

Aston Care Limited

The Paddocks

Inspection report

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Date of inspection visit:
11 February 2021
25 February 2021

Date of publication:
16 April 2021

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Requires Improvement
Is the service well-led?	Requires Improvement



Summary of findings

Overall summary

About the service

The Paddocks is a residential care home providing accommodation and personal care for up to five people with learning disabilities and / or autism in one adapted building. There were three people using the service at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a focused inspection and did not cover all areas of the Right support, right care, right culture during this inspection. People had limited access to external activities and reduced social contact due to the current government guidelines around the pandemic. However, staff were supporting people to be as independent as possible and to maintain contact with people who were important to them.

The provider had not ensured fire risks in the building had been properly assessed and updated to reflect building work in the home.

Medicines prescribed to be taken 'as required' were not managed well. A lack of clear guidance for staff increased the risk that people would not receive their medicines as they were needed.

Incidents were not always clearly recorded and reviewed to check whether changes were needed to the way people were supported.

The service had not had a registered manager since August 2020. It is a condition of the provider's registration that there must be a registered manager in place. The manager indicated they intended to submit an application for registration.

Infection prevention and control systems had been updated to reflect the COVID-19 pandemic. Whilst all areas of the home appeared clean, we signposted the provider to seek guidance about cleaning some areas of the home during the building work, such as bare plasterboard and areas of worn paintwork.

Relatives felt people were happy living at The Paddocks and received good support from staff. People appeared comfortable in the company of staff and staff demonstrated a good understanding of people's needs.

The home had a new management team in place, who had identified improvements they felt were needed. Staff said they felt well supported by the management team.

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

Rating at last inspection

This service was registered with us on 09/05/2019 and this is the first inspection.

Because this is a focused inspection and the service has not been previously rated, we were not able to produce an overall rating for the service as we have not inspected all of the key questions.

Why we inspected

We undertook this targeted inspection due to a COVID-19 outbreak. A decision was made for us to inspect to assess infection prevention and control measures in place. We inspected and found there was a concern with fire safety and risk management so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Paddocks

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.

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

The inspection was completed by one inspector.

Service and service type

The Paddocks 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 did not have a manager registered with the Care Quality Commission. 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 the service 24 hours' notice of the inspection. This was because we needed to be sure that arrangements were in place to maintain infection control procedures during the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We looked at all communal areas of the home to assess how the infection control procedures were being put into practice. We reviewed medicine storage and medicine administration records. We looked at records relating to managing risks and the action taken to keep people safe. We spoke to two people who use the service and observed the way staff interacted with them. We spoke with two support workers, the deputy manager, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We spoke to two relatives and a further support worker by phone. We requested feedback from health and social care professionals who have contact with the service.



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. 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. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not ensured fire risks had been assessed and effective management systems put in place. On the first day of our inspection fire doors had been removed in the kitchen and lounge, due to building work that was taking place to extend the communal living space. Staff reported these doors had been removed for some time during the building works.
- The fire risk assessment for the building was out of date and did not reflect changes to fire doors during the building works. The fire risk assessment stated it was due for review in May 2019. The nominated individual for the provider confirmed after the inspection that the review due by May 2019 had not been completed and they did not have an up to date fire risk assessment.
- On the second day of the inspection fire doors to the kitchen and lounge had been re-fitted. The nominated individual reported after the inspection they had booked a specialist to complete a new fire risk assessment on 16 March 2020.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines that were prescribed to be taken 'as required' we not always managed effectively. One person was prescribed a sedative to be taken 'as required' up to four times in 24 hours. The medicines administration chart demonstrated the person had been supported to take one dose of this medicine at the same time each day. There was no record of why the person needed the medicine, other than stating they were "agitated" and there was no record as to whether the medicine had been effective.
- There were three other medicines that had been prescribed for people to take 'as required'. There were no details for any of these medicines setting out when people should be supported to take them. The deputy manager reported one person would tell staff when they needed their prescribed laxative and one person self-administered an inhaler. The lack of clear guidance increased the risk that people would not receive their medicines as they were needed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Incidents were not always clearly recorded using the provider's systems or reviewed to ensure support plans remained current.
- One incident had been entered in the home's incident recording system, which demonstrated appropriate action had been taken to manage the situation. However, other records demonstrated incidents of a person throwing heavy items at staff and making threats towards staff which had not been fully recorded. There was no formal review of these incidents or plans to prevent similar incidents occurring again. The person did have a positive behaviour support plan, although this was at the back of a large file and was not referenced in the person's support plan.
- The manager and deputy manager said they were in the process of reviewing all of the support plans, including the positive behaviour plans, and ensuring these updates were communicated to all staff. They also said they would ensure incident records were completed and reviewed when necessary.
- Despite the shortfalls in recording, staff demonstrated a good understanding of people's needs and the support they should provide. Relatives were confident staff provided the support people needed.

Preventing and controlling infection

- The service had introduced measures to prevent visitors from catching and spreading infections. Visitors were screened for symptoms of COVID-19 and were provided with personal protective equipment (PPE).
- Staff had received training on infection prevention and control measures and how to use PPE safely. We observed staff using PPE correctly.
- Additional cleaning measures had been introduced in the home. Whilst all areas of the home appeared clean, we signposted the provider to seek guidance about cleaning some areas of the home during the building work. For example, there were some areas of bare plasterboard waiting to be finished and some areas of woodwork where the paint had worn away, which left absorbent surfaces.
- The provider had updated their infection prevention and control policy to reflect the COVID-19 pandemic and additional measures that had been introduced.
- COVID-19 testing was being carried out for people using the service and staff in line with the latest guidance.

We have signposted the provider to resources to further develop their approach.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- Relatives told us they were confident people were safe in the home.

Staffing and recruitment

- There were enough staff to meet people's needs. Relatives told us staff were available to provide support when people needed it.
- Staff told us they were able to meet people's needs safely.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

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. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not have a registered manager at the time of the inspection, which is required as a condition of the provider's registration. The previous registered manager cancelled their registration in August 2020. A new manager had been appointed and started on the first day of the inspection. The manager said they planned to apply for registration with CQC.
- The service had quality assurance systems in place, for example audits of infection control practices, reviews of support plans, observations of staff and feedback from people and their relatives. However, these systems had not been used to develop an overall plan to improve the service and had not identified shortfalls in medicines systems or fire risk management.
- The manager had identified the lack of coherent quality assurance systems and had developed a new schedule of reviews. The new system was due to be implemented in the week following the inspection.
- Notifications had been submitted to CQC when necessary.

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

- Staff and relatives praised the management and told us the service was well run. One relative told us the service had made a big difference to one person since they moved in, with a consistent approach. The relative said "The care they provide has been second to none. Staffing is consistent and they have established a good relationship with [my relative]." Another relative commented, "[My relative] has been in different services for many years and the improvement since she has been at The Paddocks has been incredible. I feel she is safe there and is doing much more than she previously did. I speak to [the deputy manager] regularly and I'm confident she would sort out any problems if there were any."
- The deputy manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings and the training staff received. Staff said the focus was on supporting people in an individualised way, to meet their needs.
- The manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families effectively in a meaningful way. Relatives said the deputy manager had kept in contact with them and supported people to use different communication methods

while they were not able to meet in person.

- The deputy manager had established good relationships with local health and social care professionals.
- The management team had worked with the local public health team and other professionals to meet people's needs. They ensured they were updated in relation to any changes in legislation or good practice guidance.

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>The provider had not ensured the proper and safe management of medicines that were prescribed to be administered 'as required'. Regulation 12 (2) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken action to assess, monitor and mitigate fire safety risks to the health, safety and welfare of service users and others who may use the building. Regulation 17 (2) (b).</p>