

Mauricare Limited

Ashview House Residential Care 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashview House is a residential care home providing personal care for up to 22 people in one adapted building across two floors. At the time of the inspection, 21 people were living at the service.

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

People's risks were not always assessed and planned for. Medicines were not always managed in a safe way.

The governance systems in place were not always effective which meant lessons were not always learned when things went wrong.

People did not always have their dietary requirements met and not all staff had sufficient knowledge to respond to people's specific health needs, such as diabetes.

We have made a recommendation about reviewing people's dependency levels to ensure there are enough staff to meet people's needs.

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

Staff understood how to keep people safe from the risk of harm and abuse and worked with other professionals to ensure people received on-going healthcare support.

There was a registered manager in place and staff told us they felt supported in their work.

People, staff and relatives spoke positively about the registered manager and felt they were committed to making improvements across the home.

Rating at last inspection

The last rating for this service was good (Report published 22 October 2019)

Why we inspected

We received concerns in relation to the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

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 that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 9 (Person centred care), Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) at this inspection.

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective 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 ●

Ashview House Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and observed care people received. We spoke with 10 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a senior care worker, care workers, the maintenance person and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



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. At this inspection this key question 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.

Using medicines safely

- Medicines were not always stored, administered and recorded in a safe way.
- Medication Administration Records (MAR) and Topical Medication Administration Records (TMAR) were not always completed to evidence people had been administered their medication.
- MARs and associated care plan documentation did not always give staff guidance to ensure medication was administered in the correct way and in line with best practice guidance. For example, people who were prescribed transdermal pain relief patches did not have patch application records in place.
- Not everyone had protocols in place for when they required medication on an 'as needed' basis.
- Room temperature and refrigeration monitoring and recording was inconsistent. This meant staff could not reliably assess whether medicines were suitable for continued use.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were not always managed in a safe way.
- People who had specific health conditions such as diabetes did not always have records available to support staff to effectively manage their health condition.
- Some care planning documentation we viewed did not always provide enough information to guide staff to support people in a safe way. For example, people who required support to manage skin wounds did not always have clear and effective plans in place.
- Information contained in people's care plans was not always followed meaning that people received inconsistent care that posed a risk to their health and well-being.
- The systems in place to identify when things went wrong were not effective and did not identify the issues we found on inspection. This meant there were no mechanisms in place to reduce risk and prevent incidences reoccurring.

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 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They sent us of evidence of on-going changes which had been made to improve the quality and safety of care for people.

Staffing and recruitment

- The registered manager used a dependency tool to calculate the number of staff required on duty to ensure people's needs were met, however during our inspection we observed people waiting to receive support. We brought this to the registered manager's attention and were advised this was not a regular occurrence as people had chosen to spend time in their rooms on that day. A staff member we spoke with said, "Staffing depends on the day, for example, if some residents don't want to go to communal areas and they are in their bedrooms it can be hard to keep an eye on them all."

We recommend the provider reviews all dependency scores for people living at Ashview House so this can be measured against the staffing dependency tool.

- Staff were subject to employment checks before commencing work at Ashview House. For example, staff had a Disclosure and Barring Service (DBS) check to enable the provider to make safer recruitment choices.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they liked living at Ashview House and said they felt safe. One person said, "I like it here, it is so lovely. I do feel safe."
- Relatives we spoke with told us their family members felt safe living at Ashview House. A relative said, "[Relative] tells us they are happy at the home and we really do not have any concerns about their safety."
- Staff had received safeguarding training and understood how to keep people safe from the risk of abuse. A staff member said, "I know how to report concerns, I'll put them in writing and go straight to the manager, the provider or I can go to the council safeguarding team. The manager will take action, I feel confident."
- Where safeguarding concerns had been raised, these had been reported to the appropriate authorities in a timely way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

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

- People were not always supported to have their nutritional and dietary needs met.
- During our inspection, we observed one person who had identified as a vegetarian, be given a turkey dinner. We informed staff and the meal was removed immediately. We could not be assured people who had expressed specific lifestyle choices, such as vegetarianism were not consistently provided with a meat free diet.

We found no evidence that people had been harmed or had become distressed however, systems were either not in place or robust enough to demonstrate people's needs and choices were being assessed and their preferences met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plan documentation gave conflicting information about some people's dietary needs.
- Staff were not always aware of people's nutritional health needs and gave us different information about people's dietary requirements. For example, one person's care records identified them as having a digestive condition affecting their bowel. Staff we spoke with were unaware of this diagnosis. This meant people were at increased risk of receiving inappropriate or ineffective support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate this was 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.

- Meal times were a pleasant experience for people and we observed people sitting together in the dining room conversing in a calm and relaxed atmosphere.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people did not have the appropriate documentation in their care records to evidence their mental capacity had been assessed in line with the principles of the MCA.
- Some records we viewed had been signed by relatives authorising consent but there was no documentation to evidence the legal authorisation to do so.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the need for consent was considered. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had been assessed as requiring an authorisation to lawfully deprive them of their liberty, the registered manager had made the relevant applications to the appropriate authorities.
- During our inspection, we observed staff asking people for their permission to support them with their day to day activities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People had care plans in place, but these were not always reviewed in a timely way and did not always contain enough information to accurately reflect people's needs.
- Relatives we spoke with told us, where appropriate they were consulted about their relatives needs and were involved in the care planning process. A relative said, "We were asked a lot of questions about [relative] and staff explained a lot of things to us; things we didn't know or understand."
- The registered manager worked with other agencies and professionals to ensure people received timely support. For example, some people had regular access to health and social care professionals. A relative told us, "Staff will contact professionals to visit the home or I can organise it and staff facilitate it, and they will feed back to me, yes it seems to work fine."

Staff support: induction, training, skills and experience

- Staff received an induction on commencing employment at the home and told us they felt suitably skilled to meet people's needs.
- Relatives we spoke with said they felt confident staff were trained well. One relative said, "Put it this way, what we have observed is real care from the staff; from what we know they are all well trained."
- The registered manager kept a training matrix which evidenced staff had received mandatory training and identified where staff were due to undertake new or refresher courses. We saw evidence of training scheduled to take place at the home the day after our inspection.

Supporting people to live healthier lives, access healthcare services and support

- People's records evidenced people accessed health appointments and where visits from healthcare professionals had taken place at the home.
- Relatives told us they were satisfied their loved ones received support to have their health needs met. One relative said, "Definitely, we have regularly seen the district nurse and other professionals in non-COVID-19

times." Another relative told us, "[Relative] had a health issue which was serious. [Relative] was supported to see the necessary professionals and they have a district nurse going into the home for after care."

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

- Some areas of the home needed repair or alteration to make the building safer. Issues we identified were brought to the attention of the registered manager and these were rectified immediately.
- The registered manager told us there were plans in place to incrementally refurbish the whole home over time.
- The home was clean and free of any malodour.

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, risks and regulatory requirements; Continuous learning and improving care

- The quality and safety assurance processes were not always effective in identifying and addressing risk in a timely way.
- Audits were not consistently completed. This meant any issues or shortfalls were not identified at the time of the occurrence.
- On some audits we viewed, issues had been identified but there was no corresponding action point to address the shortfall. Therefore, actions put in place were not sufficient to mitigate the risk of reoccurrence and practices could not be evaluated to improve practice.
- Staff had clear lines of delegation in place and were aware of their own roles and responsibilities in supporting people to keep them safe. However, communication from the registered manager had not always been clear or concise enough. This had resulted in some delegated tasks from the registered manager, such as auditing of medication had been missed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate there were effective governance systems in place. 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.

- The registered manager had been through a process of recruiting a deputy manager to support them in their role, and a new deputy manager was due to commence employment at the home after our inspection.
- The registered manager acknowledged the need for improvement and had begun sharing with staff the changes in which were in process and ways the whole staff team could improve care practices. They told us, "We have a transparent approach and inform staff when things have gone wrong but also praise staff when we have got things right, or when we receive a compliment, and a job well done. Staff also input their ideas, and these are taken on board as practices have previously been changed by using the ideas from staff on the floor."
- The registered manager understood their registration and regulatory requirements. The rating from the previous inspection was on display within the service and on the provider's website. We had received notifications about key events that happened at the service, as required by law.

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

outcomes for people

- The registered manager had worked to try and adopt an open and positive culture where people and staff felt valued by the management team. A staff member told us, "The registered manager is honest, they will tell us if we have not done something correctly. They will tell us how we can improve, which is good. They don't tell us off; they are just doing their job and tries to make sure we do ours." Another staff member said, "Yes, I have the upmost respect for [registered manager]. They are a good person. They have been trying to recruit new managers, but it has just not worked out. [Registered manager] and [provider] are putting 100% in."
- The registered manager had been in post for eight months. They said, "I try and explain to my staff what is needed, and they know what should be done. My staff are my lifeline; they are the ones doing the work with people, so they need to have a clear understanding of what is needed. I am contactable at all times and have been spending lots of time within the service; lots of long days whilst we try and make the necessary improvements."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligation under the duty of candour. They said, "It is my responsibility to let people know the truth; I have to be open and transparent. I have not yet had to respond to anyone under the duty of candour."

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

- Staff had team meetings to discuss their ideas and concerns as a team. Staff received one to one supervision with their line manager to talk about their individual needs, practice and development.
- There were some mechanisms in place for people and their relatives to engage with the service and contribute to the day-to-day running of the service. Some relatives said they had received feedback forms and questionnaires to complete, however some relatives said they had not been given the opportunity to provide their views about the service. The registered manager was in the process of developing new ways to include everybody to actively engage with the service.
- Relatives, on the whole told us the registered manager was good at keeping them up to date with any concerns or changes in the care their family member received. In addition, relatives told us they felt able to approach the registered manager if they had any concerns and felt confident these would be addressed.

Working in partnership with others

- The registered manager worked alongside other agencies, organisations and professionals to support people to meet their needs.
- The registered manager was in receipt of further support from the local authority to address recent issues and develop and enhance practices to continually improve care for people living at Ashview House.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive support to ensure their choices and preferences were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent We could not be assured people's needs were assessed in line with the Mental Capacity Act 2005 and the consent was being considered.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not always assessed and planned for. Medicines were not always managed in a safe way. Some people's nutritional and dietary needs were not being met.

The enforcement action we took:

We issued a warning notice to the provider. We have requested the provider provides us with an action of how they will address the concerns raised. We have given the provider a date at which they must become compliant with the regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not always effective in addressing risk. This impacted on the provider's ability to consistently improve and sustain quality and safety for people.

The enforcement action we took:

We issued a warning notice to the provider. We have requested the provider provides us with an action of how they will address the concerns raised. We have given the provider a date at which they must become compliant with the regulation.