

Mauricare Limited

Ashview House Residential Care Home

Inspection report

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Date of inspection visit:

12 October 2018

15 October 2018

Date of publication:

30 November 2018

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

We inspected this service on 12 and 15 October 2018. This was an unannounced inspection. Our last inspection took place in March 2018. Our inspection in March 2018 was a focussed inspection and we only looked at the key questions, 'is the service safe?' and 'is the service well-led?' We identified at the March 2018 inspection that improvements were needed to ensure people were always safe and that the service was well-led.

As a result of previous enforcement action, a condition was placed on the provider's registration with us that prevented them from admitting and re-admitting people to the service without our authorisation. This condition was made to promote people's safety and remains in place. At this inspection, we identified further breaches of regulation.

Ashview House Residential Care Home 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 is registered to provide accommodation and personal care for up to 22 people. People who use the service may have a physical disability and/or mental health needs, such as dementia. At the time of our inspection ten people lived in the service however, two people were in hospital.

There were two registered managers at the home, however only the most recently registered manager was actively working in the home. The other registered manager, who was also a director in the business, also worked at another home and was spending their time at the other home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Systems in place were not always effective at identifying areas to improve on and timely action was not always taken to ensure concerns were resolved promptly. The registered manager did not always have sufficient time to be able to effectively complete their role. Information was not always accessible when it was required. Staff felt supported by the registered manager however there were some tensions between staff.

People's medicines were not always safely managed. Prescription labels and guidance was not always being followed.

Staff did not always have enough time to support people effectively as they were expected to carry out additional duties in the kitchen. Generally, staff were recruited safely however improvements were needed to verifying employment history or new starters.

Risks were assessed and planned for but further improvement was needed to ensure plans were reviewed when necessary and being followed. Lessons were not always learned in a timely manner; however, some improvements were identified.

People were protected from avoidable harm by staff who understood their safeguarding responsibilities. The risk of infection control was minimised by the home being kept clean and staff wearing personal protective equipment when necessary.

There was mixed feedback about the food, however people were supported to have sufficient amounts to eat and drink that was appropriate for their dietary needs. People had their health conditions monitored when necessary and had access to other health professionals when required. We made a recommendation to ensure staff had their training updated at appropriate intervals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We have made a recommendation to avoid future delays of Deprivation of Liberty Safeguards (DoLS) applications.

The environment was clutter free and had some appropriate labelling, however was not always suitable for those with dementia and was in need of updating. Plans were in place for the improvement of the environment.

There was mixed feedback about activities however we saw steps were being taken to try and improve this for people. We have made a recommendation to ensure people have a personalised programme of activities available to partake in should they choose. Staff knew people well and relatives were involved in developing care plans. People and relatives felt able to complain and an appropriate policy was in place. No one required palliative care, however people's end of life choices had been considered by the service.

People were supported by caring staff to help maintain their independence and their dignity. People could choose where to spend their time and visitors could attend at any time.

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 consistently safe.

Medicines were not always administered safely.

Recruitment processes had improved but further improvements were necessary.

There had been no changes to staff other duties, so staff were still sometimes rushed.

Some improvements were being made, however lessons had not always been learned.

People were protected from the risk of cross infection and staff understood their safeguarding responsibilities.

Is the service effective?

Good 

The service was effective.

There were mixed views about the food but overall people were supported appropriately with their nutritional needs.

Staff felt supported and had training, although training could be updated.

People had access to other health professionals.

The principles of the MCA were being followed.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect.

People were encouraged to be independent and make decisions about their care.

Visitors could come when they chose to and people could personalise their rooms.

Is the service responsive?

Good ●

The service was responsive.

There was mixed feedback about activities but plans were in place for improvement.

People and relatives were involved in planning of care

People and relatives could complain, but no complaints had been received since the last inspection.

No one required palliative care but consideration had been given to people's end of life preferences.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Information was not always accessible and the registered manager did not always have sufficient time to undertake management duties.

Systems were not always effective at identifying areas for improvements or taking prompt action to remedy concerns.

People, relatives and staff felt positively about the most recently registered manager.

Ashview House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Ashview House Residential Care Home on 12 and 15 October 2018. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of two inspectors.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we had received from the public and the local authority. We checked if Healthwatch had any information they wanted to share with us about the service. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. We used all this information to help plan the inspection.

We spoke with one person who used the service, five relatives, four members of care staff, the registered manager and the provider. We did this to gain people's views about the care and to check that standards of care were being met.

We made observations in communal areas and we looked at the care records of five people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files and quality assurance records.

Is the service safe?

Our findings

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always supported safely with their medicines or with their diabetes. At this inspection we found some improvements had been made however there was still a breach of Regulation 12 because people's medicines were not managed safely.

Medicines were not always administered as prescribed. We found one person who needed to have their medicine administered prior to having any food. This guidance was not included on the person's Medication Administration Record (MAR) so staff may not have been aware it was required. We found on both days of our visit the person had been left with food prior to being offered the medicine. Following our feedback, a member of staff checked with the GP and they confirmed it would not harm the person, but the medicine would not be as effective. This meant the person may not always have the symptoms of their condition relieved effectively as the prescription was not being followed.

During our checks we found two loose tablets, one in the medicine trolley and one in a stock cupboard. It was not known whose tablets these were or how they came to be there. When we spoke to the registered manager about the tablet in the trolley, they were unsure where it had come from as the trolley had recently been cleared out. This meant it was not possible to determine if someone had missed a dose of their medicines. We also found one person had eye drops which were opened, there was no date on the box or the bottle to indicate when it had been opened. The instructions stated it should only be opened and used for two weeks. As the opening date was not recorded, it was not possible to tell how long the eye drops had been in use. The risks of using expired eye drops can include ineffective treatment of vision or other eye problems, inflammation and irritation of the eyes and, in the worst cases, infection. This meant the person was at risk as it was not clear that instructions were being followed.

When we checked stock levels in comparison to the records we found these did not always match. Since previous inspections, the stock levels and a count of how many tablets are in stock was being recorded on the MARs which helped to improve the recording of stock. The amount of discrepancies had improved; however, we found records did not always match stock levels or the recording on the MAR was unclear. There were some instances when a medicine that was given on an 'as and when required' basis (also known as PRN medicine) was not being recorded on the MAR chart. We saw references to the medicines being given in care records, but it was not reflected on the corresponding MAR. This could lead to potential errors or the correct information not being given to other medical professionals if it was required. This meant, despite many improvements being made, further improvements were still required.

People were not consistently supported to manage risks to their safety. Staff told us and we saw in the person's guidance from a Speech and Language Therapist (SaLT) that they required their drinking fluids to be thickened to help keep the person safe. We saw thickener was available but we saw an instance of the person being given juice that was not thickened and staff were not always present to monitor the person. This left the person at risk of choking. The person's care plan did not reflect the guidance from the SaLT assessment. The registered manager explained the person tended to drink less and did not like thickened

drinks and that they had requested a reassessment from the SaLT, prior to our inspection, due the person having a reduced fluid intake. A reassessment took place following our inspection which stated the person could return to having normal consistency drinks. However, no measures were put in place prior to the reassessment taking place to keep the person safe until the appropriate professional had confirmed this.

The above evidence constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The providers systems did not always support learning when things went wrong. We found that many improvements had been made since previous inspections, however further improvements were needed to ensure lessons were learned when things had gone wrong. For example, some people had experienced a fall. We saw immediate action was taken to ensure the people were safe, such as calling for paramedics. However, it was not always clear what longer-term action had been taken to ensure people's care plans and risk assessments associated with their mobility and falling remained appropriate following a fall.

The local authority had identified on a visit at the end of July 2018 that the fire risk assessment was out of date. The fire service had visited the home at the end of September 2018 to check the building was safe and complying with fire regulations. They found improvements were needed and the fire risk assessment had not been updated. This meant timely action was not taken and the provider was given a deadline of the new year to rectify any omissions. We saw action had been started to remedy this.

At the last inspection improvements were needed in the recruitment of staff. At this inspection we found some improvements had been made, but further improvements were still required. We looked at the application form and CV (Curriculum Vitae) for a new member of staff. Their employment history was unclear on both documents and the references from previous employers did not match the application form. This meant the registered manager could not be sure of the staff members full employment history and whether they had the most appropriate references. Checks had been made on staff member's criminal records, called Disclosure and Barring Service (DBS) checks. This is important as it helps to check if people are of a suitable character to work with people who live in the home.

The deployment of staff meant that the interaction between staff and people was sometimes rushed and task focussed. At the last inspection, staff were rushed during meal times as care staff were expected to prepare and serve meals to people. At this inspection we found this had not changed and staff felt they did not always have time to directly support people. One relative said, "They don't employ a cook which makes it harder on the staff." Another relative said, "Personally I would have a member of staff present in the lounge at all times as they can see things happen, but they don't." One staff member said, "If we had a cook it'd take so much pressure off. Residents could suffer as staff are in the kitchen. We have to prepare and cook a full meal, we're juggling our time." When we spoke to the registered manager about staff going into the kitchen they said, "I agree whole heartedly about staff in the kitchen... staff don't have time." Another staff member said, "It would be good if we had a cook." The registered manager was also expected to work care shifts, rather than having a dedicated role in managing the service. One the first day of our inspection, the registered manager was checking in a medicine delivery which meant they were unable to be as available as usual to people needing support. A dependency tool had been developed and was being used to help the registered manager determine how many staff were needed to support people. However, this did not differentiate between staff available to support people and staff in the kitchen or doing other duties such as medicine stock checking, so it appeared enough staff were present however, our observations showed that there were not always sufficient numbers of staff to provide people's care because of how they were deployed. Following our inspection, the registered manager told us that the provider had agreed to employ dedicated kitchen staff.

Relatives told us they felt their relatives were safe. One relative said, "Yes my relative is safe, the staff seem friendly and they're secure." People were protected from abuse as staff knew about the different types of abuse, how to identify abuse and their responsibilities to report concerns. Since the last inspection there had been one safeguarding incident recorded and reported to the local safeguarding authority. This meant concerns were being reported and we saw action was taken in response to the concerns. We will continue to monitor the provider's compliance in this area of care.

People were protected from the risk of cross infection. We saw staff wearing gloves and aprons when necessary, there were no malodours and the home was clean and tidy overall.

Is the service effective?

Our findings

At our last inspection the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not always supporting people with their diet appropriately. At this inspection we found the necessary improvements had been made and the provider was no longer in breach of this regulation and was now rated as good.

People were supported to have food and drinks to help maintain their health and wellbeing, although there was mixed feedback about the food. One person said, "I just eat what they give me, it's always appetising." Another person said, "Lunch was quite enjoyable. I didn't know what I was having, I didn't really have a choice." One relative said, "I don't think my relative is overly impressed." Another relative said, "My relative has been fussy before, but they think the food is lovely and they get a choice." Another relative commented, "My relative seems fine with the food, they don't complain, there's not much choice though." We observed some choice being given and we saw an example that if a person changed their mind, staff would offer an alternative. For example, one person had initially chosen a chicken dinner, but when they were given it they requested an alternative of a cheese pie and baked beans. This was brought to them straight away. People did not have to wait for their food as the care staff working in the kitchen would bring out the food when people sat down at the dining rooms tables. If people wanted to, they could remain in the lounge area and have their lunch there instead. We saw that people who needed a specialist diet had suitable food readily available and it was being stored appropriately.

We saw one instance of guidance about a person's drinking needs not being followed, which was rectified following our inspection. We saw people had their weight monitored and people had generally remained a steady weight or had gained weight. This shows overall people were supported to have sufficient amounts of food to remain healthy.

People had access to health professionals when needed. One relative said, "They've [staff] been brilliant, they've brought in [health professionals] to see him." Another relative said, "They [staff] called us to let us know they were getting the doctor out as they were concerned. They only ring if it is necessary." Another relative said, "They called us straight away [when relative had a fall] and they arranged the ambulance." We saw District Nurses made regular visits to the home to support people with their diabetes or skin integrity. They were monitoring a person's health condition when necessary to ensure they did not become ill and to monitor changes.

People had assessments before they moved into the home to check whether they could be appropriately supported. People's needs were reviewed on an ongoing basis to check if their needs had changed which was plotted on a graph so it could be clearly seen if people's dependency in relation to their mobility and there were reviews of people's plans.

At our last inspection there was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach.

A training matrix was in place to record when staff had received training. However, some training had not been refreshed at appropriate intervals. One staff member said, "I've not had my training updated." Despite this staff could answer our knowledge check questions and we saw appropriate moving and handling techniques. Staff told us they felt supported. One staff member said, "We have supervisions. We can get everything off our chest." Another staff member said, "The [registered] manager knows what we're doing and trusts us to get on with it."

We recommend all staff have their training refreshed appropriately to ensure their knowledge remained up to date.

At our last inspection we found improvements were required to ensure people's ability to consent to their care was checked. At this inspection we found improvements had been made.

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. We saw that decision-specific mental capacity assessments were undertaken when necessary and any decisions made on behalf of people were recorded. One staff member said, "We ask people if it's alright [when we support them]." We saw staff checking people's consent before supporting them.

A person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions. We saw the home had checked whether people had appointed an LPOA and had verified their legal right as copies of LPOA documents had been checked.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

The environment remained tidy and there were wall decorations and pictures for people to look at. Important rooms had labels such as bathrooms, toilets and bedrooms had names on them to assist people in finding their way.

Is the service caring?

Our findings

At the last inspection we found improvements were needed to ensure people always had caring support. At this inspection we found improvements had been made and the rating was now good.

We saw caring interactions between people and staff and relatives told us staff were caring. One relative said, "[Relative] is definitely treated with dignity. Because the home is so small the staff can get to know people and us as well." Another relative commented, "They're [staff] so kind and caring to my relative." Another relative comment was, "The staff are brilliant with people." Another relative said, "The staff have been more than helpful, they're very nice. There's no staff that make me feel uncomfortable." When we spoke with staff they were able to give examples of how they supported people to maintain their dignity whilst they were supporting people with personal care. Examples included ensuring people were covered and speaking to people whenever they were being supported.

People were supported to be independent where possible. One relative said, "The staff have got [my relative] walking more than I could." One staff member said, "If you don't use it, you lose it. We've managed to get people walking again."

People could make decisions about their support. We saw people choosing where to spend their time and move around the home independently, when they were able. One person told us, "I prefer to stay in my room." We observed staff giving people the choice of where to sit during the lunch time meal, for example.

People could personalise their own rooms. One person said, "My [relative] sorted my room for me." A relative said, "We've brought [relative's] chair and personalised their room. The staff have made a dreadful experience [worrying about a care home] much better." We saw people had their own personal items in their rooms. People were also able to have visitors whenever they wanted. One person said, "More or less they can visit when they want." A relative said, "We can visit any time we want. [Relative] came after 8pm and staff let them in."

Is the service responsive?

Our findings

There was mixed feedback about activities. One relative said, "Perhaps if they had more staff they could do more crafty things and activities." Another relative said, "They don't do any activities. They have a person visit for armchair exercise once a week. My relative would join and as it's a distraction and they'd be excited. Maybe they don't have time." Another relative commented, "They could improve by having a few more activities." One member of staff said, "I don't have time but some staff do offer activities" and they went on to tell us they felt the entertainment needed improving. During our inspection we saw activities being offered. We saw a game of bingo being offered, but most people did not choose to partake. We saw examples of other activities that had been initiated, such as a 'Young at Heart' board which was about people's life history and information about their hobbies. This was not yet completed or displayed, but the registered manager said it would be soon. The registered manager also explained they were accessing resources from a local supermarket to engage people. Therefore, steps were being taken to improve the opportunities for people to partake in hobbies and activities which we will check again on our next inspection.

We recommend that the provider take action to research and deploy a programme of activities that meet the needs of people living with dementia.

At our last six inspections we found improvements were needed to ensure people always had care in line with their preferences. At this inspection we found improvements had been made.

Relatives told us they felt involved in people's care and that staff knew people well. Comments included, "They've [staff] put a care plan together and asked me quite a lot of questions." Another relative said, "Yes we discussed the care plan." When we spoke with staff they knew people well. One member of staff said, "We get to know people from sitting with them, chatting with them and watching them." Staff knew people's support needs. Care plans contained detail about people's preferences and how they liked to be supported. There were personal details such as how they liked their drinks, the attire they preferred to wear and times people generally liked to go to bed or get up in the morning.

At the last inspection we found improvements were required to improve the complaints process. At this inspection we found improvements had been made.

People and relatives told us they felt able to complain. One person said, "I report complaints to [registered manager]." One relative said, "We have a good enough relationship with the [registered] manager or the deputy that we could tell them if we had a problem." Another relative told us, "I've got no complaints." Another relative said, "I'd go to the manager." A relative told us there were feedback forms readily available by the signing in and out book so they could offer feedback when needed, but they hadn't needed to. An appropriate complaints policy was in place and people and visitors had access to details of how to complain as they were displayed in the foyer. There had been no formal complaints since the previous inspection, so we will continue to check this at future inspections.

There were no people living in the home who were nearing the end of their life or needing palliative care. However, the service had considered people's end of life preferences and plans were in place to guide staff about the support people wanted at the end of their life.

There was an Equality Policy in place, which took account of the protected characteristics such as gender, sexuality, race, and religion, for example. No concerns were raised to us in relation to how people were supported in relation to protected characteristics.

Is the service well-led?

Our findings

At our last seven inspections, we have found that improvements have been needed to ensure people have good quality care. The last inspection was focussed which looked at whether people were having care which was safe and well-led. There was no breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last inspection, although the provider had been in breach of this regulation in previous inspections. At this inspection we found the provider to be in breach of this regulation again.

On the first day of our inspection, we were unable to access any records, other than medicines records and basic daily records, relating to people's care and support. This was because the registered manager did not have access to the key to where the records were stored. There were no other keys available and no contingency plans were in place to ensure records relating to people's care could be accessed. During the first day of our inspection, one person required paramedic attendance due to a fall. The person did not require hospital attention; however, should they, or another person, have required this, the necessary information for other health professionals would not have been accessible and may have compromised the quality of the care they may have received as up to date information could not have been provided. Copies of medicine records could also not have been provided as copying facilities were in the same location as the files. One staff member said, "We would have been up a creek without a paddle [if the paramedics had needed access to files or copies of documentation]." This meant the provider and registered manager had failed to ensure adequate access to contemporaneous records relating to people's care.

The registered manager was not being given sufficient time to effectively carry out the role of monitoring and managing the home and was frequently being contacted on their days off as staff did not know what to do or who else to contact. Staff also told us they didn't see the providers very often. One staff member said, "The [registered] manager doesn't really get time off but that's really important" and they went on to say, "We don't see the providers. I can't remember the last time I saw them." Another member of staff said, "We don't see the provider." When we spoke with the registered manager about this said, "It's been trying to make the time to do things" although they did explain there were periodic visits from the provider and they were available over the phone. The registered manager also said, "I believe we can get to good but not on [me working] two days a week but I try my best" and they went on to say, "I've not been able to give management my all as I've been doing care." We felt the lack of time for the registered manager to carry out managerial duties impacted upon the registered managers ability to effectively manage and monitor the service. We saw that the provider visited on an approximately monthly basis to conduct spot checks, however this was not to assist in the day to day running of the home. The provider said, "We have a registered manager, they need to tell us how they want the home run." However, whilst it is important for a registered manager to have the flexibility to manage a service according to people's and the service's needs, structure is also required from the provider. Following the inspection, we were informed that the provider had agreed for the registered manager to spend more time carrying out managerial duties.

We found one person who had recently moved in had not yet had their capacity checked or a DoLS applied for, despite it being suspected they would not be able to consent to restrictions on them. When we spoke

with the registered manager about this, they explained they were waiting for the person's family to be available so they could be part of the assessment process as they could not be present for a number of weeks. Having family involvement is good practice, however a DoLS application should not be delayed as it could mean someone being deprived of their liberty unlawfully. We recommend that if there may be future delays, assessments and DoLS applications take place as soon as possible with a review when family, or other appropriate people, can be involved to avoid delay.

Systems were in place to monitor the service were in place but further improvements were needed. At the last inspection we identified that improvements were needed to the system of managing and monitoring medicine stock levels in the home and the registered manager told us they would go through the process with individual staff. However, at this inspection we found the stock monitoring system to not have changed and no improvements made. The records relating to stock levels did not always match what was in stock, so we could not be sure it was being used or monitored appropriately and in line with the prescription. When we spoke with the registered manager about it they said, "I know, it's something I am still working on." The medicines audits in place had failed to identify and rectify issues in a timely manner. For example, the instructions on one person's MAR for a particular medicine did not contain the full detail from the prescription label, which meant the person was not always having their medicine at the correct time. The MAR chart had been audited during a weekly audit and it had failed to identify this omission, despite it being a prompt on the audit. Another person's eye drops were opened but not dated so it could not be accurately determined when they were opened which had not been identified. There was also some unclear recording on occasion which had not been clarified. This meant systems were not always effective at identifying and remedying concerns. Best practice from the National Institute for Health and Care Excellence (NICE) suggests a British National Formulary (BNF) book is beneficial to be available. When we asked the registered manager for their copy, they told us they had not yet got one and were awaiting one. We later found a BNF in the medicines room and the copy was dated 2010, so would no longer be up to date. Following our inspection, the registered manager sent us an updated stock audit and daily medicines check form to try and reduce discrepancies. There were also plans to implement an electronic medicine recording system. We will check whether these have been effective at the next inspection.

Training was not up to date for some staff members and records had not always been updated. There were some people employed who were not included on the training matrix so it was not possible to tell how the registered manager ensured all staff were up to date. By having up to date records to assist the registered manager to monitor staff and ensure they have up to date knowledge.

We saw an action plan was in place following the previous inspection. We saw that some actions had been completed. However, some actions which were marked as completed on the plan were not complete or had not been fully effective. For example, the plans stated the medicine booking-in system had been developed and was effective. However, we found at this inspection this had not changed since the previous inspection and it continued to not be effective. The action plan also stated prescription instructions were now being followed however we found this to not be the case in relation to a person's medicine that they required prior to having any food. The plan also stated that information would be securely stored, but still readily available by key access if it was required.

The provider and registered manager worked with other organisations. They explained they met with the local authorities in the area to discuss supporting people to be discharged from hospital or from the community to keep them safe. A quality monitoring visit was also carried out by the local authority in July 2018. However, some of the recommendations and actions identified from this visit had not been rectified. For example, the local authority stated the most recently registered manager needed more time to be able to carry out management duties, rather than working as a carer. They also identified that staff were under

pressure due to having to undertake cooking duties. The visit also identified that the fire risk assessment was not updated, and this had not been remedied by the time the local first service visited at the end of September 2018. This meant timely action was not always taken to rectify concerns.

There were two registered managers, however one has not had any involvement with Ashview House Residential Care Home for a number of months. One staff member said, "I can't remember the last time I saw [absent registered manager's name]." When we spoke to the provider about this they told us the absent registered manager would apply to de-register shortly.

Staff felt there was a division between certain teams of staff which was causing tension. One staff member said, "There's a divide between [some staff]." We asked staff if they had team meetings. One staff member said, "We don't have team meetings but I've suggested it." Another staff member said, "Some staff have more responsibility and the others have a hold of the management" and they went on to say, "We haven't had staff meetings for a while – they'd be good to air our views." Another staff member said, "We don't have team meetings very often. I think the [registered] manager may be sorting a joint meeting." When we spoke to the registered manager about this and they explained some staff meetings had been set up, they said, "The majority of issues are with particular members of staff." This meant staff had felt some tensions, but action was being taken to try and resolve this.

The above evidence constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The décor in the home was tired and needed improving and some aspects could have been made more suitable for those with dementia. The registered manager told us there were plans to decorate the main hallway which people had been involved in deciding. The provider said, "The managers can provide plans for refurbishment and we'd do it." We will continue to monitor the progress of improvements to the environment.

The provider made us aware that an external auditor would visit the service in November 2018 to conduct a follow visit after the auditor visited in May 2018. They explained they would continue to source the external audits to ensure improvements were ongoing. The provider said, "We don't want to go back." They also explained, as well as the registered manager showing us, daily reports they received about updates and changes to the service to keep and general oversight of the service. The registered manager generally felt supported as they had mentoring support from another registered manager from another of the provider's homes to ask questions and see different ways of working.

People, relatives and staff felt positively about the most recently registered manager. One person said, "The [registered manager] is ace. Anything we're short of they sort." A relative said, "The [registered] manager is excellent. They have it right, they can be authoritative and very pleasant." A staff member said, "I feel very supported by the registered manager. They're always at the end of the phone." Other staff also told us they felt supported by the most recently registered manager.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always administered safely as prescription instructions were not always followed. Stock levels did not always match records and there was some unclear recording of administration. Risks were not always sufficiently reviewed or acted upon.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place were not always effective at identifying when improvements were needed or at ensuring timely action was taken. Information was not always readily accessible and sufficient management time was not always available to monitor the service.</p>

The enforcement action we took:

Warning notice