

Ash Court Community Limited

Ash Court Care Centre - Camden

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ash Court Care Centre – Camden is a care home providing personal and nursing care for up to 62 people aged 65 and over. The accommodation is on three floors, with communal areas located on each floor and a patio garden on the ground floor. There were 58 people living in the home at the time of our visit.

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

Since our last inspection, the management team at the home had taken effective action on improvement. Newly introduced monitoring systems and processes led to an improved managerial overview of the service delivery. This led to meeting a warning notice about medicines management and meeting breaches in relation to protecting people from abuse, staff training, reporting on notifiable events and appropriate maintenance of equipment.

Further improvements were still needed to fully meet the requirements of the Regulations. This related to aspects of the management of medicines and their monitoring.

People were protected from harm and abuse from others. Overall, risks to people's health and wellbeing had been assessed. There were appropriate infection prevention and control measures in place. Recruitment procedures were safe, and people were supported by suitably selected staff. There were enough staff on each shift to support people safely. Staff and the managers followed the procedures related to the effective management of accidents, incidents and safeguarding concerns at the home.

Staff received training to help to support people effectively and safely. Formal staff one to one supervisions during the last 12 months have been reduced due to demands related to the Coronavirus pandemic. Nevertheless, staff said they felt supported as they received emotional and practical help from the managers, colleagues and when appropriate the local authority.

People's care plans were personalised and included information about their cultural background, religion, disability, age, end of life wishes, important relationships and personal preferences. This helped staff to understand people's specific needs and provide effective care. End of life care plans needed further development to ensure they specified when the end of life care pathway would be implemented. The managers assured us this would be looked into.

Overall the managers at the home received positive feedback from staff, people, their relatives and external professionals. They all said the managers were kind, attentive and willing to take improvement action when gaps in the service delivery were identified. Some family members told us, they were not always updated on the outcomes of the actions agreed.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 05 November 2019) and there were multiple breaches of regulation. A warning notice was issued in relation to the management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made however more improvements were needed and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 and 12 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led domain and additional checks on breaches and recommendations from the effective and responsive domain.

The ratings from the previous comprehensive inspection for those key questions we did not fully look at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ash Court Care Centre Camden on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the management of medicines and governance of the service at this inspection. 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 monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up

We will continue to monitor the information we receive about the service until we 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ash Court Care Centre - Camden

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 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

This inspection was carried out by two inspectors a pharmacy 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

Ash Court Care Centre 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with 10 members of staff including the chief executive (CEO) who was conducting a planned, routine visit of the home, the registered manager, the deputy manager, the home administrator, two nurses, three health care assistances and the maintenance operative.

We reviewed a range of records. This included 16 people's care records including care plans and medicines records. We looked at two new staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records. We received feedback from one professional. Our Expert by Experience spoke with seven family members.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection, the provider did not ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice about this. The provider had made considerable improvements and the warning notice was met. However, some aspects of medicines were still not managed safely. Therefore, the provider was still in breach of regulation 12.

- Some people were prescribed medicines such as pain killers and anti-anxiety medicines to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols was not always in place or individualised enough to help staff administer these medicines as prescribed. The missing PRN protocols were forwarded to the CQC after our visit. However, because they were not present during our visit and their absence was highlighted by the inspection team, the provider could not assure us that staff had suitable information on how to administer PRN medicines to people.
- Some people were prescribed medicines to be given via percutaneous endoscopic gastrostomy tube (PEG). However, these were not prescribed (by the authorised person) on the MAR to be given via PEG. Instead staff had made a handwritten note, which is not as required by the guidelines. This meant there was a risk these could be given orally in error by the staff. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth.
- Some people at the home were given medicines covertly. Covert administration is when medicines are administered in a disguised format hidden in food or drink. However, for one person the pharmacist had not been consulted to seek advice on the most suitable way to give medicines mixed with food or drink. Therefore, there was a risk that the medicine could be administered via an incorrect method.
- People's care plans did not always include information related to their medication. One person did not have such care plans in place to help staff give medicines safely. For one person who was prescribed insulin, there was no guidance in their care plan to guide staff on how to manage and monitor its side effects. This meant the staff might not always be able to provide safe care. This put people at risk of harm. Following our visit, the provider provided us with evidence that this had been addressed and missing care plans were put in place.
- Food and fluid thickeners prescribed to people were not always stored securely which put people at risk of harm if they swallowed it. Also, this did not meet the national guidance on how thickeners should be stored.

Above was the evidence of a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe care and Treatment.

We also noted positive improvements since our last visit.

- There was adequate stock of prescribed medicines. Staff members carried out daily stock checks to ensure medicines were ordered on time.
- There was a medicine policy in place and only suitably trained staff were administering medicines.
- There was a process in place to report and investigate medicine incidents and these were followed.
- The home managers received and acted upon medicine alerts from staff.
- We observed staff give medicines to people in the morning and afternoon. Staff members checked the prescribed medicines on the medicine administration records (MAR), gained permission before giving it and signed for each medicine on the MAR.
- Medicines (apart of food and fluid thickeners), including controlled drugs (CD's) were stored securely and at appropriate temperatures.
- MARs were in place for prescribed medicines. Some MARs were handwritten and these were appropriately checked and signed by two members of staff to ensure they had been transcribed correctly.

Assessing risk, safety monitoring and management

- The service assessed the risks to people's health and wellbeing. The assessment took place at the point of people's admission as well as a part of the monthly care plan evaluation. Risk assessments covered a range of different areas that included general common risks (i.e. visiting the community unaccompanied) and risk assessments tailored to each person's unique and specific day to day care and support needs and individual health condition.
- Where risks were identified staff were provided with guidelines on how to manage these risks and reduce the possibility of harmful events happening.
- When people's needs changed, and new risks were identified this was documented in people's care records.
- The specific potential risks associated with the ongoing COVID-19 pandemic were also included in each person's risk assessment as a particular area for consideration.
- Although, overall risk assessment practice was effective, we saw that in the case of two people risk assessment process was not completed as it should. For one person there was no risk assessment related to their specific condition (epilepsy). Since our visit we were provided with evidence that this document had now been completed. Another person did not have their risks reviewed for two consecutive months. The deputy manager told us that this had been an oversight, and this would be addressed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we found that the lack of robust safeguarding systems put people at risk of possible harm and abuse from others. This was because people had not always received their medicines as prescribed and the provider did not make appropriate safeguarding alerts about it to the local authority and the CQC. Therefore, we judged that the provider had not considered the safeguarding aspects associated with people not receiving their prescribed medicines. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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 13.

- Since our last visit, three medicines errors were identified by staff during daily medicines audits. There were also two safeguarding concerns which following an investigation were not substantiated. These medicines errors and safeguarding concerns were reported to the local authority and the CQC. The provider worked alongside the local authority to investigate all concerns in order to take appropriate action to ensure people were safe.
- People and their relatives thought people were safe at the home. One person told us, "Everything is fine."

Staff are lovely. They come to talk to me, I feel safe." A relative said, "I feel that my relative is absolutely safe in their care. Sometimes my relative will refuse care and the staff know when to pull back."

- Staff understood the principles behind safeguarding people from abuse. They understood what constitute abuse and who to report their concerns if they thought somebody was at risk of harm. One staff member told us, "If I saw abuse first, I would stop it then report to the management. I could whistle-blow if needed - there is a number I could call in the staff room and on my ID badge."

Preventing and controlling infection

At our last inspection we found that systems were not in place to demonstrate safety related to hygiene in small fridges was considered and managed. This was a breach of regulation 15 (Premises and equipment) 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 15.

- The provider assured us that there was a system in place to ensure food in communal fridges was stored safely. We saw that the communal fridges were clean and the temperature inside was checked daily. We observed that a small number of food items, received from the family members, on one of the floors, were not dated to mark when the food was put in the fridge. This was needed to help to store the food within safe food storage guidelines. The registered manager assured us this would be addressed immediately.
- The home looked and smelled fresh and clean. The housekeeping team was observed cleaning the home throughout our visit.
- 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 admitting people safely to the service - some signposting provided.
- 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 - some signposting provided.
- 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 have also signposted the provider to resources to develop their approach in relation to the layout of furniture in the communal areas and access to the antibacterial/antiviral gel in the communal areas. This has been addressed shortly after our visit.

Staffing and recruitment

- There were enough staff on each shift to support people. One person told us, "There are enough staff here. Once I pressed the call bell and they were here immediately." Relatives told us staffing levels were affected at the early stages of the Coronavirus pandemic in 2020, however, this has now improved. Some of their comments included, "August 2020, there were staff shortages. This affected care for my relative. Staffing levels have improved and our concerns around our relatives care have been addressed" and "There always seems to be enough staff on duty and the staff members speak and listen both to my relative and us."
- The provider had safe recruitment procedure, and people were supported by suitable staff. We reviewed two out of six staff employed since our last visit. Appropriate checks such as, enhanced criminal checks and full employment history had been completed. Where applicable registration with professional body had been verified.

Learning lessons when things go wrong

- The provider had a process for reporting and recording accidents and incidents. We saw that staff

followed it. Recorded accidents and incident had been investigated by members of the management team and action was taken to reduce the risk of them happening again.

- The provider ensured that accidents and incidents as well as safeguarding concerns had been analysed and monitored for trends and patterns. This was done at both the home level and via monthly performance reports to the senior management team at the provider's level.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Staff support: induction, training, skills and experience

At our last inspection we found that staff were not provided with sufficient training to support them to carry out their roles effectively. This placed people at risk of harm. 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.

- At the last inspection, we identified that the care staff had not always received training on some conditions or specific medical needs of people at the service. This included topics on working with, brain injuries or Parkinson's disease. At this visit, we found that senior staff (including nurses and team leaders) undertook training in understanding brain injury, Parkinson's disease and learning disability. Training for other staff had been postponed due to the Coronavirus pandemic. Further training was to be arranged shortly.
- At the last inspection, we identified that a member of the care staff administered insulin to people without specific training on how to administer insulin. At this inspection, we found this had now been stopped and no care staff was administering insulin to people.
- New staff received an induction to the service. All staff received mandatory training.
- The frequency of staff individual supervision in the past 12 months was reduced due to ongoing demands related to managing the coronavirus pandemic at the home. The registered manager advised us these had now restarted, and most staff received one to one supervision in January 2021.
- Staff received other support throughout the coronavirus pandemic. This included ongoing informal conversations with members of the management team, and where needed additional emotional support arranged by the provider and the local authority. One staff member told us, "I felt supported. The past year has been difficult. We had meetings and we received training. We coped with it well."

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

- At our previous visit we found that aspects of the service's decoration and adaptation required improvement to better meet the needs of people living with dementia or orientation difficulties. This has been now addressed. The service had been freshly re-decorated with vibrant wall colours, different on each floor. This helped people, who could mobilise within the home, determine which floor they were living on or visiting. The corridors had new day-light light bulbs fitted which improved visibility and helped the overall pleasant feeling within the home.
- There was clear signage in the building and other features (such as pictorial menus displayed on tables

during meals) that promoted people's well-being, orientation and were suitable for people living with dementia.

- The outside area of the building was tidy and additional storage was built for any surplus equipment and other items. This meant people and visitors could spend time outside in a pleasant and safe environment.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

At our last inspection, we recommended the provider seeks further training and guidance on person-centred care planning. The provider had made improvements.

- Care planning had further developed since our previous inspection. An online "real-time" electronic care plan was linked to handheld devices that staff carried with them whilst on duty. These devices allowed staff to make notes about what they had done to support people as well as be able to see what people's care needs were at any given time from their most recent care plan. This meant any information about care provided to people were updated immediately and staff had more time to support people. This system received significant praise from staff.
- Details about people's cultural, religious, disability, age and relationship need's and personal preferences were included in people's care plans. This helped staff to understand people's individual needs, so they could effectively provide the care people needed in line with best practice guidance and the law. One relative told us, "Ever since the specific training and staff awareness of my relative's condition, they have been receiving good care."
- Family members told us they were kept up to date about people's health and if aspects of people's care had changed. Their comments included, "The home consulted with us about the change of GP. They always call us if meds are changed" and ""We've always been involved, for example regarding flu jabs, the COVID-19 jab, need for hospitalisation etc..."
- The feedback from relatives about their involvement in care planning varied. One relative told us, "I've been involved from the start. I have seen my relative's care plan." However, another relative said, "There's only been one family meeting with a staff member and a social worker at the start. We've never really been involved much at all since then."

End of life care and support

At our last inspection, we recommended that the provider seek further training on how to gather information on people's end of life wishes and preferences. The provider had made improvements.

- At the time of our inspection no-one was receiving end of life care.
- People had end of life care plans which included information on what they would like to happen in case of them passing. This meant people expressed their wishes on how they would like to be cared for at the end of their life. For example, one person had specific wishes to be adhered to because of their religion. Another person had changed their end of life wishes and this was respected and recorded in their care records.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection systems were either not in place or robust enough to demonstrate comprehensive managerial oversight of the service provision. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that some improvements had been made and more improvements were needed. The provider was still in breach of regulation 17.

- The provider had carried out medicine audits. However, the audits were not fully effective and had failed to identify concerns we found during the inspection

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a range of improved managerial and peer audits introduced. This included end of shift forms for staff, topic-specific managerial spot-checks and 24-Hour managers' report. This ensured managers were promptly informed about any significant events within the home. With the exemption of medicines audits, managerial audits and checks were effective in identifying and addressing gaps in the service delivery.

- The provider had oversight of what was happening at the home and could provide support when needed. The management team at the home submitted a monthly performance report with information related to all aspects of the service delivery.

- The management team and staff, all were clear about their roles, what was expected from them and what they were accountable for.

- People's confidentiality was protected. Records related to people's care were archived or stored appropriately and were not accessible to unauthorised people.

At our last inspection the provider did not have effective systems to ensure statutory notifications had been submitted as required by the law. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 Care Quality Commission (Registration).

- Since our last visit there were three medicines errors and two further safeguarding concerns at the home. The registered manager reported these events to the local authority and the CQC.

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

- Overall, relatives spoke positively about the managers at the home. Some of their comments included, "The manager is approachable and ever-present in the home. He talks with everyone" and "The manager introduced himself to me. He's always polite and organised. He seems empathetic and kind."
- Relatives thought that the registered manager was responsive to their queries, listened to their concerns and always agreed on improvement actions. Relatives also commented that they were not always updated if the agreed actions were followed. One relative said, "When any of us have complained to the manager, action seems to follow, but there's never any communication to confirm outcomes."
- The registered manager understood their duty of candour. They told us, "If an accident happens, we have to accept our responsibility, apologise for what happened and mitigate risks in the future."
- There was a peaceful atmosphere at the home. Staff appeared relaxed when proceeding with their daily tasks.

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

- Relatives provided us with mixed feedback about the level of engagement they had from the home during the pandemic. Some were satisfied with the information they were receiving other thought it was limited.
- Most relatives said that during the pandemic they were not involved in planning and reviewing people's care, and they were not kept up to date about the daily activities and routines of their loved ones. The registered manager also confirmed that relatives' surveys had not been taking place within the last 12 months and this was due to the coronavirus pandemic.
- Overall family members thought the home informed them when their relatives needed medical attention or other support. They said, "They notify me if my relative has a hospital appointment" and "They sometimes speak with me if something untoward emerges with my relative." One relative said, "I hadn't been informed that my relative needed an ambulance."
- Most relatives said they were kept informed about procedural changes at the home during the pandemic and general updates about managing COVID-19 at home. They said, "We've received emails about COVID-19 regulations from the registered manager" and "The home is proactive in forwarding emails to me about the pandemic from their head office."
- People were asked about their experience of the service. This was done through regular care experience audits carried by the deputy manager. One person told us, "I am very spoiled here."
- Staff felt supported by their managers. They said, "I feel supported. We had meetings and access to emotional support from the head office" and "I feel supported. I feel informed about COVID and we had meetings with our managers about it."
- Members of the management team told us they welcomed staff engagement and their suggestions on how to improve the service.

Working in partnership with others

- People were supported to use community healthcare services as and when necessary, although this had been challenging during the COVID-19 pandemic. The registered manager told us that most people were registered with a local GP practice, although people could remain registered with their GP if this was possible.
- The home ensured the information about people's current physical health was up to date and shared with

health and social care professionals that were involved with each person.

- External health and care professional spoke positively about the home and the recent improvements there. One professional told us, "The past 12 months was a difficult time and the home 'picked themselves up'. I can see a lot of improvement there."

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 registered person had not ensured care was provided in a safe way for service users because:</p> <p>They had not ensured the safe and proper management of medicines.</p> <p>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 registered person had not operated effective systems to:</p> <p>Assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (2) (a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>Regulation 17 (2) (b)</p>