

Ashgrove Residential Care Home Ltd

# Ashgrove Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashgrove Residential Home is a residential care home registered to provide accommodation and personal care to 26 older people. The service is a two-floor building. Each floor has separate adapted facilities. At the time of our inspection, the service provided personal care to 20 people.

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

At our previous comprehensive inspection of this service on 12 October 2021, we found robust quality assurance systems were not in place to identify shortfalls we found with risk assessments, infection control, need for consent, staff training and support and good governance. We completed a targeted inspection on 27 July 2022 to check on good governance and found improvements had been made. At this inspection, we found a number of improvements had been made.

Risk assessments for people were robust and detailed to ensure people received safe care. Risks such as those related to people's health conditions and mobility were monitored and managed so staff could support them safely. Medicines were managed safely. Safeguarding processes were in place to protect people from the risk of abuse. Staff were recruited appropriately and checked they were of suitable character to support people. There were enough staff working in the home. Systems were in place to prevent and control infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to achieve positive outcomes. People were given choices during meal times and were supported by staff when needed.

Staff were kind and caring towards people and had a good relationship with them. People's dignity, privacy and human rights were respected at all times. Their equality characteristics were understood and respected.

People received care and support that was personalised for their needs. Systems were in place to manage and respond to complaints. People's communication needs were met. People took part in activities and were supported to see their family and friends.

The management team had implemented robust governance systems and carried out quality audits to ensure the home was compliant with health and social care regulations and to identify areas for improvement. Feedback was sought from people and relatives to help make continuous improvements to the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The previous rating for this service was Requires Improvement (published 25 November 2021) and there were multiple breaches of regulation. We issued requirement notices for breaches of Regulation 17 (Good Governance), Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

#### Why we inspected

We undertook this comprehensive inspection to check if there were improvements regarding the concerns we identified at the last comprehensive inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings 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 COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Ashgrove 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 (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 Health and Social Care Act 2008.

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 1 inspector 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

Ashgrove Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

## Notice of inspection

The inspection was unannounced.

## What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

## During the inspection

We spoke with the provider, registered manager, deputy manager, 5 care staff, the chef and a maintenance staff member.

We carried out observations of people's care and support and spoke with 5 people and 5 visiting relatives for their feedback on the home.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 5 care plans, which included risk assessments and 4 staff files, which include pre-employment checks. We looked at other documents such as those for medicine management and infection control. After the inspection, we continued to seek clarification from the provider to validate evidence found.

# 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 comprehensive inspection this key question was rated Requires Improvement. At this inspection this key question has changed to Good. This meant people were safe from avoidable harm.

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

At our last inspection risk assessments were either not in place or were not robust enough to demonstrate safety and risk was effectively managed. We also found systems were not in place to reduce the risk and spread of infections. This placed people at risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection, we found risks assessments relating to people's health and care needs were robust. They contained detailed information about specific risks to people for staff to be aware of. These included risks related to people's health conditions, such as cancer and diabetes. For example, if people were diabetic, risk assessments contained information on the signs and symptoms of high or low blood sugar levels and the action staff should take to mitigate these risks.
- Risk assessments had also been completed for people at risk of falls, skin complications and depression, which included measures to minimise the risk. A person told us, "Before I came here, I had lost all my leg muscles because I wasn't using them. Being here has been brilliant. They [staff] really care for me here. I can still get round with some help and because I am here, I have improved my mobility."
- Gas, water, electrical, fire safety systems and mobility equipment had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Preventing and controlling infection

- The provider had systems to prevent and control the spread of infection.
- New flooring had been laid on the ground floor and daily cleaning schedules were in place to ensure the home was clean and tidy. A refurbishment plan was in place to also refurbish the whole home.
- Personal Protective Equipment (PPE) was available throughout the home and was kept in a safe location and not exposed to outside germs.
- People were admitted safely to the service. Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use.
- The provider was accessing COVID-19 testing for people using the service and staff when required.
- There were processes to make sure infection outbreaks could be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. We observed relatives visiting people. A person told us, "My family are always welcomed and see me often."

#### Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The registered manager raised alerts when required and worked with local authority safeguarding teams during investigations.
- Staff had received training in safeguarding and were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.
- People and relatives told us the home was safe. A person told us, "Yes, I am happy here." One relative said, "At first, [person] was keen to get back home but now [person] loves it here. It's so nice here. Weight has improved. [Person] has been better here in fact I think [person] has put a bit on so that's good."

#### Staffing and recruitment

- There were enough staff to support people in the home. The registered manager had assessed the staffing levels needed using a dependency assessment tool to calculate staffing levels contingent with people's needs. A rota reflected the numbers of staff required in the day and at night.
- Staff told us there was enough staff. We observed that staff supported people when needed. Staff were also visible and were able to respond to people's request when needed. A staff member told us, "We have enough staff here to help people."
- Robust recruitment procedures were in place. Recruitment records included employment references, health declarations, proof of identification and evidence that Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the police national computer. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. Medicines were administered by staff who had received the relevant training and who underwent annual assessments of their competency.
- Medicines care plans were in place and staff provided person-centred medicines support to people. People received their medicines as prescribed, for example, medicines that needed to be taken before food. We observed staff being patient, kind and professional in their approach during medication administration.
- There were protocols for medicines to be taken 'when required', such as pain relief medicines.
- Safe and appropriate management systems were in place to ensure medicines were managed safely. Medicines were kept securely in locked cupboards. Refrigerators, which stored certain medicines were checked to monitor their temperature.
- Medicine Administration Records (MAR) contained sufficient information such as photographs of each person and details of any allergies they had to ensure safe administration of their medicines. MAR sheets were completed accurately. Medicine stock levels tallied with the balances recorded to ensure all medicines had been accounted for and used correctly.
- Medicine audits were carried out to identify any concerns and address any shortfalls, gaps and errors. There were processes to ensure medicines were ordered for the beginning of the next cycle.
- Controlled drugs were securely locked away and managed safely, separate from other medicines. We found controlled drugs were administered safely.

#### Learning lessons when things go wrong

- There were procedures for the recording of incidents and accidents. The registered manager investigated incidents and action was taken to keep people safe.



# 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 comprehensive inspection this key question was rated Requires Improvement. At this inspection this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found consent was not sought from people to deliver care and treatment and the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were not being applied in the least restrictive way and correctly recorded. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to consent to decisions made about their care were assessed and recorded. Their choices and decisions were respected.
- People's care plans included the involvement of the person, their relatives or other representatives to ensure care and treatment provided by the service and other professionals was delivered with their consent. Records showed if people required decisions to be made in their best interest.
- DoLS applications were made where it was assessed people's liberty could be deprived. The registered manager kept a log of DoLS applications that had been made, were in progress or had been approved.
- Staff understood the principles of the MCA and had received training. They told us they asked for people's consent at all times before providing them with support. A staff member told us, "I always ask for consent, it's their choice on how we help them."

Staff support: induction, training, skills and experience

At our last inspection, we found staff had not completed mandatory training to perform their role effectively and were not being supported with regular supervisions. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had completed mandatory training and refresher courses to perform their roles effectively such as moving and handling, safeguarding and first aid. The registered manager had a training matrix, which provided oversight on staff completion of training and when training was next due. A staff member told us, "I have been given training, it has helped."
- Regular supervisions had been carried out. A supervision matrix was in place, which gave the registered manager oversight on when supervisions were due.
- Staff told us they felt supported. A staff member told us, "[Registered manager] is a very good manager. I am supported very well." Another staff member commented, "Both the home manager and deputy manager support us very well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them. There was also an admissions checklist to ensure admissions processes were always followed consistently.
- Reviews were carried out with people regularly to ensure people received support in accordance with their circumstances. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people required with meals or drinks. People's weight was monitored regularly to check if they were in good health and we observed people were offered fluids throughout the day.
- We observed the kitchen area, which was clean and tidy. Records of people's dietary requirements were kept and the chef was knowledgeable of people's preferences and requirements with meals.
- People were included in menu planning and staff asked them what they would like for meals. A person commented, "The chef comes round to my room in the morning and offers a choice of meals." Another person commented, "I just had my lunch, was nice food, always good. We can have what we want really." The chef told us, "We always give people choices on what they would like to have."
- We observed that people were able to eat together and received staff support when required.

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access a number health of services such as to ensure they were in the best of health. A relative commented, "When [person] had an infection, they were really quick to get the doctor to see [person]."
- People also had access to dental services. We observed that people had access to dental care products to ensure they were in the best of oral health. Oral healthcare plans were in place, which was not in place at the last inspection. The care plans detailed the support people required with oral healthcare.

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

- The premises and environment met the needs of people who used the service and were accessible.
- There were two communal areas with a dining area. There was a garden that was maintained if people wanted to go outside.

# Is the service caring?

## Our findings

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

At the last comprehensive inspection this key question was rated Requires Improvement. At this inspection this key question has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- At the last comprehensive inspection, we observed that commodes were left out in the open and were visible from outside their rooms as the doors were open. We observed this had now been addressed. We saw that people went to their rooms for some private time without being disturbed.
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should only be shared on a need to know basis in line with GDPR and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring. One person told us, "I wouldn't have a bad word said about the care staff here, caring? Yes."
- We observed staff had positive relationship with people and had a kind and caring approach towards them. A relative told us, "[Person] gets on well with the staff who love [person]."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that ingredients had been bought to make meals in accordance with people's culture and background. People's religious beliefs were recorded and information included the support people may require in this area such as supporting people to practice their faith.

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

- People were involved in decisions about their care. Care plans had been signed by people to evidence that they agreed on the support they required.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.

# Is the service responsive?

## Our findings

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

At the last comprehensive inspection this key question was rated Requires Improvement. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred and included people's preferences with support.
- The provider was implementing a digital system for care planning and recording. Staff used devices, which were linked to a central system to update care plans and log tasks. This meant all staff and managers were able to view updates as they happened.
- Care plans gave a person-centred profile of the person. They provided more detailed information about people's health care needs and support needs in a number of areas such as with personal care, mobility, continence, night time and sexual orientation. Care plans also included information on people's background and lifestyle choices including the people that were important to them.
- Care plans were reviewed regularly and updated with any changes to people's preferences or health. Staff told us they communicated with each other to ensure people received the support they needed.

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

- There was weekly activity schedules and photos on display showing people participating in activities.
- We saw staff entertain and engage people with board games, plus some chair exercises. Records showed that people were also supported to access local amenities. A staff member told us, "People do activities here, they do painting, colouring, they sing and dance. There is lots of activities. I do dancing with them. Lots of games are here. People go outside."
- Staff also interacted and spoke with people during the day. A relative commented, "[Person] likes doing some of the activities here but what I really like about this place is the staff, they get on well with [person], they are excellent. They are responsive to [persons] needs and if you look the staff are always interacting with the residents."
- People were supported to develop and maintain relationships with their family and friends. This helped to avoid isolation. People were able to have visitors and we saw relatives visiting their family members during the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were set out in their care and support plans. For example, if the person was able to verbally express their thoughts and feelings or if they needed staff to speak to them slowly and clearly. Staff told us they followed and understood people's communication plans.
- The registered manager told us if needed they could supply information to people in easy read or large print formats to help them understand what the information was trying to say, such how to make a complaint.
- We observed staff communicating with people in a warm and friendly manner, showing caring attitudes and engaging in natural conversation.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place should people and relatives need to raise concerns or make a complaint.
- No complaints had been received since our last inspection. Staff we spoke with were aware on how to respond to complaints. The registered manager kept a tracker of any concerns raised, which we saw had been actioned.

#### End of Life care and support

- People's wishes for end of life care and support were explored and respected in the event of changes in their health. The management team discussed their wishes with them and involved their relatives. These were recorded in people's care plans.
- Staff were provided with training in end of life care, so they had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

# 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 Inadequate. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last comprehensive inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service and monitor risks to people to keep them safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection, we found improvements had been made and sustained.
- After our last comprehensive inspection, an action plan was put in place to ensure improvements were made. Improvements had been made with risk assessments, infection control, depriving people of their liberty lawfully and staff training and support.
- The registered manager introduced systems to ensure staff were compliant with training and received timely supervisions. Staff told us they were supported well by the management team and there had been significant improvements since the last comprehensive inspection. One staff member said, "It's a lot better atmosphere now since you [CQC] last inspected. There is much improvement now."
- The registered manager carried out a number of audits and monitoring checks to ensure the quality and safety of the home was being improved and maintained. These included audits of infection control, medicines, meal time, health and safety and staff file. Care plan audits had also been introduced to ensure people received personalised care and records were accurate. Audits identified shortfalls and prompt action was taken to ensure people received safe and personalised care at all times.
- The provider had implemented a more effective digital care planning system to ensure greater oversight of care delivery.
- The registered manager told us they felt supported by the provider to help manage and improve the service.
- There was a system for continuous learning and improving the service. Feedback was sought from people, relatives and staff to make improvements to the home. The registered manager met with staff to identify and learn from lessons.
- Feedback from people was analysed to implement improvements to better the experience of people.
- Staff told us they were clear about their roles and responsibilities and were encouraged and supported by

the registered manager to perform in their roles. One staff member told us, "[Registered manager] is understanding and supports me when I need help."

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 notified the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The registered manager was open and transparent with people and relatives when things went wrong. Records showed they had notified and liaised with the local safeguarding authority regarding concerns of abuse.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Staff told us there was an open-door policy and they could approach the management team with any issues.
- People, staff and relatives were positive about the home and the management team. A relative told us, "I think [person] is in a lovely place. Staff are lovely too."
- Staff meetings were used by the management team to share important information and discuss any issues and topics including safeguarding, and following policies and procedures.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.
- Surveys and questionnaires were sent to people, relatives, visiting professionals and staff for their feedback about the home. The feedback was generally positive.

Working in partnership with others:

- The home worked with other social care agencies and health professionals such as, GPs and pharmacists to maintain people's health and wellbeing.
- The home kept up to date with new developments in the care sector and shared best practices within the home.
- The registered manager told us they had started working with external organisation to support staff wellbeing, which had really benefited staff.