Mauricare Limited

Ashfield House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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
Ashfield House is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 47 people over two floors.

People's experience of using this service and what we found
The provider had made improvements in the service since taking over in December 2020. The improvements will need to be sustained over time and as the number of people living in the home increases. There is a new registered manager in post who will need time to establish and maintain standards of people's care in the home.

Risks to people had been identified and recorded and, where needed, action had been taken to keep people safe.

The overall management of infection control within the service was effective. However, further actions are needed to ensure best practice in correct use of personal protective equipment (PPE) and the guidance given to visitors.

People's safety had been considered and their medicines were administered as needed. The number of staff on duty ensured they were able to provide people with the care and support needed. Staff training was in place and staff were supported in their roles. People's nutritional choices and preferences were known and appropriate healthcare professionals were involved in people's care and treatment.

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 did not support this practice.

People chose how they spent their time and staff were able to spend time with them. Staff were able to tell us about each person's needs and wishes and knew how to meet these

Care plans detailed people's care needs and took account of the person and their preferences. Where complaints had been made, the provider had investigated and responded to these.

Rating at last inspection
This service was registered with us on 8 December 2020 and this is the first inspection. The last rating for the service under the previous provider was inadequate, published on 20 May 2020.

Why we inspected
The inspection was prompted in part due to concerns received about staffing and management in the home. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

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?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Ashfield House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team
Four inspectors undertook this inspection 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
Ashfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had recently appointed a manager registered with the Care Quality Commission who is returning to work on 18 January 2021. 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
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider's nominated individual, administration manager, nursing staff, care staff, laundry staff, domestic staff and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 spoke with seven relatives over the telephone.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service and further time will be needed to sustain the improvements made since they registered with us in December 2020. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Preventing and controlling infection

- We were not assured that the provider was fully complying with shielding and social distancing rules. One person was self-isolating at the time of our visit, but staff had kept their bedroom door open. The nurse told us this was done so they could monitor the person. Therefore, current guidance was not being followed and the risk of transmitting Covid-19 was increased. Immediate action was taken to address this shortfall.
- We were somewhat assured the provider was using PPE effectively and safely. We saw staff wore PPE correctly. However, the nominated individual was not wearing a suitable face mask to keep themselves and others safe.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Visitors were not requested to wash their hands to prevent the transmission of infection when they arrived at the home and clear signage to these facilities was needed.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Following the recent change in the registered manager, management review of accidents and incidents had not been completed since November 2020. This allows the provider to identify any trends or themes for general learning going forward.
- Staff had completed records of incidents and how these had been learned from. One relative told us following an incident, "They [provider] have put things in place to prevent any of these things happening again."

Using medicines safely

- The record of staff authorised to administer people's medicines was not up to date. We made nursing staff aware, who assured us this would be addressed without delay.
- People received their medicines as required and without delays. One person told us, "I do get my medicines and pain relief when I need it; the nurses are really good with all of that."
- People's medicines were safely stored and records of administration had been completed and checked.

Systems and processes to safeguard people from the risk of abuse

● People received care from staff they knew and trusted. One relative told us, "Staff are always around to see that [person] is safe".
● Staff understood their role in identifying and raising any safeguarding issues to the nursing staff. At the time of the inspection the registered manager was on extended leave, therefore the nominated individual had oversight of any safeguarding issues.

Assessing risk, safety monitoring and management
● Risks to people's health and wellbeing had been explored, recorded and reviewed. For example, staff knew where people were at risk of falls or weight loss.
● Risk assessments were regularly updated and any changes to people's needs were reflected on these.
● Staff understood how to safely meet people's care and support needs, including the safe use of equipment, such as hoists.

Staffing and recruitment
● People told us their care needs were met in a timely manner and where needed staff responded to call bells. One member of staff told us, "There is enough staff. You never hear the buzzers going off or people calling out for help."
● Staffing levels at the home reflected people's current needs, with staff working as a team to maintain the care and home environment.
● The provider had completed checks on prospective staff to ensure their suitability for the role. These included obtaining references and Disclosure and Barring Service (DBS) checks.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People and their families had been asked about their needs and choices before moving to the home.
- People's assessments supported staff in the home to provide care based on people's preferences, which reflected best practice guidance.

Staff support: induction, training, skills and experience
- Staff told us their training gave them the knowledge and skills they needed to support people.
- Nursing staff did not currently receive support from a clinical lead. The provider told us they were recruiting a clinical lead to ensure nursing staff were supported in their role.
- Staff told us they were supported in their role by the nursing staff and provider.

Supporting people to eat and drink enough to maintain a balanced diet
- People's mealtimes were not rushed and, where people required one to one support, staff sat with them help them eat and drink. One relative told us, "They [staff] puree [person's] food and they will sort out any dietary needs for the residents."
- People were supported to access food and drinks in line with their needs and choices. One person told us about the food available, "[Person] was a very good cook so food is important to her. She eats all her dinners. They know what food she likes. They cook it all on the premises which I think is good."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- The staff were open in their communication with other agencies such as the local authority and local clinical commissioning groups.
- There was a consistent staff team who worked well with other professional who visited people in the home to support their care.
- People who required glasses and other aids had them.
- The provider had improved their communication with the local GP surgery to maintain ongoing support for people in the home.

Adapting service, design, decoration to meet people's needs
- People chose how they spent their time at the home, with most people choosing to stay in their rooms. The communal area was open on the first floor. Due to the COVID-19 and with low occupancy the ground floor of the home had been closed.

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.

- Records detailed the assessment process for capacity tests and where people were unable to make decisions for themselves, mental capacity assessments had been completed. Decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- The management team had made applications for DoLS authorisations as needed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- People told us they were happy in the home and with the staff who supported them. One person told us, "All of the staff are nice; it's the same faces and I know them. (They are) friendly people."
- People were supported as individuals and consideration was given to their equality and diversity needs. People's care plans reflected their preferences and informed how staff were to support them. This included how to reflect and support their spiritual practices.
- People's emotional well-being was promoted. One person told us that the staff had time to sit and talk with them. A staff member explained how they used nonverbal communication with a person and how this helped the person with their emotional well-being.
- Staff spoke with people with kindness and compassion. Staff members greeted people pleasantly as they passed them and used respectful language when speaking or discussing their care needs.

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

- People's preferences were incorporated into their plan of care, including the gender of the staff who supported them. Staff ensured the person's wishes were upheld.
- People were involved in making choices about their care. Food preferences were recorded in care plans and staff spoke to people about their preferences about how their meals were prepared and served. People were offered choices about where to eat their meals, for example in their bedrooms.
- Staff understood people's needs and preferences. One staff member told us one person would always use their call bell at a certain time to ask for help to prepare for bed. Staff now anticipated this person's needs and provided personal care at that time of day.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were upheld and staff supported people to make sure the things which mattered to them were completed. For example, staff told us how important it was for one person to have their hair and makeup applied every day and this had been done.
- Staff respected people's privacy and we saw staff knocked on people's doors and waited for permission to enter. One person told us, "The cleaner knocks my door and asks, 'Can I come in and do the cleaning.' It's always being cleaned."
- People's independence was promoted by staff who were careful not to take over all aspects of people's care. One person told us, "I like to do my own thing and I can do that here."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The activities people were offered needed improvement to reflect their individual interests and there had been limited consideration of communal activities. One relative told us, "They [staff] used to take [person]to the lounge. I have seen staff engaging with others to get them singing."
- Staff told us they were spending time with people individually. However, they recognised the need to offer further options to encourage people to have things to do.
- During the pandemic, people had been supported to keep in contact with loved ones via video calls and window visits.

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

- People's care plans included details of the support needed and their preferred routines. They detailed people's individual needs, choices and wishes. Staff told us they used this information to get to know people's needs, routines and preferences. One person told us, "I choose what to do. I like to stay quiet in my room. I like my room."
- Staff took time to get to know people and how they liked things to be done. For example, people were able to decide when they awoke and received personal care. One relative told us, "[Person] has her hair coloured and they [staff] do that for her."
- Where people's needs changed, these had been recorded and, if needed, referrals to other professionals had been made. For example, where there were nutritional concerns, the speech and language team had been contacted.

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.

- People's communication preferences were known and supported by staff. A variety of communication methods such as body language had been used.
- Where people needed equipment to enhance communication these were in use, such as hearing aids and glasses.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure had been followed when people or their relatives had raised

concerns. One relative told us, "I have raised problems rather than full complaints. They always get sorted quickly."
● Information from any complaints or learning were shared with the staffing group and reminders were discussed at the twice daily update meetings.

End of life care and support
● People who were at the end of their life were supported to remain comfortable and have a dignified and pain-free death.
● Records reflected people's wishes and staff used these to support their understanding of how best to support people and their families at the time.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service and further time will be needed to sustain the improvements made since they registered with us in December 2020. This key question has been rated requires improvement. The management and leadership needed time to demonstrate these improvements are embedded and sustained as the occupancy of the home increases.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and processes for assessing and monitoring the quality and safety of people's care. However, their assurance and auditing systems were not fully up to date and had not been completed since November 2020. These improvements to records will need to be sustained, alongside ongoing monitoring of risks.
- A range of documentation used within the home needed to be reviewed to ensure it appropriately reflected the current home name and provider name.
- Staff told us they enjoyed working at the home. However, they were not able to tell us about the provider's vision for the service or its values. Staff had clear responsibilities and told us they all worked well as a team to provide good care to people.
- The provider was in the process of recruiting a clinical lead, to better support the nursing team in proving the best care and provide consistent clinical supervision.

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

- People were positive in their feedback about living at Ashfield House.
- We were not assured the provider had actively sought the views of people who used the service and their relatives on the service. Relatives told us, while they received some information about the provider change, they had not been asked for any suggestions or involvement in improving the service. One relative told us, "I haven't had any other information about any improvements they might make."

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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication from the service required improvement as relatives' feedback was mixed about updates from the management team. One relative told us, "They do look after [person] well. It is just the communication that is an issue." In addition, not all relatives were aware of who the new register manager was.
- Staff training included equalities and diversity and staff demonstrated their understanding of the importance of inclusion, acceptance and celebrating differences. For example, staff had taken time to chat about people's personal histories and how these linked to their thoughts and feelings in relation to the

current COVID-19 pandemic.
● The provider understood their legal responsibility to offer an apology when things went wrong.

Working in partnership with others
● The provider worked with other health and social care professionals and had recently linked into a joint working process to improve these. This further supported people to access relevant health and social care services.