HC-One Limited

# Ashton View Nursing 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 responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Ashton View is a residential care home located in Wigan and is operated by HC-One Care Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 58 people, some of whom are living with dementia.

People's experience of using this service and what we found
We found improvements were required to ensure people maintained safe mobility and were not placed at risk of falls. We identified concerns regarding some aspects of people's medication. Where potential safeguarding allegations had been made, these were not always being reported to the local authority for further investigation.

Although we observed there were sufficient numbers of staff to care for people on the day we visited the home, there was a high use of agency staff and some of the feedback we received was this did not ensure continuity of care. Where people were at risk of developing pressure sores, accurate records were not always maintained by staff when positional changes had been completed.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not always support this practice.

Although staff supervisions took place, records of these discussions were not always clearly documented. We had concerns regarding how people's nutritional intake was recorded. Care plans did not always provide sufficient information about the care people required and personal care charts were not being accurately completed by staff.

Auditing and governance systems were in place at both provider and managerial level. However further improvements were required to ensure the concerns from this inspection were identified, to ensure the service could improve. Some of the feedback we received was there needed to be more oversight on the units to ensure staff were being monitored effectively. Not all staff felt there was a positive culture within the service.

Statutory notifications (incidents the home legally have to tell us about) were not always reported to us as required. We are following this issue up separately from this inspection.

People living at the home and their relatives told us the home was a safe place for people to live. Staff wore personal protective equipment (PPE) when delivering care and the home was seen to be clean and tidy throughout. Staff told us they received enough training to support them in their roles. Appropriate referrals were made to other health professionals as needed. Complaints were handled appropriately, and we observed several activities taking place on the day we visited the home.

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

Rating at last inspection
The last rating for this service was Good (published June 2019).

Why we inspected
We carried out an unannounced inspection of this service between 3 and 24 November 2020.

Before the inspection, we received several whistleblowing alerts and complaints in relation to people's care needs not being met and risks not being managed. We took the decision to carry out an inspection of the home to look at these risks.

The information we received included allegations about a neglect of personal care, staff taunting residents, sensor mats being unplugged, unexplained bruising, poor skin care, low staffing levels, not enough food and drink for residents, staff sleeping at night and poor record keeping. We undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only, which looked at these areas of concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

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

We have found evidence the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

Details are in our effective findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

# Ashton View Nursing Home

**Detailed findings**

## Background to this 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
This inspection was carried out by two inspectors.

Service and service type
Ashton View 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 home had a registered manager in post. A registered manager 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
We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity was carried out between 3 and 24 November 2020. We visited the home on 3 November 2020 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Wigan local authority. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, an area director and an area quality director.

We reviewed a range of records. This included seven people's care records and a selection of Medicine Administration Records (MARs). We looked at five staff files to check staff were recruited safely. A variety of other records relating to the management of the service were taken into account as part of the inspection.

After the inspection
We continued to seek clarification from the home manager to validate evidence found, including quality assurance documentation and staff training records.

Requires Improvement

# 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, although 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.

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

- In advance of our inspection, we received whistleblowing information indicating people may be at risk of abuse within the home.
- Relatives told us they had concerns about the safety of their family members at the home, particularly given the ongoing safeguarding investigations at the home where they had been informed their loved ones were affected and staff had been suspended. A relative said, "It's very worrying and disappointing to hear, particularly given we can't visit like we used to. You'd like to think people are safe, but I'm not sure now."
- Although staff displayed an understanding about safeguarding procedures and how to report concerns, it became apparent not all allegations of abuse were reported as soon as they were identified. Prior to our inspection, we were informed by the local authority about a potential low reporting of incidents by the home, particularly given its size and complexity of care provided to people.
- We checked to see if all potential allegations of abuse were being reported as required, however found this was not always the case. For example, where people had been found with unexplained bruising on their arms and legs. Medication errors had also occurred, staff had been seen sleeping at night and people's sensor mats (used to alert staff when people try to walk) were found unplugged during out of hours checks. The HC-One safeguarding adults' policy and procedure made reference to allegations of abuse needing to be reported immediately, although this had not been done.

This meant there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safeguarding service users from abuse and improper treatment. This was because systems and processes were not operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

Assessing risk, safety monitoring and management; Using medicines safely

- We found appropriate checks and maintenance of the premises were undertaken.
- Improvements were required to ensure people maintained safe mobility and were not placed at risk of falls. This was because we observed certain people, particularly on Gerrard unit, not wearing any footwear. Where this was the case, staff did not encourage people to wear shoes and meant there was an increased risk of people falling.
- People's mobility equipment, such as Zimmer frames, was not always available for them to use when they needed it, despite this being detailed as a requirement in their care plan. Where such equipment was not available, staff were again not encouraging it to be used to ensure people were safe if they attempted to mobilise.
- Where people were at risk of skin break down and required assistance from staff to re-position themselves

in bed, this was not always documented consistently by staff when completed.
●We checked to see people received their medicines safely. Medicines were stored securely within locked trolleys when not in use. Medicine Administration Records (MAR) were completed accurately and we observed staff sitting with people and explaining their medicines were required.
●People did not always receive their medicines as prescribed. One person required time critical medicines as certain times each day. During a check of this medication, the stock balance remaining was inaccurate and did not tally with what staff had recorded on the MAR. It transpired this medication had been given at the wrong dosage. We asked the service to report this as a safeguarding concern which they did. Although people were having creams applied to their skin, records of when this had been done were not always completed by staff.

This meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safe Care and Treatment. This was because care and treatment was not always provided in a safe way for service users.

Staffing and recruitment
●Although we observed there were sufficient numbers of staff to care for people on the day we visited the home, there was a high use of agency staff and some of the feedback we received was this did not ensure continuity of care. Permanent staff reported that some agency staff 'Didn't pull their weight' and were not committed to ensuring people received appropriate care. A member of staff said, "Sometimes they sleep. They don't care."
●We asked people living at the home, relatives and staff for their views about current staffing levels. A relative said, "They use a lot of agency staff and this can be unnerving for people." A member of staff said, "When there is six on this unit (Gerard), that works well, and we have enough. Sometimes it drops below this though and can be a struggle, particularly at weekends."
●At the time of our inspection, recruitment of staff was ongoing and a number of staff had been suspended as part of safeguarding investigations which we were told had an impact on staffing levels. Staff said people's care did not suffer as a result however and staff worked well together to ensure this was achieved.
●Staff were recruited safely, with all pre-employment checks carried out before staff started working at the home.

Preventing and controlling infection
●We were assured the provider was preventing visitors from catching and spreading infections.
●We were assured the provider was meeting shielding and social distancing rules.
●We were assured the provider was admitting people safely to the service.
●We were assured the provider was using PPE effectively and safely.
●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 the provider was making sure infection outbreaks can be effectively prevented or managed.
●We were assured the provider's infection prevention and control policy was up to date.

Requires Improvement

# 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.

Ensuring consent to care and treatment in line with law and guidance; Supporting people to eat and drink enough to maintain a balanced diet; Staff support: induction, training, skills and experience

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We checked to see if people were able to give appropriate consent to the care they received. DoLS applications were submitted to the local authority as required where people lacked the capacity to consent to the care they received.
- We found best interest meetings and decision specific mental capacity assessments were not always documented, particularly where restrictive measures were in place. This included the use of sensor mats and bed rails which can restrict people's freedom of movement. Relatives confirmed they were aware these measures being in place however.
- We looked at how people were supported to maintain good nutrition and hydration. Prior to our inspection, we received information of concern that people did not always receive enough to eat and drink, particularly in the evenings. Although the feedback we received was that enough food and drink was provided, certain food and fluid charts were incomplete after 4.30pm in the afternoon to demonstrate people had been offered enough to eat.
- We also identified concerns with the recording of people's fluid intake. Some people's fluid charts indicated fluid totals were often not achieved on certain days, however records were not maintained about what action had been taken to ensure people remained well hydrated.
- Overall, the feedback we received was there was enough training to support people in their roles including

safeguarding, moving and handling, infection control and dementia awareness. A member of staff said, "I have never worked somewhere where there is as much training. I can't fault it."

●Although staff received supervision to support them in their roles, the notes of these discussions were not always clearly documented to show what areas had been discussed.

Please refer to the Responsive section of this report to see what action we took regarding this issue.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●People received visits and attended appointments with other services including opticians and chiropodists as needed. Details of their visits were recorded in care plans.

●Pre-admission assessments had been completed when people first moved into the home. These documented people's likes and dislikes and contained useful information to help the service deliver person centred care.

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

●At the last inspection, we made a recommendation that the service consulted best practice guidance about how to make the environment more suitable for people living with dementia. Although this had taken some time, funding had now been agreed for new furniture and decoration within the home, with the work scheduled to start in the need future.

Requires Improvement

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- There was signage used around the home to identify rooms and help people orientate around different areas. Information could be provided in different formats on request, such as large print.
- People had communication care plans in place, however some contained inconsistent information about people's care needs such as whether sensor equipment was required, or what interventions were required where people had hearing, or sight difficulties.
- In advance of our inspection, we received information of concern about people's personal care being neglected. As part of our inspection, we looked at the care plans of seven people who lived at the home. This was to establish if people's care needs were being met.
- Although we observed people were clean and well presented, personal care charts were not always accurately completed by staff, particularly regarding assisting people to shave, supporting people with nail care and helping people to clean their teeth/dentures. Some records were incomplete because the paperwork had been misplaced.

We have also made reference to our concerns about record keeping in the Effective section of this report. This meant there had been a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance. This was because there had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user and persons employed in the carrying on of the regulated activity.

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

- Care plans included information about people's known interests and staff supported people daily to take part in things they liked to do. We saw a 'Wellbeing monthly events' board in the hallway which had pictures of people holding 'notes' to their relatives. People's care plans had information on what was important to them and how they communicated to staff how they needed help.
- There was an activities coordinator in place who told us, "We have used on-line calls such as Skype type calls to help people keep in touch with their families. We have received support from our local shops in donating items for the tombola. We have filled a trolley with sweets and are handing them out free to

people."

●Each person had a 'remembering together 'file that the activities staff had put together after speaking with each person. This contained information on hobbies and interests and background life history information. We saw people had taken part in activities such as group chair exercises, writing and colouring and crafts. There was a daily/weekly timetable of events in place identifying a range of different activities on offer.

●The feedback we received about activities was positive. A relative told us, "I can hear staff telling [my relative] what I have said on the phone and passing my messages on to [my relative]. Staff bring [my relative] videos to her room and I can hear them having a laugh with her. I know [my relative] is safe and staff tell us if she needs any toiletries or anything. Everywhere is clean and we feel we made the right decision for [my relative] to come here."

Improving care quality in response to complaints or concerns

●There was a complaints policy and procedure in place which explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. Details of how to make a complaint were posted around the home.

●People and their relatives were aware of the complaints process and how they would report concerns. We looked at any complaints the service had received and saw they had been responded to appropriately, with changes made and any lessons learned. A relative said, "I have never made a complaint, because on the whole I have been very pleased."

End of life care and support

●The home had an 'end of life care policy' in place and people's wishes regarding end of life were recorded in their care plans, including any updates. If people did not wish to discuss their end of life care, then this was respected by staff. Care plans if people had a 'do not resuscitate' order in place. End of life care was supported by doctors and relevant other professionals.

●The home had signed-up to the Wigan and Leigh Hospice in Your Care Home education programme which meant hospice staff worked closely with the home staff to promote training based upon the most up-to-date research available in order to equip them with the practical skills and knowledge needed to provide sensitive, timely, compassionate end of life care.

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.

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, Continuous learning and improving care;

- The feedback we received from staff was management and leadership at the home could be improved. Some staff felt there was not enough managerial presence on the units and that the registered manager could often be too friendly with staff and did not take appropriate action if staff were underperforming in their roles.
- There were a range of audits completed at the home by both the registered manager and provider. These covered areas such as care plans, medication, the environment and staff recruitment. Internal quality assurance audits were also completed which provided CQC ratings and areas for improvement.
- However, quality monitoring systems required further improvement to ensure action was taken to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included where we had identified concerns about people's mobility needs, medicines, the quality of food/fluid charts, personal care records, best interest meetings, incident reporting and ensuring statutory notifications were submitted.

This meant there had been a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Good Governance. This was because there had been a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

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

- The feedback we received about the culture within the service was mixed. Whilst some staff told us they enjoyed their roles and liked working at the home, other staff spoke of a divide between day and night staff where there was often a blame culture if things were not done correctly.
- Practices within the home did not always promote a caring culture. For example, where incidents were not reported appropriately and where records about the care people received we incomplete.

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 ; risks and regulatory requirements

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour. During the inspection we looked at the meeting minutes from a staff meeting in August

2020 which referred to serious safeguarding incidents occurring and people potentially being at risk of abuse. We asked the registered manager to investigate this and we were provided with re-assurances that these incidents had not occurred and that the minutes had been written incorrectly.

●Statutory notifications (incidents the home legally have to tell us about) were not always reported to us as required. This was particularly with regards to safeguarding incidents at the home. We are following this issue up separately from this inspection.

Working in partnership with others

●The service worked closely with other health and social care professionals to ensure people received consistent and timely care. This included family members, social workers, nurses and GPs and pharmacists.

●Records showed multi-disciplinary teams were involved in people's care.

●The home were currently in a service improvement plan (SIP) process with the local authority and there was a multi-agency approach to ensure standards were improved at the home,

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

●Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys and staff, resident and relative meetings so that feedback could be sought and used to make improvements.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Appropriate systems were not in place to ensure safe care and treatment.<br><br>This was specifically regarding parts (b) and (g) of the regulation because there was not always the proper, safe management of medicines and the service did not always do what was reasonably practicable to mitigate risk. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Appropriate systems were not always in place to ensure people were safeguarded from abuse and improper treatment.<br><br>This was specifically regarding part 3 of the regulation because systems and processes were not always established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Appropriate systems were not in place to ensure good governance.<br><br>This was specifically regarding part 2 (a) and (c) |

of the regulation because there had been a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. There had also been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user.