

W Scott

Ascot House - Nottingham

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ascot house is a residential care home providing personal care for up to 20 people aged 65 and over. At the time of our inspection there were 18 people using the service.

The care home comprises of a row of terraced houses which have been adapted into one large home.

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

The environment was poorly maintained, unclean and not furnished to a good standard. The décor and furnishings were old and in a state of disrepair and most needed replacing. Management had failed to mitigate risk related to poor upkeep of the home and had failed to assess the impact over a sustained period.

Staff competency was not adequately assessed in key areas such as fire safety and administering medication. This meant that management could not be confident that care staff were fully competent in carrying out these duties. Staff training was not monitored or managed well. Staff were out of date with some training which was important to be able to support people safely.

People told us that their health was well managed, and staff had positive links with professionals which promoted wellbeing for them.

Staff had a good knowledge of how to keep people safe from avoidable harm. People told us that they felt safe living at the service. However, staff did not receive regular formal supervisions to ensure that they were competent and also to give them support.

People were supported to take their medicine in a safe way, however, medication competency checks were not fit for purpose and did not cover people being observed giving medication.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

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.

Records showed that when people became unwell or required additional support they had access to a range of health and social care professionals in respect of their wellbeing.

Enforcement

We found breaches in safe care and treatment in relation to infection control, Good governance in relation

to management oversight and also in staffing in relation to staff training and competency.

Rating at last inspection: The last rating for this service was good (published 26 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 Ascot House on our website at www.cqc.org.uk.

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 caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always Well-Led

Details are in our Well-Led findings below

Requires Improvement ●

Ascot House - Nottingham

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ascot House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

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.

Preventing and controlling infection

- The service did not manage the control of infection. The carpet throughout the property was heavily stained. Anti-slip flooring in bathrooms and toilets were torn and not adequately welded. This meant that urine and other contaminants could soak through creating a build-up of bacteria causing malodour.
- In one person's bedroom there was peeling paint on the pipes underneath the sink. We also saw that there was a chair in the room which was heavily stained.
- We observed that personal protective equipment (PPE) was available but the containers used to dispense aprons was old and rusty.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were not always assessed, managed and regularly reviewed effectively. The flooring throughout the home was different types and colours which could pose a risk to those suffering from dementia. For example, the carpet in one part of the lounge was a pale grey and the ramp to the next level was navy blue.
- We observed areas where there were more minor level changes in flooring where there was a metal joint. The joint was highlighted by yellow tape but remained a risk to people with walking aids and those at risk of falls.
- We saw that there were no completed grab sheets for hospital admission. This is a current document which includes essential information regarding health and welfare including the next of kin. This posed a risk to people if they did have an emergency admission, they may not receive appropriate treatment or medication for their needs.
- Risk assessments were in place within the care planning, staff understood where people needed support to reduce the risk of avoidable harm. However, this was not reflected in the environment of the home which created avoidable risk to people using the service..

The failure to mitigate risks and to protect people from the risk of infection is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with knew about people's individual risks in detail and could tell us how risks were managed and monitored.

Systems and processes to safeguard people from the risk of abuse

- One person told us that they felt safe at the home, "Staff look after us and make sure we are safe."
- Staff were trained in safeguarding and knew how to recognise the signs of abuse. Staff we spoke with said they wouldn't hesitate to challenge anyone who they felt were not behaving appropriately towards a person and they would also report this to a senior or the registered manager.
- Staff were aware of the whistle blowing policy. This allowed staff to raise concerns anonymously when they had concerns about anything they felt was not right about.

Staffing and recruitment

- The number of staff on duty was sufficient to meet people's needs. One member of staff told us "There are enough staff to look after people, people here have very different needs."
- Staff recruitment was safe. Pre-employment checks were carried out prior to a staff member starting in post to ensure that they were suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained.

Using medicines safely

- Medicines were administered in a safe way.
- Medicine administration records were all signed for when medicine had been given and there were no missing signatures. People received their medicine when prescribed and there was a system in place for ordering repeat medicines.
- Staff who gave medication had been given knowledge tests, but formal competency assessments had not been carried out. Competency checks are important to ensure that staff are administering medication competently and safely.
- Regular audits of medicines were carried out and the senior had a good understanding of the checks and audits required to keep medicines safe.
- The fridge temperature for the storage of medicines requiring refrigeration was taken every day. This ensured the medicine would be the correct temperature to maintain its effectiveness.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.
- Feedback was sought from people and their relatives and then this was acted upon and the outcome published in the home's newsletter.

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

- Staff did not always have the necessary training to enable them to undertake their job role. We looked at the staff training matrix and saw the training for some staff was out of date for first aid. Six members of staff also were not trained in moving and handling. This meant that they should not be moving or transferring people as this could pose a risk of people sustaining an injury. The manager told us at times there may only be one member of staff on duty who was trained in manual handling. This meant at those times people who required two staff to support them would not get the support they required safely or in a timely way.
- Staff had received an induction to the service and training suitable for their roles.
- Tests of staff competency were not completed with regard to fire safety. We saw that there were competency questionnaires in staff files. Three of these contained blank spaces where staff should have put where fire escapes and firefighting equipment were located. This meant that staff did not have a full understanding of what action they would take if there was a fire. This was part of the induction process to ensure that staff had an awareness of what actions to take in the event of a fire to familiarise themselves with the building.
- Staff did not have regular supervisions. We saw supervisions in the files but the most recent was from March 2019. Staff told us that they felt supported and the registered manager told us that supervisions would be carried out more regularly at least every two months.

The failure to ensure that staff have the qualifications, competencies, skills and experience is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff meetings were carried out regularly and relevant information and updates were included in their discussions.

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

- People's needs were assessed before they moved in to make sure that the service was suitable for them. However, records we reviewed did not always accurately reflect current needs. The registered manager told us that they were working on the care planning to improve the information and the way the information was displayed.
- People received their care and support by staff who knew how they liked things done.

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

- People were supported to receive meals which suited their dietary requirements. People told us that they liked the food. One person said, "I enjoy the food and I eat anything anyway, it's all alright."
- We observed people having lunch and staff were interacting with people appropriately and asking if they had everything that they needed.
- The registered manager explained that they had different dining areas which suited people who wanted to associate with others over mealtimes and those who preferred to eat on their own.

Staff working with other agencies to provide consistent, effective, timely care

- Staff arranged timely referrals to a variety of different healthcare professionals. One staff member told us that they knew when people needed to see a healthcare professional and would refer them on.
- The service had good relationships with visiting professionals.

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

- The service had a lift which was wide enough for wheelchair access so that people who were less mobile could access the first floor.
- The interior of the property required significant refurbishment. The provider told us that they were going to decorate. However, the delay in acting on these issues, such as the frayed carpets, has placed the safety of people at risk'.

Supporting people to live healthier lives, access healthcare services and support

- The provider told us that they had forged excellent relationships with local healthcare services and they felt that this supported the small healthcare providers in the community. This included a local optician, chiropodist and a dentist as they recognised the importance of oral health.
- People had their weights monitored regularly and they were encouraged to eat a healthy balanced diet.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of our inspection one person had a DoLS in place and three had been applied for.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that people were treated with kindness and were positive about the staff's caring attitude.
- One person told us, "The staff are good and I enjoy helping with preparing meals."
- People had a life history section in their care planning which gave staff some valuable information to help build positive relationships with people.
- During our inspection a minister visited and told us that he visited one person frequently and had been involved with the home for some years. He made visits to speak with people and support those who wanted support or spiritual guidance.
- Staff received training on equality and diversity and looking to develop this further the registered manager told us, "There are some deep rooted prejudice around sexuality and we want to promote equality and appreciate that people are all different."
- One staff member said, "One resident said that they were depressed, and we went about seeing if there were any underlying issues as to why they felt so low. We worked with the person and brought them out of their shell and now they talk to the staff team and has gone on outings with other people."

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

- People were offered options and supported to make choices over their daily lives at the home.
- Information on advocacy services was available in the home. An advocate is a person independent from the home and can come in to support a person to share their views and wishes if they want support.
- Visitors were welcome at any time. One person told us, "I really enjoy it when my son comes and my friend, they always let me know if they can't make it sometimes, then I don't get my hopes up."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, we saw staff knocking on doors before entering.
- Staff maintained confidentiality and records were kept safe. People's right to privacy and confidentiality was respected.
- One staff member told us, "People are really well looked after, they have plenty to eat and drink and outings."
- People were supported to remain as independent as possible. There was a small drinks station where they could help themselves to refreshments when they wanted.

- Activities tended to be on a one to one basis and led by the person and what interested them.

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 good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred and contained relevant and in-depth information on people living at the service.
- People were involved in decision making regarding all aspects of their care and support. Regular meetings took place for people and their relatives this was to gain their views on all aspects of the home and the care they provided.
- Staff were knowledgeable about people's needs and preferences, they talked to us about people's needs and what activities they liked to do.

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.

- Information was available in accessible formats when people needed it. For example, larger print or pictorial format.
- People were given information in a format which suited their needs and staff knew how people preferred information shared with them.

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

- One staff member told us, "They all like to do different things, one person wants to go to the bike museum, some like to go on walks and others just like relaxing in the garden."
- People were given a choice regarding how they liked to spend their time. We observed staff talking to people and one person told us, "I like films, cinema and theatre, although I prefer the more technical side of theatre."
- Visitors could see people at any time and they were encouraged to where possible.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed to. People told us that they were comfortable talking to the registered manager or staff if they were unhappy.
- There was a clear procedure in place for complaints and this was followed through to a resolution

including any lessons learned.

- People were given opportunities to share their views and opinions with staff and others living at the home.

End of life care and support

- There was no end of life care plans developed at the service. The manager told us that they had given the matter some thought but people were reluctant to discuss palliative care. We talked through the importance of this and how this could be achieved with the registered manager and the senior. Before the end of the inspection they had started to talk to one person and managed to put together a care plan for end of life.
- The registered manager told us that they would be developing this further so that everyone using the service had a plan for end of life care. This included preferences relating to protected characteristics, cultural and spiritual needs.

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 good. 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

- Although the provider had recognised that improvements to the environment were required, they had not taken the required action. This resulted in a lack of oversight in the auditing of the environment and the home being in a state of disrepair. This posed an infection control and a safety risk to people using the service.
- There was a lack of understanding of service, delivery, design and oversight. Small areas of flooring had been replaced but with different quality, colours and styles, this posed a risk to people living with dementia. This posed a risk to those living at the service especially people with mobility aids and those who required two people to support them to mobilise and transfer and those who may be at risk of falls
- There was a lack of oversight with staff training, some training was out of date and this had not been managed effectively. This posed a risk to people using the service with staff being unable to support people effectively.

The lack of appropriate quality assurance and assessment of risk is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people.

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

- Staff told us that they felt listened to and that the registered manager and provider were approachable.
- The provider and manager showed a commitment to providing good quality, person centred care and support.
- Managers positively encouraged feedback from people regarding the service and listened to what they wanted to support improvements.

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 was very open and honest regarding the décor and carpets at the service and had plans for

improvements.

- The registered manager understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.

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

- The service had good links with the local community and the provider told us that they promoted using local services and healthcare professionals. This reflected the needs and preferences of people in its care and ensured that they received timely appointments for oral health, chiropody and eye care.
- The service involved people and their relatives in day to day discussions about their care in a meaningful way. This encouraged people to be involved in choices about both their environment and the care they received.

Continuous learning and improving care

- The provider told us that they were keen to make improvements and were keen to engage with other services for the benefit of people there.
- The staff we spoke with said that they would feel confident to report accidents and incidents and that learning or recommendations from incidents were shared with them. We observed this in staff handover.

Working in partnership with others

- The provider told us that they had good relationships with visiting health professionals. They also looked to forging local relationships with would benefit the people living at the service.
- The provider was keen to engage with services who they felt would improve the lives of those living at the service. They had already forged good working relationships with a local dentist, optician and Chiropodist.

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 failure to ensure people's safe care and treatment in relation to infection control and to prevent people from receiving unsafe care and treatment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to have effective governance and auditing systems and processes to assess, monitor and drive improvement in the quality and safety of the services provided
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to ensure that staff have the qualifications, competencies, skills and experience and the failure to adopt a systematic approach to this, to ensure the service is safe and always meets the needs of people.