

Werneth Lodge Limited

Ashbourne House Care Home

Inspection report

230 Lees New Road
Oldham
Lancashire
OL4 5PP

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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

Ashbourne House is a residential care home which provides accommodation and personal care for up to 35 people. At the time of the inspection 25 people lived at the service. The accommodation is provided in one building with bedrooms across two floors and communal areas on the ground floor.

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

Relatives spoke positively about the home and the care and support provided by staff. They told us they felt their loved ones were safe living at Ashbourne House. The recruitment process was robust and there were enough staff to care for people safely. Medicines were managed correctly. A minor issue with medicines records was brought to the attention of the registered manager during the inspection and dealt with promptly.

Infection control practices were in place and the home was generally clean. However, we found the flooring and fittings of the downstairs shower room were in a poor condition and difficult to clean. The provider has agreed to refurbish the room within a specified time frame.

Since our last inspection there had been a change in the management of the home, with a new registered manager in post, who worked closely with the area manager. Staff spoke positively about the management team and were happy with changes that had been recently implemented. Staff told us they felt morale and team working had improved and that they felt valued and supported.

There had been an improvement in the quality assurance systems used to monitor the service. Relatives we spoke with were happy with the way the service communicated with them and kept them informed. Regular monthly contact with relatives had recently been introduced to ensure they had an opportunity to discuss any concerns and to provide feedback.

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 14 June 2021).

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.

Why we inspected

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 and Well-

led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement 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.

Follow up

We will review the service to ensure the refurbishment of the downstairs shower room is completed. 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?

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.

Ashbourne 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 Care Act 2014.

This was a focussed inspection to check whether the provider had met the requirements of the requirement notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 an inspector 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

Ashbourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who had recently 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 and gathered feedback from the local authority. We reviewed the inspection report and action plan from our last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we looked at a variety of records, including three people's care files, a sample of medicines records and two staff recruitment files. We also looked at records relating to the management of the service, including policies, audits and action plans. We spoke with the registered manager, three senior carers and a care assistant. We talked to one person who lived at the home. The Expert by Experience spoke with ten relatives on the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at several other documents, including training and supervision records, policies and staff rotas

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found medicines documentation was not always completed correctly. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had improved and was no longer in breach of this regulation.

- Improvements had been made in the way the service documented the use of prescribed creams.
- Protocols were in place for 'as required' medicines such as paracetamol, which explained when these should be given.
- Medicine administration records (MAR) viewed on inspection had been completed correctly. However, a small number had additional handwritten information which had not been signed or countersigned by staff to ensure it was correct. We spoke with the registered manager about this. They assured us they would speak with staff to ensure correct procedures were followed.
- Staff who gave out medicines had received training and had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe living at Ashbourne House and in the company of its staff. Comments included, "They are really good the staff are. I can't fault them" and "Staff are 100% amazing."
- Staff had received training in safeguarding and knew how to identify and report concerns.
- Where incidents had occurred, they had been correctly documented, and reported to the local authority safeguarding team in line with local guidance.

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

- Risks to people's health and well-being had been assessed, and up to date information was available to help staff minimise identified risks. These included, for example, risk assessments for people's mobility.
- Annual servicing of equipment was up to date and regular maintenance checks were completed. A refurbishment plan was in place to improve the facilities and décor.
- The service was proactive in its response when things went wrong. For example, action plans were created and adhered to when audits identified areas for improvement. Accidents and incidents were reviewed to ensure appropriate preventative action had been taken.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were suitable to work with vulnerable people. This included completing checks with the Disclosure and Barring Service.
- There were enough staff to meet people's needs and support them appropriately. A dependency tool was used which gave an indication of the staffing numbers needed.
- New shift patterns had recently been introduced to utilise staff better.

Preventing and controlling infection

- Flooring in the downstairs toilet/shower room looked dirty and was not adequately sealed. There was exposed pipework under the sink which was difficult to clean. We received assurance after our inspection that this room would be redecorated with new flooring, toilet and sink within two weeks. We will check the work is completed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

During the inspection we were assured steps had been taken to remind staff to follow current guidance in relation to the wearing of masks in a care setting.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 we found the service did not have effective quality assurance systems in place. 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 the service was no longer in breach of this regulation.

- The registered manager used a range of audits to assess and monitor the quality of the service, including checks on medicines management, health and safety and care plans. These had been completed regularly.
- There was an additional layer of oversight of the service through the manager's monthly report to the directors, with actions for the registered manager to complete.
- There was a close working relationship between the registered manager and area manager which provided committed leadership of the service.
- The provider and registered manager understood their regulatory requirements. Statutory notifications had been submitted to CQC to inform us when events such as accidents, incidents and deaths had occurred at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were complimentary about the staff and about how the home was managed. One person said, "Amazing management!"
- Staff felt there had been an improvement in team working and morale and were complimentary about changes introduced by the new registered manager. One staff member said, "[The registered manager] is a breath of fresh air."
- Relatives were happy with the way the service communicated with them and kept them informed. Regular monthly contact with relatives had recently been introduced to ensure information was shared and to provide an opportunity for feedback.
- The registered manager worked closely with staff and was responsive to suggestions and ideas put forward by them. For example, staff had suggested a change to mealtimes which had been trialled and then

reviewed with residents.

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 and provider were aware of their responsibility regarding duty of candour and were committed to being open and transparent if something went wrong.
- Accidents, incidents and concerns were reported to the CQC and local authority appropriately.
- The service had a whistleblowing policy. Staff were encouraged to be open and honest.

Working in partnership with others

- The management team and staff had close links with a variety of health and social care professionals to ensure people's health needs were met. We saw evidence in care records of these working relationships.