

Mauricare Limited

Aston Manor

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aston Manor is registered to provide nursing and residential care for up to 32 people, at the time of this inspection there were 26 people living at the home. The home provides accommodation across the ground and first floors in single en-suite bedrooms.

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

We identified gaps in staff refresher training in subjects including dementia awareness, safeguarding and the Mental Capacity Act (2005). Prior to our inspection, some training had been booked to address this.

On the day of our inspection, we witnessed an avoidable accident, although appropriate action was taken by staff in response. Risk assessments were sufficiently detailed. Staff were not aware of personal emergency evacuation plans, but were able to describe action they needed to take in the event of a fire.

Staff received regular supervision as well as meetings for them to raise issues and receive feedback.

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.

The administration of medicines was managed safely.

There were sufficient numbers of suitably deployed staff to meet people's needs. The process followed for recruiting new staff was safe.

People felt safe and protected from harm living at this home. Staff knew how to identify abuse and told us they would report this.

People's dietary needs were met. Mealtime audits had identified the need for staff to provide condiments. This was an issue found at our last inspection and remained a concern. Records showed people's healthcare needs were met by a range of professionals.

Staff were caring in their interactions with people. Relatives confirmed this routinely happened. Staff respected people's privacy and dignity as well as their equality, diversity and human rights.

Care plans contained enough information to guide staff. Relatives were involved in people's care and told us staff knew their family members and their preferences well. One person's end of life care needs were being well managed.

No complaints had been received at the time of our inspection. The registered manager told us activities

were difficult to provide for the group of people they cared for. Some evidence of stimulation provided was evident.

A system of audit was taking place on a regular basis. The registered manager had actively looked to work in partnership with other services. Relatives and staff gave positive feedback about the registered manager.

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 16 August 2018) and there were multiple breaches of regulation. The registered 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 and the provider was no longer in breach of regulations from the last inspection. However, a new breach of regulation 18 (Staffing) was found.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor 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?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Aston Manor

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.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and a specialist advisor with a background in governance.

Service and service type

Aston Manor 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.

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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 one person who lived in the service and three relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, nominated individual and a further three members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Following our inspection, we received feedback from one professional who had involvement with the home.

We reviewed a range of records. This included two people's care records in details and a further three care plans for specific information. We looked at four staff files in relation to recruitment and ongoing support as well as a variety of records relating to the management of the service. 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 an environmental update. The registered manager also provided confirmation of action they said they would take during our inspection.

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.

At our last inspection the registered provider was unable to demonstrate they were assessing risks to people and there was a failure to ensure the premises were safe to use for their intended purpose. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- We observed a person being assisted by two staff to the lounge in a wheelchair. Due to their care needs, they were being pulled backwards, in their wheelchair. This need was not recorded in their care plan. The person slipped out of their wheelchair in the lounge as they were not wearing a lap belt. Staff responded appropriately and the person went to hospital. They returned later the same day after they were found to be without injury. Following our inspection, the registered manager produced updated guidance for staff to ensure this person is assisted to move safely.
- We found two members of staff had limited knowledge of people's personal emergency evacuation plans. The registered manager said all staff had been told about this and said they would remind them. We found staff were aware of their other responsibilities in the event of a fire.
- Risk assessments were sufficiently detailed. We checked five pressure care mattresses and found they were set correctly.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with confirmed their family members were safe living at this home. One relative told us, "I'm quite happy and I know [person] is (safe)."
- Staff were able to demonstrate knowledge about protecting people from harm and how this applied to their role. One staff member said they knew how to 'whistle blow' if they identified poor staff practice which needed reporting.

Staffing and recruitment

- The registered manager had a dependency tool in place to assess the number of staff required related to people needs. Enough staff were deployed to meet people's needs. We saw staff had a presence in communal areas at all times.
- Staff rotas showed shifts were routinely staffed as needed. On three occasions between July and August 2019, agency workers failed to arrive for their shift. Action was taken on these occasions to reduce risks to people by ensuring staff already on shift extended their working time and staff on the next shift started early.
- Procedures followed for the recruitment of two members of staff were found to be safe. Relevant

background checks had been completed before new staff started.

Using medicines safely

- Relatives confirmed people received their medicines as prescribed. One relative said, "They make sure [person] is properly dried and creamed."
- Members of staff responsible for administering medicines had an up-to-date assessment of their competency in line with guidance from the National Institute of Health and Care Excellence (NICE). They also received training for medicines management.
- The medication administration process we observed was very caring and respectful. Medicines were stored appropriately. Medication audits were carried out regularly which demonstrated management oversight.

Preventing and controlling infection

- We found the home was generally clean, although a malodour was noted in the lounge in the morning. This was not present later in the day.
- Staff used aprons and gloves, as well as hand sanitizer to ensure good standards of infection control.

Learning lessons when things go wrong

- The registered manager looked to learn lessons when things went wrong. Improvements had been made since our last inspection.

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. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the registered provider was unable to demonstrate they were meeting the requirements of the Mental Capacity Act (2005) (MCA). Most staff had not received this training and mental capacity assessments had not been completed for two people. At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 11.

Staff support: induction, training, skills and experience

- The staff training matrix showed none of the night staff had up-to-date dementia awareness or health and safety training. Four out of six members of day staff and five out of seven night staff had not received refresher training in safeguarding. Gaps were seen in refresher training for other subjects including MCA, Deprivation of Liberty Safeguards (DoLS), health and safety and infection control.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing as training gaps were seen in several key areas required to support people's needs.

- Some training was taking place to address these concerns. Staff were attending training on the day of our inspection.
- Records we looked at showed staff had received regular supervision. Staff confirmed this and said they had also received annual appraisals. One staff member said, "We cover several areas. They're useful. You can get things off your chest that are confidential."
- Staff completed a comprehensive induction. Staff new to care were expected to complete the Care Certificate. This is an agreed set of standards in adult social care and health services.

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

- At our last inspection, condiments were not made available to people. At this inspection, we saw this continued as a concern on both floors of the home. Staff told us they had forgotten to put these items out.
- People's dietary needs were recorded. However, kitchen staff recorded one person as needing a specific texture of food, and an assessment completed by the speech and language team showed this was different to what kitchen staff recorded. The registered manager said they would respond to this. Staff showed a good understanding of other people's special dietary requirements and how they met their needs.
- People were given choice and we saw 'show plates' were used to help people decide what they wanted. People had a mixed mealtime experience; with some staff interacting with people they were assisting better than others.

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

- There were some adaptations to the living environment which helped make it dementia friendly. For example, doors to people's rooms had been painted unique colours to help people recognise where their room was. This work was ongoing as some room doors were painted white.
- Improvements were needed to the level of dementia friendly signage. One staff member told us, "We could do with some more signs to make them a permanent fixture. A bus stop was found in the garden area which meant people could sit by if they wished."

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.

- Mental capacity assessments we looked at were found to be decision specific. One staff member told us, "We did quite a lot of training about that (MCA)."
- The registered manager had a tracker which showed who had a DoLS authorisation. This enabled them to submit renewal applications to the local authority in advance of the current DoLS expiring.
- We observed CCTV in use at the home, although people or their representatives had not formally consented to this. The registered manager said the CCTV system did not allow people to be recorded, but was used for enhanced observation. They said they would address the need for gaining formal consent.

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

- Pre-admissions assessments helped ensure the registered provider was able to meet people's needs before they moved into the home.
- People's care and support needs were assessed to enable up-to-date care plans to be written to show how those needs would be met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A member of staff told us, "The team is great; the GPs, care home liaison team and psychiatrists have good interaction with us."
- Staff worked well with different health professionals and services to meet their needs. For example, wheelchair services, dieticians and speech and language therapists had been involved in people's care.

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 inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection, staff needed to improve their engagement with people. This was particularly evident where people's ability to verbally communicate was compromised. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager told us they respected the equality, diversity and human rights of people, relatives and staff. They said, "I wouldn't treat anyone differently." Activity records showed one person was supported to read their holy book. Visits from religious leaders were taking place.
- One relative told us, "Everything here is almost perfect. I like the way they speak to residents. They talk to everyone when they pass them."
- Most people living at this home had dementia and were unable to tell us about their experience of care they received. We saw people and staff interacting throughout the day of our inspection and used our short observational framework to observe interactions in the afternoon.
- Staff had positive interactions with people. People were given a choice of drinks, and as staff asked people what they wanted, they took an interest and people and chatted with them.
- Staff were caring and kind. A health professional told us staff knew the needs of the person they supported well and were always able to update them on the person's condition.
- Staff told us people were in control of their day-to-day routines. One staff member told us about a person who preferred to get up later in the morning; noting they respected the person's wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity. One relative told us, "They do treat [person] with respect. Discreet assistance was provided when [they] 'had an accident'." Another relative said staff protected their family member's privacy and dignity when they provided personal care in their room. The relative said, "They ask us as family if we don't mind going out." When one person had a fall in the lounge, staff used a privacy screen to help maintain the person's dignity.
- A member of staff was appointed as a dignity champion which means they had additional responsibilities for promoting people's dignity.
- Staff promoted people's independence where they were able to undertake tasks themselves or with minimal support. Staff did not take over and understood the importance of helping people to maintain their daily living skills.

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

- Relatives said communication from staff was a strength of the service. One relative told us, "They (staff) are brilliant at communication." The same relative confirmed they were involved in care planning and another relative confirmed their involvement through reviews of care.
- Meetings for relatives were taking place every three months which provided opportunity for issues to be raised.

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. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection, people did not always receive person-centred care which was appropriate and met their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 9.

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

- At our last inspection we saw memory boxes were outside the door of each person's bedroom. All memory boxes, with one exception did not contain any information. At this inspection, we saw some improvements had been made. One relative confirmed they had been involved in completing this for their family member.
- People received person-centred care. Staff knew people well and understood how to provide care to meet people's individual needs. One person needed a beaker with a spout to be able to drink. Their care plan stated, '[Name] likes a drink of pineapple juice.'
- Care plans contained sufficient information for staff to follow. We saw evidence of oral health care plans and how staff should promote healthy gums and teeth.

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.

- Care records showed people had communication care plans which identified their support needs.
- Staff understood people's communication needs and how best to communicate with people. For example, staff did not rush people when speaking with them and allowed them plenty of time to respond.

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

- The registered manager told us the home did not have an activities coordinator as staff they had recruited to this role found it difficult to engage with people. The registered manager said they had consulted nationally recognised resources for advice and guidance on activities.
- Care records showed people had engaged with listening to music and visits from family members. Every fortnight, exercise to music took place. The registered manager said they were on a waiting list for 'pat dogs' to visit the home.
- The home had a secured garden area which was always accessible. The registered manager said the

handyperson encouraged people to do some gardening when the weather allowed this.

- One staff member commented, "As staff we do try and interact a lot with [people]. We do have some people laughing and joining in."

Improving care quality in response to complaints or concerns

- Relatives told us if they had a concern or complaint, "I'd probably have a word with [registered manager]" and "I'd make the manager aware."
- At the time of our inspection, no complaints had been received for us to look at. However, systems were in place to respond to these issues.

End of life care and support

- One relative told us their family had been consulted about end of life care and said discussions had taken place regarding their family members wishes.
- At the time of our inspection, one person was receiving end of life care. The relevant medicines were being stored and the registered manager was working with the local hospice who were providing guidance on how to plan ahead for this person.

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.

At our last inspection we found systems of governance had not addressed the shortfalls identified. An accurate and contemporaneous record of people's care and support was not always kept. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 17.

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

- The registered manager told us, "We've tried to improve every single area of the home. In my opinion, it's running the best it's ever run."
- A visiting professional told us they thought the home was well-led by the registered manager. They said they showed empathy, professionalism and responded to any queries raised. One relative told us, "[Registered manager] is very respectful. She does listen and communicates well."
- Staff spoke positively about the registered manager. Comments included, "It's brilliant. She's really good, she always has been" and "[Registered manager] is great. She always has an open door. She is out and about a lot (in the home). She knows all the people."
- The registered manager told us they received contact from the registered provider through weekly telephone calls. The registered manager received input from a consultant acting on behalf of the registered provider, although this was last given in January 2019.
- Records we looked at showed the registered provider's 2019 refurbishment plan was recorded in April 2019 as on hold until further notice.
- A small section of flooring outside the lounge was in a state of disrepair. Staff told us this had been identified two months before our inspection and we saw attempts had been made to repair this. We spoke with the registered provider, who, following our inspection provided evidence to show this had been addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst we saw improvements in several areas at this inspection, we found concerns identified at the last inspection regarding staff training were still evident. However, some courses were scheduled to meet this need.

- Audits and quality checks were in place to ensure standards of care were maintained.. Where gaps were identified, records showed these were, in the main, promptly responded to.
- The registered manager reviewed the previous month's accidents and incidents, although analysis over a longer period was needed to identify themes and trends in more depth.
- A mealtime experience audit was undertaken approximately every five days. These routinely found people had a good experience with minor changes recommended such as 'offer condiments.' This was an issue found at our inspection.
- Walk around and environmental audits were undertaken at least weekly with actions completed, such as 'stained quilt in bedroom x, new quilt purchased.'

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

- On the day of our inspection a scheduled staff meeting took place. The registered manager acknowledged these did not occur as often as they would like, although staff told us they could approach the registered manager at any time. Staff supervisions were used to pass on key messages about the home. The last 'resident' and relative meeting took place in April 2019.
- We saw feedback from three relatives who completed questionnaires which showed 'good' or 'excellent' scores for satisfaction.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended workshops run by the local council. They received peer support from the registered manager of another home operated by the registered provider.
- The registered manager had visited another care home run by a different registered provider to establish partnership working and exchange ideas.
- The registered manager told us they had recently worked a night shift to observe practice. They said they did this periodically. They also carried out recorded unannounced spot checks outside normal working hours.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure staff training was kept up to date