

Hinckley Care Limited

# The Ashton Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

The Ashton Care Home is a residential care and nursing home providing accommodation to people who require personal and/or nursing care to up to 77 people. The service provides support to older people some of who lived with dementia. At the time of our inspection there were 41 people using the service.

The Ashton Care Home accommodates up to 77 people in one purpose built building. The home accommodates up to 77 people across 3 separate floors, each of which had adapted facilities. The top floor of the building was being used and managed by the University Hospitals of Leicester.

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

Improvements were required in certain areas of the home to comply with required standards of hygiene and promote infection prevention and control. There were minor areas of improvement required in the management of 'as required' medicines.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The provider had effective systems in place for monitoring and improving the quality of care and support people received. Managers were accessible and supportive to staff, people and their relatives. There were robust systems in place for engaging people who used the service, staff and other stakeholders in service planning and delivery.

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

### Rating at last inspection

The last rating for this service was good (published 14 April 2022).

### Why we inspected

The inspection was prompted in part due to concerns we received in relation to the management of medicines and management of people's behaviour support needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Ashton Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made recommendations about the management of covert medicines and the management and compliance of DoLS authorisations.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# The Ashton Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspector, a nurse specialist 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

The Ashtons Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Ashtons Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

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 professionals who work with 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. We used all this information to plan our inspection.

#### During the inspection

We observed the care people received in communal areas of the home. We spoke with 4 people who used the service, 3 relatives and 6 members of staff including the regional director, office manager, care staff, senior care staff and nurse.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

# 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. At this inspection the rating has changed to requires improvement. 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

- The protocols for the management of 'as required' medicines and maintaining accurate stock records were not always consistent. The provider has themselves identified some of the areas where improvements were required through their own monitoring. The nurse and regional director took action to address these.
- The protocols for storing, administering and disposing medicines were safe and in accordance with best practice guidance.
- Only staff who had received medicines training and competency checks were assigned to support people with their medicines.
- The protocols of maintaining covert medicines records were not always consistent. Where people on covert medicines had been admitted to the service, staff needed to ensure the relevant documents of the authorisation for covert medicines had been reviewed and documented.

We recommend the provider consider current guidance on maintaining robust records in relation to covert medicines for new admissions to the service and take action to update their practice accordingly.

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 .
- Where needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, conditions relating to some DoLS authorisations were not being met for 1 person. The nurse and regional manager told us this was due to confusion about whether there was an updated DoLS in place. This was followed up the local DoLS team following our inspection.

We recommend the provider consider a review of DoLS authorisation to ensure they reflect people's current needs and that required conditions are promptly met where required

- Staff we spoke with had a clear understanding of mental capacity and people's rights and had received training in this area.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found a cracked WC in an unhygienic toilet area and a kitchen area which required updating to meet required standards.
- 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 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 in care homes

At the time of this inspection, the protocols in place for visiting the home was in line with the government guidance on visitation in care services.

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

- People were safe at The Ashton Care Home. They told us they felt safe and secure with the care and support they received from staff. One person told us, "I feel safe, I've never felt unsafe."
- Staff knew how to keep people safe from abuse and avoidable harm. They told us they could raise any concerns they may have about people's wellbeing with their managers who took action to keep people safe.

#### Assessing risk, safety monitoring and management

- Risks assessments were in place to provide guidance and support to staff on how to manage risk associated with people's care and support.
- Where people required aids and equipment to meet their needs, the provider took action to ensure these were safe and maintained. Staff had the skills to use aids and equipment safely when supporting people.

#### Staffing and recruitment

- People's needs were met in a timely manner. There were enough staff on duty to meet people's needs. This included a mix of permanent and agency staff. Staff told us the skill level of agency staff sometimes impacted on their practice. They went on to tell us they were aware of the provider's ongoing recruitment plans and were positive these would further improve staffing.
- Staff were knowledgeable about people's needs and they were caring in their interactions with people.
- The provider followed safe recruitment practices. They completed relevant checks which assured them people were suitable to work with people who use health and care services.

#### Learning lessons when things go wrong

- The protocols for managing incidents and accidents were effective. Trends were monitored and action taken to respond to people's needs, minimise the risk of reoccurrence and continue to improve the service.



# 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. 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

- People were supported to achieve good outcomes. There was a shared understanding of quality between managers, staff, relatives and people who used the service. People and staff were empowered by the managers to contribute to the delivery of the good standard of care in the service.
- The culture within the service was open and promoted an ethos of person-centred and inclusive care and support.

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 provider demonstrated the service was run in line with the requirements of the duty of candour. Duty of candour is a requirement for providers to be open and honest with people when things have gone wrong with the care they received.

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

- The registered manager provided robust support and guidance to staff. Staff spoke very positively about the registered manager and the support they received. They told us their team meetings, supervision and appraisal meetings were effective and supported them to deliver a good standard of care.
- People and their relatives had easy access to the registered manager for support and feedback about the service. A relative stated, "[Registered manager]'s lovely, he's really nice very approachable, he tries his best."
- The provider had effective quality assurance systems in place to monitor the quality of care delivered. These included a range of audits and checks. We found that these identified issues and areas of improvement, and actions were consistently taken to improve on areas identified.

Continuous learning and improving care

- The provider and registered manager used their audit and feedback tools effectively. Any issues raised with or identified by the managers were dealt with promptly, actions were put in place for monitoring to ensure good standards were promoted and maintained.
- The provider had continued to make improvements to maintain a good standard of care using findings from our previous inspections of the service.
- The regional director and nurse were proactive during our visit and responded promptly to the findings

reported in the safe section of this report.

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

- We saw where people had raised concerns through residents' meetings that the registered manager apologised, took actions and engaged people in the improvements that were made. For example, 1 person told us about raising concerns relating to the temperature of meals when served, they went on to say action was promptly taken, "They've [meals] got hotter." We saw evidence of positive action taken in relation to other areas of service where residents have raised feedback for improvements.

Working in partnership with others

- Staff worked collaboratively with health and social care professionals within the organisation and externally to ensure a joined-up approach to care delivery.