

Barchester Healthcare Homes Limited

Ashminster House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashminster House is a care home registered to support people with nursing and care needs relating to their health conditions, such as dementia, and frailty of old age. At the time of our inspection there were 55 people using the service.

Ashminster House accommodates 57 people across three separate wings, each of which has separate adapted facilities. Two units provided nursing care with registered nurses leading the staff team on each of those units. One of these units was called 'memory lane', to care for people who were living with dementia in the more advanced stages. The third unit provided care for those people who required residential care.

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

People using the service told us they felt safe and listened to at Ashminster House. People were encouraged to raise concerns and told us action was taken when this happened. Safeguarding incidents and accidents/concerns were investigated thoroughly, and the registered manager worked closely with local authority safeguarding teams.

Care records were comprehensive and detailed risks people faced. Risks had been assessed and guidance was in place for staff to follow to minimise the risk of these occurring and to keep people safe. Risks were regularly reviewed and updated as required. People who were receiving support from external healthcare professionals had updates to their care plans and there was clear guidance in place for staff to support people appropriately.

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 by trained staff who had been recruited safely. There was a clear structure in place for staff to report to and the registered manager had an 'open door policy' in place enabling staff to go straight to them if they were concerned.

People were supported to take their medicines as prescribed. Records reviewed were complete and up to date and medicines were stored and disposed of correctly.

Staff supported people to stay as safe as possible and minimise the risk of infections. Staff had access to Personal Protective Equipment and had completed infection control training.

The registered manager completed a range of checks and audits of the service to ensure any issues were identified quickly and actions were taken to put things right. Accidents and incidents were investigated fully, and any lessons learnt from these were shared with the wider staff teams to minimise the risk of reoccurrence.

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 good (published 8 September 2018)

Why we inspected

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.

The inspection was prompted in part due to concerns received about staff practice. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Ashminster House

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

This inspection was carried out by three inspectors.

Service and service type

Ashminster House 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. Ashminster House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held on the service. 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.

During the inspection

We spoke with 16 people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, team leaders, registered nurses, and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training and demonstrated knowledge of the different types of abuse and things to look out for to keep people safe.
- Feedback on how people felt at the service included, "I've never had to think about feeling safe, I just do." And, "I have never been worried about anything."
- Staff felt confident to raise concerns to the registered manager and outside of the organisation if required. One told us, "I would report anything to the nurse in charge and I know we can go outside of the home if we needed to. We have the whistleblowing number in our folders."
- We reviewed records of safeguarding alerts raised by the registered manager on behalf of people who lived at the service. All had been reported to the local authority safeguarding teams appropriately, full investigations had been completed to identify potential causes for concern and contained actions taken to keep people safe.
- Daily meetings were held between the heads of departments to discuss any emerging risks or concerns which had been identified for people. Things to focus on were communicated to staff to ensure people were protected from any risk of harm.

Assessing risk, safety monitoring and management

- Assessments had been completed to identify risks associated with delivering people's care. Where risks had been identified, plans were in place to manage and minimise the risk of occurrence.
- We observed staff hanging curtains where a person was sitting. Staff kindly asked if they would mind moving as staff did not want them near the ladder. Staff gently assisted the person to stand and assisted them to move to a different chair. Staff also were observed walking with people to their rooms, accompanying them for safety.
- Guidance was in place for staff in people's care records for their individual health needs. For example, we saw instructions and guidance from external healthcare professionals to manage people's needs. Guidance was in place for recognising potential pressure ulcers developing on people's skin with instructions of what was required from staff if this occurred.
- Risk assessments were reviewed regularly and updated when risks to people had changed.

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

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Assessments of people's mental capacity had been completed appropriately and these had followed the principles of the MCA. Assessments were decision specific and details of relevant professionals or family members involved in the decision-making process were recorded.
- Where a person was unable to make a decision for themselves and had appointed a legal representative to act on their behalf, these details were included in their care records.
- Staff were knowledgeable in the MCA and their responsibilities and people were asked for consent before any care tasks were completed. One staff member said, "I always seek people's consent before I do anything, and we must always assume everyone can make their own decisions unless assessed otherwise."

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs. The registered manager used a recognised dependency tool to determine the staffing levels required. We reviewed these during our inspection and the staffing levels were in line with people's assessed care needs.
- Staff had been recruited in a safe way. Applicants had been asked relevant questions at interview stage and appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us, "[Staff] give you a bell and you just have to push it for someone to come." And, "If [staff] can't help you straight away they always pop in and tell you. At least you know that they have heard the bell." A relative told us, "There are always staff around and I don't have to worry knowing [loved one] is here."
- Following the inspection, we reviewed the registered manager's record of staff training. It evidenced all staff were trained and completed regular refresher training as needed. The registered manager often worked on the floor and was able to observe practice to ensure staff were supporting people appropriately.

Using medicines safely

- People were supported to receive their prescribed medicines on time and in a safe way.
- Medicines were administered by registered nurses on each unit. They were given protected time when completing the medicines rounds meaning they were able to concentrate on this task and ensure people were receiving appropriate safe support.
- People's level of support required with their medicines were individually assessed and this was reviewed regularly.
- Medicines were stored safely in the locked clinical room and each unit had a designated trolley for administration. Stocks were checked regularly to ensure amounts of medicines were correct.
- 'As and when' medicines such as pain relief was given appropriately, and guidance was in place for this. Records such as topical creams charts, body maps, medicine administration charts were reviewed during inspection and were accurately completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting had returned to pre-pandemic systems. The registered manager did not ask for visits to be pre-booked however they did ask for a negative lateral flow test when visitors arrived at the home and for face coverings to be worn whilst in the service.

Learning lessons when things go wrong

- Accidents and incidents which had occurred had been reported by staff and correctly recorded. The registered manager countersigned these reports to acknowledge the incident and then recorded these on the provider's clinical governance system so that senior managers could review as necessary.
- The registered manager completed a root cause analysis tool of accidents and incidents which had happened more frequently, such as when a person had fallen. This tool assisted the registered manager to identify trends and highlight action to be taken to prevent re-occurrence e.g. referrals to the falls clinic or referrals to the GP to review a person's medicines. Results of these were communicated to staff by the management team in staff meetings.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a very positive atmosphere and culture at the service during our inspection. People supported this with one telling us, "You just have to mention something, and they all sort it out for you."
- Care records we reviewed were goal focused and stated what people wished to achieve whilst receiving care and support from staff. Goals were regularly reviewed and progress towards achieving these were recorded and analysed to see if they were still appropriate.
- A relative told us, "[Registered manager] has moved mountains for me and I really wasn't expecting this. I looked at a couple of other services for [person] and this one just has such a nice feel. Everyone is so friendly; everyone is so kind."
- Staff told us there was a very supportive culture within the service. They told us, "[Registered manager] is really good. If we are busy and we tell them, they will come and help." And, "[registered manager] is very approachable."

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 clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider and manager should follow when things go wrong and to be open and transparent.
- The registered manager kept detailed records of accidents and incidents which had happened. The service had raised safeguarding alerts and informed people's loved ones of incidents which had occurred to ensure they were open and transparent.
- Complaints received were fully investigated and responses were provided in line with the provider's policy. Things which had gone wrong were communicated to staff during their meetings to minimise the risk of these happening again. Information was provided to complainants of how to escalate their concerns if they were not happy with the response they received.

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

- The provider had detailed systems of governance and the registered manager had daily oversight of this. Audits and checks of the service were in place and regularly completed.
- The registered manager completed unannounced out of hours visits to the service during the night and at the weekends to ensure it was running well when they were not present.

- Staff knew their roles well. We observed staff treating people kindly and with respect. There were identified seniors and nurses on shift, with a reporting structure in place so staff were able to seek assistance from the most appropriate sources. Staff reported to us that they were able to seek assistance from the registered manager anytime outside of this support structure also.
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguard authorisations and deaths. The registered manager was aware of their responsibilities and had notified CQC about all important events that had occurred. The registered manager had met their regulatory requirements.

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

- The registered manager held a range of meetings with staff and people and their relatives to communicate important changes to the service, changes to guidance and legislation and to hear feedback on how the service was running. For example, people had requested to start going out to the café again, which had been implemented.
- There was a 'You said. We did' process in place. This gives people who use the service feedback on what they had raised to the registered manager, such as changes to the menus or different activities which had been requested in previous meetings.
- The registered manager had an 'open door' policy which enabled people, relatives and staff to speak to them whenever they felt necessary, so compliments or concerns could be raised immediately and action taken if required.

Working in partnership with others; Continuous learning and improving care

- Staff worked well with people, their relatives and professionals in ensuring people were supported safely and in the way they wanted.
- Records showed the registered manager and staff supporting people, accessed services within the community such as GPs, community nursing teams, specialist professionals and other relevant services to promote people's health and wellbeing when required.
- The registered manager had kept up to date with the latest training, guidance and best practice policies that were required.