

Hinckley Care Limited

The Ashton Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

The Ashton Care Home is a residential and nursing care home providing accommodation to people who require personal and nursing care to up to 77 people. At the time of our inspection there were 29 people using the service.

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

People received safe care and treatment. Changes and improvements had been made to people's care plans and risk assessments which reflected their needs and provided staff with guidance about how to safely support them.

People received medicines safely.

Staff were observed wearing personal protective equipment (PPE) in accordance with government guidance.

People were supported by caring staff who knew them.

People were supported to engage in activities that were meaningful to them. Staff were provided with information to enable them to safely meet people's needs in accordance with best practice guidelines.

Significant improvements had been made to systems and processes used to manage the service. The registered manager had worked hard with the team to make improvements required at the service.

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.

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 requires improvement (published 2 February 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30 December 2020. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

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. This included checking the provider was meeting COVID-19 vaccination requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Ashton 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by three inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Ashton Care 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. The Ashton 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.

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. The provider was not asked to complete 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 spoke with two people who used the service. We spoke with 13 members of staff including the registered manager, deputy manager, regional director, unit manager, senior care workers, care workers, activities co-ordinator, kitchen staff and administrator.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with six relatives of people living at the service about their experience of the care provided.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines were managed and administered safely and failed to ensure people always received safe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were managed safely. At our previous inspection we identified several concerns with medicines management that placed people at risk. The provider acted on our concerns and at this inspection we found medicines were managed safely.
- People who required their medicines to be administered covertly (e.g. hidden in food or drink) had authorisations in place from their G.P and the recommended administration method followed.
- Protocols were in place where people were prescribed 'as and when required' medicines (PRN) for pain relief and for medicines that required close supervision and monitoring, such as transdermal patches (medicines applied directly to the skin).
- Medicines were stored safely. Fridge and room temperatures were checked daily and the clinic room was clean and free from clutter; all of which were previously not.
- Staff received checks and regular refreshers of their training to ensure they remained competent, and frequent audits were in place.
- A new medicines management system was to be implemented the day after our inspection. The provider and staff we spoke with told us they were confident the system would further improve medicines management, and promptly identify any error so action could be taken. One staff member told us, "I'm glad we are having a new system as the old one caused us [medicines administration staff] lots of problems."

Assessing risk, safety monitoring and management

- People's care needs had been assessed. Improvements had been made to information recorded in care plans which enabled accurate risk assessments to be put in place. Staff had all relevant information available to them which allowed them to monitor and manage people's needs and risks safely.
- The environment was safely monitored. At the previous inspection areas of the service which may have posed a risk to people had been accessible. During this inspection we found these areas locked off and measures to ensure areas were safe were in place.
- Practices to monitor risks and changing need was embedded. Weekly clinical risk meetings and daily handovers were in place and people of concern were discussed. Actions to make referrals to relevant health care professionals or monitor fluid intake/check people's skin was recorded and followed up.

Staffing and recruitment

- Staff were recruited safely. We reviewed recruitment files and found safe recruitment processes had been followed. Disclosure and Barring Service (DBS) checks had been made. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There appeared to be enough staff to safely meet people's needs. We observed staff providing care to people in a calm way, and there was not any delay to call bells being answered. Staff told us there were enough staff available to respond to and meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff were aware of and understood safeguarding procedures. Safeguarding concerns were reported to the local authority and investigated appropriately by the registered manager.
- People felt safe. People and their relatives felt the service provided safe care and treatment to them. One relative told us, "[person's name] is very safe. I see how the carers work and look after [person's name], I have no need for concern."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Measures were in place to ensure safe visiting at the service. People were visited by their relatives and government guidance was followed by the service.

Learning lessons when things go wrong

- Lessons were learned. The registered manager had implemented many changes to the service and was aware of the importance of taking learning from any incidents or concerns that occurred. Learning was shared with staff to reduce the likelihood of incidents occurring again in the future.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent and experienced staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Improvements to staff training had been made. Staff were provided with personal development plans. The registered manager had introduced new plans which were tailored to individual staff member's needs. This enabled staff to develop interests and skills relevant to their roles, which ultimately promoted the wellbeing of people living at the service.
- Staff received regular supervisions. One member of staff told us, "Supervisions are good. I can talk openly about any concerns I have. They ask me about my health and anything outside of work too."

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

- Improvements had been made to care plans. We reviewed some people's care plans and information that would allow staff to safely care for people was in place. This meant staff worked in line with best practice and guidance to achieve effective outcomes for people.
- Care plans were in place which reflected people's choices and wishes. Care plans were person centred which reflected people's likes and dislikes. This level of detail and guidance provided staff with information to support people in a way they were happy with.
- Pressure mats, sensors and call bells were used to alert staff of people's movement. This meant staff could monitor people whilst allowing them to have their own independence and privacy in their bedrooms. We observed staff responding to call bells in a timely way during the inspection.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisation conditions were evidenced. We reviewed records for people who were subject to DoLS conditions and improvements had been made to recording how they were met. This meant we could be assured the service were ensuring people's liberty was not unnecessarily deprived.
- MCA assessments were completed where people lacked capacity to make specific decisions about their care needs. Assessments were recorded and best interest decisions were made in collaboration with people's relatives and relevant health and social care professionals.
- Staff consistently sought consent from people before providing care and support. We observed staff seeking permission before carrying out care. One relative told us, "[staff] ask their permission; [person's name] can say yes and no." Another relative told us, "the staff communicate with [person's name] in a friendly manner; they always let [person's name] know what they are going to do."

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

- People were supported to eat and drink a healthy and nutritious diet. There was a choice of meals and people's preference was sought. Where people requested an alternative meal, this was provided. People's relatives told us meals served at the service was good and their relatives enjoyed what was provided.
- People assessed for needing assistance with their meals were supported by staff appropriately. During breakfast and lunch times we observed staff helping people in dining rooms and bedrooms with their meal. Throughout the inspection people were provided with regular drinks and snacks.

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

- People's rooms were personalised. People had decorated their bedrooms with personal items such as photographs and keepsakes which were familiar to them. This helped people to feel settled in their bedrooms.
- The registered manager had plans in place to complete an environmental review of the service. The registered manager was going to visit a sister service to gain ideas on how to introduce more dementia friendly décor at the service. This would help to improve people's wellbeing who were living with Dementia.
- People were able to access areas of the service such as quiet lounges and cinema rooms. This meant people had choices about where they spent their time.

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

- People's health needs were monitored. Staff responded to people's changing health needs and made referrals to relevant health and social care professionals accordingly. For example, we saw evidence dietitians, opticians and the GP were contacted where there were concerns about a person's presentation.
- People's health needs were promoted. Staff had worked closely with health and social care professionals to reduce medicines a person was prescribed. This had a significant positive impact upon their physical and mental health, and alternative ways to support the person was used, rather than resorting to medicines.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Staff were caring. We observed warm interactions between staff and people living at the service. One person told us, "They're very nice to us and they know what they are doing." A relative told us, "The staff are lovely they care about [person's name]."
- We observed staff delivering compassionate care. Staff spoke to people in a sensitive way offering reassurance when needed. One staff member told us, "We always ensure [person's name] has their teddy with them. We recognise that this helps them feel comfortable."
- People were supported by staff who knew them. Staff knew people's personal histories and backgrounds and were able to use this knowledge to provide people's care.

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

- People were involved in making decisions about their care. Staff took time to speak with people to understand their wishes and adapted how they communicated dependent upon people's levels of understanding.
- People living at the service were able to share their views about what they wanted. The registered manager took steps to ensure their wishes were acted upon.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. When staff were providing personal care in people's rooms doors were closed.
- A dignity tree had been introduced to find out what dignity meant to all the people living at the service. This helped staff to promote practice that ensured people were treated with dignity at all times.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 recorded people's health needs fully. Improvements to care plans had been made and information about how to care for people's health needs were available to staff. This supported staff to provide personalised care.
- The service had decided to implement a new system of recording care plans and risk assessments as the current system was not effective. Management at the service were very positive about the new system and were looking forward to using it.
- Staff demonstrated they treated people as individuals and could describe their routines. This included recognising people's preferences around support to socialise and wish for reflective time alone.

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.

- People's communication needs were assessed. Information about how to ensure people could communicate was available in their care plans. The service could provide information to people in a number of different formats such as large print and braille. This meant people would be able to have more choice and control over their lives as they could access information to help them make decisions.
- People were supported to use technology. The use of video calls and the internet were available to people which helped them to maintain contact with their relatives.

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 were supported to maintain relationships that were important to them, both inside and outside the service. For example, a daily 'coffee morning' was attended by several people and they told us how they benefited from this social event. One person told us, "We come here every day for a chat. You don't have to be involved in a conversation, but you can spend time with people which is good."
- People were provided with access to a wide range of activities. People who could not take part in group sessions were provided with 1:1 support to enable them to participate. For example, during the inspection we saw people supported in groups and individually to take part in kinetic sand activities.
- We observed a member of staff supporting people with activities between their caring role. One member

of staff sat with two people in the dining room colouring and using an interactive table. They told us, "[person's name] and [person's name] really like colouring so I always try and do it when I can."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. Complaints and concerns were investigated and explored with people. While relatives told us they had not needed to complain, they felt their concerns would be listened to and acted upon by the registered manager.

End of life care and support

- People were supported at the end stages of their lives. People had care plans in place which detailed their last wishes. Staff were able to access care plans so they would be able to ensure the person's last wishes were acted upon.

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure quality assurance, systems and processes were in place to keep people safe. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Improvements to the governance of the service had been made. The registered manager had worked hard to develop and embed processes and systems to identify and manage risks at the service.
- Quality assurance audits were completed. Findings from audits were analysed and action plans implemented to improve people's outcomes and quality of the care provided at the service.
- There was oversight of the service. Monitoring systems and processes were working effectively and were being embedded in the service which allowed the registered manager to identify any areas of concern, and equally any examples of good practice. The regional director and provider completed monitoring and oversight visits which provided other opportunities to drive changes and improvements at the service.
- The culture of the service was open and transparent. The registered manager had developed an open-door policy and wanted to empower staff to share their views and make improvements at the service.
- Management at the service was visible. The registered manager and deputy manager had a strong presence at the service and took time to understand and interact with people living at the service, relatives and staff alike. One staff member told us, "I can go to my managers at any time if I have a concern."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 was aware of their responsibility to notify CQC of incidents as they occurred. Statutory notifications along with detailed root cause analysis were completed by the registered manager and reviewed on a regular basis.
- The registered manager took action if incidents occurred. Relatives told us they were informed if their family member had fallen or were unwell. One relative told us, "The staff call me all the time if there are any issues; they called me at 11pm one night to let me know [person's name] had a [health condition]." The

registered manager completed an analysis of any incidents to try and prevent them from reoccurring. This information was then shared with staff.

- There was a strong focus on continuous learning. The registered manager was invested in developing staff knowledge and staff had a willingness to learn improve their skills and practice.

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

- Staff were encouraged to share their views and ideas on how to shape the service. For example, staff feedback led to improvements to how outpatients' appointments were managed. This was positively commented on by the outpatient's department and has improved the experiences of people and staff attending the appointment.
- Information was shared with people and their relatives. Regular meetings for people living at the service and their relatives took place. One relative told us, "I attend the monthly meetings via Microsoft Teams so I have been involved. The staff have taken on suggestions which is good." Monthly newsletters are produced which keep people and their relatives up to date with events and activities taking place at the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals. Effective working relationships had been established with local partner agencies to enable appropriate health care interventions to be sought.