

Avery (Lucas Court) Limited

Ashurst Mews Care Home

Inspection report

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03 August 2022

09 August 2022

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28 September 2022

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

Ashurst Mews Care Home is a residential care home providing nursing and personal care to up to 60 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 53 people using the service.

Ashurst Mews accommodates people across three separate areas, each of which has separate adapted facilities. On the ground floor, support is provided to people with residential needs. On the second floor there are two separate areas, one providing support to people with dementia and the other support to people with nursing needs.

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

Systems to monitor the quality and safety of the service were in place to ensure people received safe and person-centred care. These required time to be embedded in the service to ensure they were sustained and improvements continued.

The systems and processes for identifying risks to people had improved. Further improvements were required to ensure effective management of risks to people's skin integrity, people's health needs and environmental risks.

Staffing levels and deployment had improved but further improvement was required to ensure people were consistently supported by sufficient numbers of staff who knew them well. People were supported by staff who were safely recruited and were supported within their roles.

People received their medicines as prescribed from trained staff.

People's needs were assessed, and care plans guided staff how to meet those needs. A system was in place to monitor people's health needs.

Staff felt supported within their roles and felt confident to discuss any concerns they may have with the management team.

Feedback was sought from people, relatives and staff to identify where improvements were needed. Staff, people and relatives were also offered regular meetings to share information and discuss any concerns they had.

People were protected against infections such as COVID-19. Staff followed government guidance on testing and wearing appropriate personal protective equipment (PPE). The home appeared clean. Cleaning schedules were in place to evidence when cleaning was completed.

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.

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 09 March 2022) and there were breaches of regulation. 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 and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to safeguarding concerns and concerns about the leadership and management of the service. 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 requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashurst Mews Care Home on our website at www.cqc.org.uk.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashurst Mews 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 two inspectors.

Service and service type

Ashurst Mews 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. Ashurst Mews 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 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 03 August 2022 and ended on 09 August 2022. We visited the location on 03

August 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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.

What we did before 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. 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 spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with 14 members of staff including a regional support manager, an operations manager, a general manager, a deputy manager, a nurse, a maintenance staff member, a kitchen staff member, five permanent care staff and two agency care staff.

We reviewed a range of records, including four people's care records, multiple medicines records and six staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the estates manager and looked at care documentation, training data, quality assurance and maintenance records.

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 as requires improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to assess and mitigate the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of regulation 12(1) 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 12.

- Improvements had been made to the management of environmental risks. Maintenance staff had been employed to work in the home since the last inspection and the provider had implemented a new system for the recording of environmental checks; this was being embedded at the time of inspection. There were some gaps in recording, however a system of oversight was in place to manage these.
- Some people were at increased risk of skin pressure damage and required regular repositioning to maintain their skin integrity. We saw this support was carried out consistently for most people. However, improvement was required to records of repositioning in one area of the home, none of the people in this area of the home had experienced any skin damage.
- People's health was effectively monitored. Regular, detailed handover and clinical oversight meetings were held for staff to discuss any concerns about people's health and well being. One relative told us, "The staff are very good at getting the GP when needed." However, improvements were required to the support in place for people with diabetes, to ensure they were offered sufficient choice of foods that were low in sugar. This was discussed with the manager who agreed to review the choice of food available to people with diabetes.
- Since the last inspection, people's risk assessments and care plans had been improved and contained detailed information to support staff to provide people with safe care. For example, people had detailed risk assessments and care plans in place for falls, nutrition and pressure ulcers.
- Medicines were managed safely and administered by trained staff. Protocols were in place for medicines given as and when required.
- The provider used an electronic medicines administration system which minimised the risk of medicines errors and ensured people received their medicines as prescribed.
- 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 in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time and were provided with appropriate PPE.

Staffing and recruitment

At our last inspection the provider had not consistently ensured there were enough staff deployed to meet people's needs. This was a breach of regulation 18(1) 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 this inspection, we found improvements had been made, however feedback about staffing levels and deployment continued to be mixed. People living in the home told us there were enough staff available to meet their needs. One person said, "I like it here, I've been here quite a while and I'm happy, they [staff] help me when I need it."
- People's relatives did not feel there were enough staff, six out of seven relatives spoken with raised concerns about staffing levels. Feedback included that staff were rushed, staff were not available or visible in the home when they visited and there were too many agency staff.
- Staff told us there were usually enough staff on duty to provide people's support. One member of staff said, "There's usually enough staff, but sometimes not and we use a lot of agency".
- Our observations during the inspection were that there were enough staff deployed to meet people's needs. People's call bells were answered promptly, staff were visible and available to people and did not appear rushed.
- Rotas showed high numbers of agency staff were being used. However, the manager ensured regular agency staff were deployed where possible and all agency staff completed the provider's induction. Staff numbers were reduced at times and the manager explained this was due to lower numbers of people in the home. The provider was recruiting new staff and at the time of inspection a number of new staff had been recruited and were undergoing their induction.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were procedures and information available to support them.
- People told us they felt safe at Ashurst Mews Care Home. People spoke positively about the staff. One person said, "The staff are lovely, they are supportive, and they listen."

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.

Learning lessons when things go wrong

- Systems were in place to ensure action was taken when things went wrong.
- Staff understood the accident and incident process and demonstrated good understanding of the importance of recording and reporting. Risk assessments were reviewed, and appropriate action taken in response to incidents.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. 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 effective oversight of the safety and quality of the service. This was a breach of regulation 17(1) 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.

- The system in place for the oversight and monitoring of environmental safety checks had been improved. This needed to be further embedded to ensure all safety checks were carried out at the timescales identified.
- The systems and processes for identifying risks to people had improved. Senior staff attended regular clinical review meetings, reviewed incident records and carried out audits to ensure appropriate action was taken to mitigate any areas of risk identified. Further improvements were required to ensure effective oversight of all areas of people's care, for example records of repositioning and people's health needs.
- There was no registered manager in post at the time of inspection, a new manager had been recruited, however they had not yet started work. In the interim, a regional support manager had been deployed to manage the service and they were intending to register as manager for the service in the short term.
- Policies and procedures based on best practice guidance were in place for staff to follow. Staff spoke with confidence about the guidance they had been given in relation to safeguarding people from abuse, supporting people at risk of falls and supporting people's emotional well being and behaviours.

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

- The provider had not always recognised where staff required additional support to meet people's needs. There was a lack of oversight of the level of support required by one person to meet their personal care needs, which meant their dignity had not been consistently upheld. This was discussed during the inspection and action taken by the management team.
- Not all people who may benefit had been supported to access advocacy services.

We recommend the provider consider current guidance on supporting people to access advocacy services and take action to update their practice accordingly.

- There was a positive culture within the home. Staff told us they felt supported by the management team and felt they all worked well together to provide people's care.

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 management team were open and honest when things went wrong, they informed families and external agencies as needed.
- The provider notified the Care Quality Commission (CQC) of events they were required to by law and the provider had displayed the previous rating as required.

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

- Regular meetings took place for people, relatives and staff. Minutes were available for these meetings.
- Relatives told us communication had not always been good, but they had seen recent improvements and the current management team were open and accessible. One person's relative told us, "The manager is very helpful and honest."

Working in partnership with others

- The management team worked well with other partnership agencies including the local authority and healthcare services. Staff followed advice to help provide good quality care for people.
- The management team were engaged and open to the inspection process and remained open and transparent throughout.