

Ashgate Care Limited

Ashgate House Care Home

Inspection report

Ashgate Road
Ashgate
Chesterfield
Derbyshire
S42 7JE

Date of inspection visit:
23 January 2023

Date of publication:
09 March 2023

Tel: 01246566958

Website: www.ashgatehouse.org.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashgate House Care home is a residential care home providing regulated activities personal and nursing care to up to 45 people. The service provides support to adults of all ages some of whom were living with dementia. At the time of our inspection there were 39 people using the service.

Ashgate House Care Home provides care and support to people across two floors in one large adapted building. Ashgate house has multiple communal areas for people to spend their time. Most bedrooms were equipped with ensuite facilities.

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

People were protected from the risk of abuse and neglect. Staff received training in safeguarding and explained in detail how they applied their knowledge. Risks were assessed, monitored and risk reduction measures were in place. Medicines were managed safely, and people received their prescribed medicines on time by trained staff. People and their relatives told us they were supported by kind and compassionate staff who knew them well. Infection control measures were in place to protect people from the risk of infection.

People's needs had been fully assessed. Induction and training programme's were in place for all staff. A wide choice of nutritious food was on offer and people told us they enjoyed the food at the home. The premises and environment had been adapted to meet people's needs. 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 registered manager was universally praised by staff, people and their relatives for their leadership skills and the positive changes they had made. Systems and processes in place ensured all care plans were accurate and reflective of people's needs. People and their relatives were involved in planning the care they received. The provider worked in partnership with others to improve the quality of care people received.

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 inadequate (published 25 November 2022).

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.

This service has been in Special Measures since 14 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing, dignity and respect, safe care and treatment, safeguarding and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

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 has changed from inadequate to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgate House 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashgate House 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

The inspection was carried out by one inspector who was also a registered nurse, an inspection manager and 2 Expert by Experience's. 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

Ashgate House 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. Ashgate House 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. We sought feedback from the local authority and clinical commissioning group who commissioned care 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 visited the service on 27 January 2023. We spoke with 11 staff members including the registered manager, deputy manager, clinical lead, registered nurses, nurse associates, senior support workers, support workers, kitchen staff, and the operations director. We spoke with 6 people who used the service and 7 people's relatives. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident management, improvement plans, and maintenance records 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to protect people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and they were no longer in breach of regulation 13.

- People were protected from the risk of abuse and neglect. Following our last inspection, the registered manager implemented a robust system to ensure all incidents were recorded, reported and acted on without delay.
- Safeguarding incidents between people living at the home had significantly decreased since our last inspection, this was because risk reduction measures had been implemented.
- Staff received training in safeguarding and explained in detail how they applied their knowledge. Staff spoke passionately about their responsibility to safeguard people. For example, staff told us, "I have a responsibility to make sure people are treated right, if there was anything I would report and act straight away."
- The registered manager worked closely with safeguarding teams and social workers to ensure people had the correct level of support to prevent safeguarding incidents from occurring. This meant people were protected from the risk of abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider failed to assess and mitigate risk and learn from accidents and incidents. 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 improvements had been made and they were no longer in breach of regulation 12.

- Risks were assessed, monitored and risk reduction measures were in place.
- Risks associated with people's nursing needs were fully assessed and managed well. For example, risks relating to pressure area care were now managed effectively. People were supported in line with their assessed needs. Repositioning records were in place along with pressure relieving equipment where

required. Pressure relieving equipment was monitored to ensure equipment was effective.

- Following our last inspection all care plans and risk assessments were reviewed and were updated monthly or as people's needs changed. We found care plans and risk assessments to be accurate of people's needs. For example, we observed a person to become distressed, staff followed the risk assessment in place which directed staff in how to support the person safely.
- Staff undertook regular fire evacuation training and personal emergency evacuation plans (PEEPS) were in place for all people. PEEPS were updated monthly or when people moved in and out of the home. This meant staff had accurate information to safely evacuate people in an emergency.
- Lessons were learnt when things went wrong. For example, following our last inspection all accidents and incidents had been analysed to identify trends and action taken when needed. This decreased the risk of incidents reoccurring.

Using medicines safely

At our last inspection the provider failed to ensure medicines were managed safely. 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 improvements had been made and they were no longer in breach of regulation 12.

- Medicines were managed safely.
- The provider reviewed their medicine ordering processes since our last inspection to ensure people did not run out of their prescribed medicines. Medicine audits were carried out monthly to highlight any shortfalls in medicines management. The provider identified stock control issues which were found to be an issue with the electronic system in place, as a result the provider was in the process of changing their medicine's process to ensure these issues were resolved.
- Medicines were stored and disposed of safely according to manufactures guidance. For example, prescribed thickener and topical creams were now stored safely. This meant they were only administered and received by people they were intended for.
- Medicine administration records for oral and topical medicines evidenced people received their prescribed medicines on time by trained staff. Staff completed training in medicine administration and had their competency assessed. Medicine records detailed how people liked to take their medicines and all essential safety information such as allergies were clearly documented.
- Staff administered medicines in line with best practice guidance. For example, staff gained consent and described to people what medicines were for. We also observed a person to refuse their medicines, staff tried to explain why they should take their medicines however the person continued to refuse, this decision was respected, and the staff member walked away. Shortly after a second member of staff then approached the person who happily consented to take their medicines. This meant staff fully understood how to support people to ensure they received their prescribed medicines safely.

Preventing and controlling infection

At our last inspection the provider failed to ensure infection control risks were managed. 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 improvements had been made and they were no longer in breach of regulation

12.

- We were assured that the provider was using PPE effectively and safely. We observed all staff to be wearing PPE effectively to ensure people were protected from the risk of infection. For example, we found staff to change their gloves and sanitise their hands in between supporting different people.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was exceptionally clean, and the registered manager completed comprehensive checks to identify any cleanliness issues without delay. Cleaning records in place demonstrated the home was cleaned daily by designated staff.
- 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 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

- The provider facilitated visiting in line with current guidance. There were no restrictions in place and people received visits from friends and relatives as and when they wanted.

Staffing and recruitment

- The provider ensured enough suitably trained staff were always deployed to safely meet people's needs.
- People and their relatives told us they were supported by kind and compassionate staff who knew them well. For example, a person told us, "There are always plenty of staff, they look after me really well, I do feel safe." A relative we spoke with told us, "The staff are amazing, there are plenty of them on duty, my [relative] is perfectly safe with all of the staff."
- The provider worked collaboratively with the staffing agency to ensure all temporary agency staff received an induction and worked to the same standard as internal staff. This meant people received consistent care and support by competent staff.
- Staff were recruited safely. All staff had essential safety checks such as a Disclosure and Barring Service check prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider failed to ensure that staff consistently treated people with dignity and respect. 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 improvements had been made and they were no longer in breach of regulation 10.

- People's needs were fully assessed and detailed assessments were in place for staff to support them safely.
- Care plans were person centred and people's choices were recorded and respected. For example, a care plan we reviewed detailed a person told staff they became distressed if they felt someone wasn't listening to them. Their care plan directed staff how to support them to prevent any periods of distress. During our inspection we observed the person shouting for help, staff attended immediately and waited for the person to speak, staff patiently responded, and the person became calm. This meant people's needs and choices were respected.
- People's needs were assessed in line with best practice guidance and the law. For example, nationally recognised screening tools were in place for pressure area care and nutritional monitoring.
- People were consistently treated with dignity and respect. We found staff responded quickly to any requests for assistance. Throughout the inspection we observed staff to anticipate the needs of many people who could not request help. For example, staff walked round ensuring people had drinks and were comfortable. People who required 1:1 support received this at all times. This meant their dignity and safety were maintained at all times.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure sufficient numbers of suitably competent and skilled staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and they were no longer in breach of regulation 18.

- Induction and training programmes were in place for all staff. This ensured staff supported people safely.
- People and their relatives told us, they felt staff were well trained and supported them safely. For example, a relative we spoke with told us, "The staff are competent and any agency staff they use are regular, there's never any issues with staff."
- Staff received regular supervision to identify any training needs. Training records evidenced 88% of staff were fully trained in all areas, remaining staff were in the processes of completing training. Staff told us they prioritised training to ensure core subjects such as moving and handling, safeguarding and infection control were completed first. This meant staff were aware of their responsibility to provide safe care.
- Staff carried out their duties with competence and kindness. We observed staff to respond to people quickly and with a caring attitude. For example, staff responded quickly whilst following best practice guidance to a person who required assistance with their catheter.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- A wide choice of nutritious food was on offer. People told us they enjoyed the food and were asked for their opinion on the food choices. Where people could not identify their preferences, relatives were fully consulted. For example, a relative told us, "The food is excellent, my [relative] doesn't like certain foods, if that is on the menu, they make an alternative just for them, we don't need to ask they know them."
- Weight, diet and fluid monitoring was in place and reviewed to ensure people who were at risk of malnutrition and dehydration were identified. These were referred to health care professionals for advice and guidance which was followed.
- Kitchen staff were knowledgeable and had access to records detailing people's dietary requirements. This included people's preferences, food intolerances, allergies, cultural requirements and any modified diet requirements. The registered manager ensured records were accurate by updating them monthly or as people's needs changed.

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

- People's health needs were managed safely and effectively.
- Timely referrals to health and social care professionals were made when specialist advice was needed. For example, a person was referred to the diabetic nurse specialist, care records reflected specialist advice had been implemented.
- People were supported to gain access to medical professional's without delay. For example, a relative we spoke with told us, "A GP visits weekly but if help is needed at other times they don't delay. A couple of weeks ago [name] had a seizure and they got an ambulance without delay."
- Care plans detailed oral health assessments and people were supported to access the dentist when needed.

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

- The premises and environment had been adapted to meet people's needs. Visual aids were used to signpost areas such as lounges and bathrooms to support people to find their way around the home.
- Technology was utilised to enhance people's well-being. For example, a person had their own mechanical cat which helped significantly with their well-being. Staff approached the cat as if it was a real animal to ensure the person's well-being was maintained.
- People were supported to personalise their bedrooms with personal items, these reflected people's tastes and preferences.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff completed training in both the MCA and DoLS and demonstrated they were aware of their responsibilities in regards to this.
- Where people lacked the capacity to make decisions, we found detailed assessments were in place which documented why decisions were being made in people's best interests.
- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful.

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 inadequate. At this inspection the rating has changed to 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; 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

At our last inspection the provider had failed to have robust systems and processes in place to ensure the safety and monitoring of the service. 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 improvements had been made and they were no longer in breach of regulation 17.

- Systems and processes in place ensured all care plans were accurate and reflective of people's needs. Care plans were updated monthly which meant staff had accurate guidance to ensure they supported people safely.
- The registered manager monitored training systems effectively which ensured all staff were trained and competent. Training was a standing item in each staff meeting which meant all staff had the opportunity to raise any training needs they had.
- Staff told us they felt supported by the management team and felt the home had improved significantly. For example, staff told us, "The team we've got now everyone has just gelled and we get things done the right way, the management team are great there's always someone around."
- The provider was aware of their legal responsibility to be open and honest when things went wrong. Relative's we spoke with told us, "Staff are amazing, any accidents I'm told about straightaway, they tell me what they've done to keep my [relative] safe."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Present, visible and embedded leadership was in place. This included a registered manager, a deputy manager, clinical lead and operations director. The registered manager was universally praised by staff, people and their relatives for their leadership skills and the positive changes they had made. For example, a relative we spoke with told us, "The manager is visible and always available, I can't think of anything that could be improved."
- Quality assurances systems and processes had been fully embedded, and improvements made. For

example, audits completed for medicines, infection control and health and safety identified improvements and detailed what actions were needed. All actions were followed up in a timely manner.

- The provider had created and completed a home improvement plan to drive service improvement following our last inspection. Monthly meetings with staff groups were continually completed to ensure the safety and quality of care was maintained.
- Processes for investigating accidents and incidents had been reviewed and fully embedded. For example, the registered manager had implemented a tracker to ensure all safeguarding incidents were logged, reported, action taken, and a resolution documented. This was shared with staff which meant lessons were learnt.
- The registered manager understood regulatory requirements. They were aware of their responsibility to notify CQC of certain incidents. Our records evidenced that we received notifications appropriately.

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

- People and their relatives were involved in planning the care they received.
- Meetings were held with people and their relatives to discuss the service and what changes they would like. A relative told us, "Communication is great now, there is a newsletter and regular relative's meetings and the manager always attends." Another relative we spoke with told us, "I've been involved with care planning and I am asked for input if anything needs changing."
- Staff were encouraged and supported to voice their ideas and raise concerns through supervisions and daily meetings.
- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

Working in partnership with others

- The provider worked in partnership with others to improve the quality of care people received. For example, the registered manager worked with the local hospice to develop and improve end of life care at the home.
- Staff referred to health and social care professionals and implemented their advice into care plans in order to improve outcomes for people.