government guidance in place at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from potential abuse.
- People told us they felt safe living in the home and would report any concerns about their safety to care staff or registered manager. People's relatives told us that they had no concerns about people's safety. One relative told us, "[family member] is safe and secure".
- Policies and procedures were in place to guide staff on their responsibilities for safeguarding people from the risk of abuse. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Staff told us they were confident in identifying and reporting safeguarding concerns to the registered manager and the management team.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last comprehensive inspection, we recommend the provider considers current guidance and ensures all staff fully understand and demonstrate a good working knowledge of the Mental Capacity Act 2005.

- The provider did not have effective systems to make sure staff fully understood the requirements about people's consent.
- The management team did not always seek people's consent to make informed choices about care and treatment they received. We looked at a sample of capacity assessments, for people who were deemed not have capacity to make particular decisions about aspects of their care and found them to lack important information and details. There was no evidence to show how people's relatives or friends were involved in gathering feedback. Best interest decisions were solely taken by the management team without involving others. This is not in line with the principles of The Act.
- We were not assured the management team had good understanding of the principles of the Mental Capacity Act and actions where people were potentially deprived of their liberty were not always taken in a timely manner.
- This was also identified during recent local authority visit after which the management team had reviewed some of the capacity assessments and was in process of reviewing others.

People were not always supported with appropriate or specific mental capacity assessments related to their care. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We had spoken to one person who told us they were at the service for a respite period; however, they recognised their health needs had declined and they were considering staying at Ashdale Care Home permanently.
- Where needed DOLS applications were submitted.
- Staff requested people's consent before carrying out tasks. A staff member told us, "We always ask for consent before doing anything."

Staff support: induction, training, skills and experience

- The registered manager told us they recently changed their training provider and staff were in a process of completing a new training programme. At the time of our inspection we looked at current and previous training record and we found not all staff had completed their mandatory training. After the inspection, during feedback sessions, the registered manager confirmed all but one staff had now completed their required training and we saw a record confirming this.
- We were unable to confirm when staff had last completed a refresher practical part of moving and handling training. The registered manager told us they were in a process of sourcing appropriate external training provider to re-train staff in safe moving and handling. Despite our findings about staff training, staff had the skills and experience to meet people's needs. Most regular staff employed at the service had been there for many years and had previously received appropriate training.
- Newly appointed and agency staff had not completed formal induction when they first started. Each new staff entering a care home should be given an induction to ensure they have everything they need to do their job properly, such as information about people's needs, their medicine or fire safety brief. There was a risk that new or agency staff would not be equipped with the necessary information and knowledge to do their job safely and effectively.
- Nursing staff had regular medicines competency assessments. However, there was no record of training or assessments for carers who were applying topical medicines and checking controlled drugs (medicines requiring additional control due to their potential for misuse).
- Staff told us they felt supported by the management team and felt able to gain support from them at any time. At the time of our inspection, staff supervision record was not made available to us, however following feedback session, the registered manager shared with us a copy of staff supervision schedule which showed staff had received regular supervisions.

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

- People's needs were assessed before they moved into the home. However, pre-admission assessments were not always comprehensive and lacked person centred details, such as personal preferences, likes and dislikes or personal history. There was lack of evidence of the involvement of people or their relatives with their care plans.
- People's care plans were regularly reviewed. Changes to people's care were recorded on the 'evaluation sheets' at the back of the care plans; although, the initial documents were not updated. This was confusing for the readers because the changes were not reflected in the care plans which meant the care plans provided outdated information. This put people at increased risk of not receiving appropriate care.
- People's medicine related care plans were difficult to follow and did not always have specific guidance for staff to monitor side effects and effectiveness of medicines. For example, we looked at a care plan for a person with Parkinson's disease prescribed a medicine at specific times to help with their mobility. This was not mentioned in the care plan.

- The provider used nationally recognisable tools to determine the level of support people required. We found some assessment were not used effectively to monitor people's changing needs. For example, a tool to monitor people's weight was in place, however, it was not always evaluated when people lost or gained weight. There was a risk that this information was not always easy to access or monitor.
- The management team had an action plan in place and told us they were going to review each person's care plans to ensure the recorded information was accurate and reflecting people's needs.

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

- Kitchen staff told us some people required their food to be of pureed consistency, and they would blend food components individually. However, they did not have any food moulds available to make the food more presentable and appetising. After the inspection the deputy manager told us there was a full set of food moulds available to make food presentable and appetising, but the kitchen staff were unsure how to use them.
- At the time of our inspection there was only one set of adaptive cutlery available for one person. This meant that people were not always given appropriate aids to encourage and promote their independence. After the inspection the deputy manager told us additional adaptive cutlery was purchased.
- Relatives gave us mixed feedback about the quality of the food served. Some said their family members were happy with the food, others said the variety and quality of food was poor. One relative said, "The cook tells [person] what's on offer and [person] chooses what they want", another relative told us, "Food is not brilliant, menu never alters, they still give [family member] food [person] does not like after we told manager about it but it continues."
- We saw no evidence of involvement of people in planning their menus or any evidence of seeking feedback from people about the quality of food. We saw most people chose to eat their meals in their own rooms and where people required assistance with their food, this was provided.
- Staff were aware of people's dietary needs and people who required a specialist diet. Kitchen staff had information available to them about people's dietary needs.

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

- The physical environment was not decorated or adapted to a consistent standard to meet people's needs.
- We found most areas of the environment cluttered and in need of updating. For example, due to lack of storage, two big filing cabinets were stored in the main lounge. Items of equipment such as hoists or weighing scales were left in corridors. There were many posters and memo's for staff stuck to the walls in most communal areas. This made the environment feel very un-homely. We saw there was a lot of dust on windowsills and windows were dirty.
- There was enough equipment, such as moving and handling, provided for staff to support people safely. The equipment had been serviced regularly.
- People's bedrooms were personalised with their own belongings, photographs of their family members and clean.

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

- Staff worked with other agencies and healthcare services to provide people with effective care.
- Staff were knowledgeable about people's healthcare needs; they knew how to recognise when a person was unwell. Staff requested healthcare support when this was needed and followed the advice given such as from GP, district nurse or dietitian.
- The relatives told us they had no concerns about the support their loved one received and felt that appropriate help and support from health professionals was sought when needed. One relative told us,

"They are good at getting the GP in, they look after [person] well. [Person] has a DNR (do not resuscitate) and I have discussed with GP what would happen if [person] needs treatment.

- Some people had achieved positive outcomes and their health improved because of the care given by staff. Other relative told us, "[Person] came to Ashdale when [person] needed more care and was admitted on palliative care. [Relative] has improved. Due to the level care from Ashdale [person] is stable."



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. At this inspection the rating has changed 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

- Measures to monitor the quality of the care provided were not always effective, this meant the registered manager did not have a full oversight of issues at the service to drive improvements.
- Quality audits lacked meaningful content regarding aspects of the service. For example, the registered manager conducted regular medicines audits to check if medicines were managed safely but had not identified any issues we found on inspection.
- Equipment used to safely move and transfer people such as hoists and slings was available and was regularly serviced by a competent person. However, there were no formal other checks carried out by staff before the equipment was used to ensure it was fully functional and damage free.
- Audits completed by the registered manager to ensure peoples' care plans and risk assessments reflected their current needs, were not effective. Risk assessments had not been completed in full to ensure staff had the relevant information to support people safely. Care plans contained out of date information.
- There was no formal process in place to review and analyse accidents and incidents when they happened. We found no systems or processes to record and investigate medicines related errors. This meant learning had been missed and people could continue to be at risk of repeated incidents.
- Staff, including agency staff, were not always supported with necessary induction when they first started working at the service. The provider had not always ensured staff had received all training relevant to their role.
- Provider's own policies and procedures were outdated and not always reflected the latest guidance or best practice. For example, the medicines policy available for staff to use, had a review date of 2012. When asked, the provider was not able to provide us with a copy of the revised policy.

Systems and processes to monitor the quality of care and monitor staff were not always effective. 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

- The management team had developed service action plan following quality assurance from local council and Clinical Commissioning Group and was working closely with them to improve quality of care at the service.
- After our inspection the provider told us formal checks of peoples care records to ensure they were fully completed and to ensure equipment was fully functional were implemented.

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

- People's cultural and religious beliefs were recorded, and staff were aware how to support people considering their equality characteristics. We saw an example where the registered manager had supported one person to see the priest upon their request.
- Staff gave us positive feedback about the registered manager and the management team. They said there was an open-door policy where staff could raise issues if they needed to. Staff told us they felt supported and listened to.
- The provider had sought feedback about quality of care from people living at the home through quality questionnaires.

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 registered manager understood their responsibility of the duty of candour and promoted a culture of openness and transparency.
- The registered manager kept people's relatives informed when people's needs had changed or about any accidents or incidents affecting their family member. Relatives confirmed this and told us that communication was good.

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

- People and relatives were positive about the service. A relative told us, "I am in regular contact with the managers and the owner. They have been helpful when trying to sort out [relative's] future. Its old fashioned but that is why we went to it."
- We saw that staff were compassionate, kind and cared for people as individuals. We saw positive interactions between staff and people throughout both days. Staff clearly knew people well. One relative told us, "Ashdale standards of care are good. They make sure [person] is comfortable."

Working in partnership with others

- The service worked in partnership with professionals to ensure people were in good health. People were supported by a range of healthcare professionals.
- The registered manager told us they had a good working relationship with the pharmacy, the local GP surgery and the district nurses.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider and the registered manager failed to ensure people appropriate mental capacity assessments related to their care were completed in timely manner.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider and the registered manager had failed to ensure medicines were administered safely and risks to people were identified and appropriately managed,

The enforcement action we took:

We issued a warning notice.

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 and the registered manager had failed to ensure governance systems were robust enough to demonstrate effective oversight of the quality and safety of the service.

The enforcement action we took:

We issued a warning notice.