

Mauricare Limited

Ashton Court Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Ashton Court provides personal care to older people with a range of support needs, including dementia. It accommodates up to 24 people, and 14 were using the service at the time of the inspection.

People's experience of using this service:

We identified infection control systems could be improved in the home. All the staff we spoke with confirmed they had received infection control training, however, we observed staff were not consistently using personal protective equipment (PPE) correctly. The registered manager told us that visitors were screened on arrival to manage the risks associated with the current COVID-19 pandemic, however, we had to prompt staff on our arrival for this to be undertaken.

We have made a recommendation in relation to the management of infection control.

The registered manager undertook a range of audits, although we identified these were not always effective. For example, the care plan audits had not identified some of the areas requiring improvement.

We have made a recommendation that the robustness of governance systems is improved, so that they contribute effectively to service improvement.

People gave us positive feedback about the home. One person's relative described the home as "ten out of ten." People receiving care appeared to be happy, and staff knew their needs well.

People were supported by staff who were deployed in sufficient numbers to meet their needs. Staff were aware of how to safeguard people from abuse and had received training about how to recognise and respond to concerns.

Medicines were managed in a safe way, with detailed record keeping and safe storage.

Rating at last inspection:

The last rating for this service was requires improvement (published November 2019).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected:

This was a planned focussed inspection based on the rating at the last inspection. As this was a focussed inspection, we reviewed the key questions of safe and well led only. 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 not changed.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Ashton Court Residential 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 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 one inspector.

Service and service type

Ashton Court 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

We gave the service 48 hours' notice of the inspection. This was to ensure our visit could be safely undertaken during the ongoing COVID-19 pandemic.

Inspection activity started on 6 January 2021 and ended on 13 January. We carried out a visit to the home on 8 January, and interviewed staff and people's relatives by telephone after that.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We did not request a 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 this information to plan our inspection.

During the inspection-

We spoke with two people using the service and three members of staff, including the registered manager. We observed staff and people using the service interacting, and activities taking place.

We reviewed a range of records. This included four 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 quality audits and monitoring records, were reviewed.

After the inspection

We spoke with four members of staff and two people's relatives. 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 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.

Preventing and controlling infection

- The service was not robustly preventing and controlling the spread of infection.
- Visitors were not consistently screened for COVID-19 on arrival to the service and "track and trace" information was not obtained; we had to prompt staff to undertake screening activity.
- A minority of the staff we observed did not always use PPE correctly. The provider's training records indicated only a minority of staff had received training in hand hygiene, although the registered manager told us this was not up to date.
- Staff told us they had received training in regard to infection control, the use of PPE and hand hygiene.

We recommend that the provider ensures infection control measures are more closely monitored to reduce the risk of lapses.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate systems and processes to protect people from the risk of abuse.
- Spot checks and quality audits were undertaken which included monitoring safeguarding measures.
- Where safeguarding incidents had occurred, the registered manager had made the required notification to CQC and alerted the local authority.
- Staff were up to date with their safeguarding training. They recognised the signs of abuse and neglect and were confident in how to raise a concern. One staff member said: "I feel very confident to report these things, I know how to make sure people are safe."

Assessing risk, safety monitoring and management

- The service assessed risk and monitored people's safety.
- People's care plans contained detailed risk assessments, which identified all areas where people were at risk of harm or injury. These were regularly reviewed.
- Where people's mobility meant they required equipment to assist them in transferring, there was a good level of detail in people's care plans for staff to follow, to ensure the equipment was used safely.

Using medicines safely

- Medicines were safely managed.
- We spoke with a senior staff member who oversaw medication, and they had a good knowledge of the systems in place, and people's needs.
- Medication was securely stored, with additional storage as required for controlled drugs.
- Medication records were up to date and accurately kept. Where people required medication on an "as required" basis, often referred to as PRN, there was detailed guidance for staff to follow so they knew the

steps to take to administer this medication safely.

Staffing and recruitment

- Staff were recruited safely.
- The provider used a dependency tool which tells the service what staff mix is required to safely meet people's care needs.
- In our observations, we saw whenever people asked for assistance, staff were quickly available.

Learning lessons when things go wrong

- The registered manager undertook a regular audit of the home, and monitored incidents and accidents to identify any trends or areas for improvement.

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 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

At our last inspection we found management systems were not sufficiently robust to ensure the service was managed effectively. 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, although further improvements are required.

- The registered manager had been in the role for several years, and was supported by a deputy manager.
- There was a range of audit systems in place, which were carried out regularly although they were not always effective; for example, a care plan audit we looked at did not identify all shortfalls in the care plan, and the registered manager's audit had not always been completed correctly.
- Staff told us they felt they had a good understanding of their responsibilities, and said they received a good level of support to undertake their roles.

We recommend that audit systems are used more robustly, to improve their effectiveness.

Continuous learning and improving care

- Staff said they had received a good standard of training, although the provider's own training matrix had not always been updated to reflect this.
- The registered manager told us their training matrix was not up to date, but described a training programme which corroborated what staff had told us, including using external trainers and online training.
- The registered manager told us they were committed to improving the service they provided, and described how they closely monitored service provision to identify areas for improvement. However, the audits we checked did not always effect change or improvement.

Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people; and 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 had a good understanding of care quality and delivering person centred care. People's relatives told us they felt staff were very person centred, with one saying: "I can just tell they really know [my relative] it's not lip service, it's genuine."
- Care was provided in a person centred way. Staff we observed demonstrated this. Staff told us this was important to them in their work, and described being proud to deliver the care they provided.

- Relatives told us the staff team were open and approachable.

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

- People's feedback was regularly sought, and incorporated into the way the service was run. In our observations of care we saw people were routinely consulted and their preferences were upheld.
- Staff told us they felt listened to by the management team
- Records showed very few staff had received training in relation to the equality characteristics. Staff we asked were not sure if they had received this training.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.