Barchester Healthcare Homes Limited

Ashby House - Milton Keynes

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
Ashby House is a residential care home providing personal and nursing care to up to 64 people. The service provides support primarily to older people, some who require nursing care and some who are living with dementia. At the time of our inspection there were 60 people using the service.

Ashby House is a purpose-built care service with all accommodation and facilities on one floor. There are three separate units to support people with differing primary needs.

People's experience of using this service and what we found
The manager was in the process of making improvements to assessment and decision-making documentation for people who lacked capacity to make their own decisions, or whose capacity fluctuated. Staff understood how to support people who may not always have mental capacity to make certain decisions.

Staffing levels were determined using a dependency tool and we saw there were sufficient staff to meet people's care needs. Staff provided mixed feedback about staffing levels. The staff team were becoming more stable after a period of change in recent months. Safe recruitment processes were used to ensure staff were suitable for their roles.

Accidents and incidents were recorded and followed up appropriately. These were regularly reviewed to identify if any actions could be taken to reduce the risk of recurrence.

Systems were in place to safeguard people from the risk of abuse, and staff knew how to use them. People received their medicine safely from trained staff.

Risks associated to people's care were assessed, monitored and regularly reviewed. This ensured staff had the right information and guidance to ensure safe care provision. Infection prevention and control measures were followed to reduce the risk of infection spread.

The manager promoted an open culture in the service. Most of the feedback we received from people, relatives and staff was positive about how the service was run.

Audit processes were embedded in all key areas of the service so the provider could assure themselves of the quality and safety of service provision. The manager also had an action plan which identified and prioritised areas of improvement.

Staff worked with a range of health and social care professionals to ensure people's care and treatment needs were assessed, monitored and met.

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 but records required updating.

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 10 July 2018.)

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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 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.

Ashby House - Milton Keynes

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.

Inspection team
The inspection was carried out by one inspector, a specialist nursing adviser 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
Ashby 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. Ashby 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 manager in post who had applied to CQC to become the registered manager.

Notice of inspection

This inspection was unannounced.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with, and received email feedback from, 15 members of staff including the regional manager, manager, nurses, senior care staff, care staff, activities, administration and maintenance staff.

We reviewed a range of records. This included aspects of eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, staff training and supervision records were reviewed.

Following the inspection, we reviewed further records submitted by the manager, including training data and updated care records.

Good

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.

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)

● Not all MCA and best interest decision making records were in people's care files. Some MCA assessments had not been meaningfully reviewed since initially being completed. This was identified prior to the inspection by the manager and we did not find any negative impact to people because of it. Protected time was allocated to a member of staff to get all assessments and decisions up to date, involving people and their representatives in the process.
● Staff knew how to provide care which supported people to make choices and their own decisions as far as they were able at any given time.
● Appropriate legal authorisations were in place to deprive a person of their liberty where this was needed.

Staffing and recruitment
● A dependency tool was used to calculate staffing numbers which showed there were sufficient staff. However, we received mixed feedback about staffing levels. Some staff were concerned about short staffing and two staff shared concerns of poor care practice because of this. Others thought staffing levels were satisfactory. People and their relatives did not have concerns about their care due to staffing levels.
● We observed staff to be busy but attentive to meeting people's care needs throughout the inspection. We also observed nursing staff to administer a lot of medicines to a lot of people which was a demanding role. The manager had plans to increase support to the nursing staff with this task to reduce the pressure upon them in this important area.
● The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. For example, references with previous employers, and checks on staff to identify if they had any previous criminal convictions.

Learning lessons when things go wrong
● A process for learning lessons when things went wrong or an area for improvement was identified was being implemented and embedded by the manager.

● Processes were in place for accidents and incidents to be recorded by staff and appropriate follow up action was taken. Monthly analyses of falls, accidents and incidents took place. This meant the management team could identify if there were any themes and trends emerging. Action to reduce the risk of the same thing happening again to the same person or others was then taken.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
● People felt safe living in the service. This was confirmed in feedback from people and their relatives. One person said, "I feel much safer here than at home. It's no good for me to have carers a few times a day so I am pleased to be here." A relative told us, "We know that [relative] is safe and secure, they receive a lot of attention and staff are really kind to residents. It's a relief for me to come see they are always ok, I can go home in peace."
● Staff received training to recognise abuse and protect people from the risk of abuse. Information about how to report any concerns was on display in a variety of places around the building, including the staff room. An in-house trainer was booked to attend to ensure all staff were up to date with their refresher training in this area.

Assessing risk, safety monitoring and management
● People's risks were assessed and reviewed regularly, or as their needs changed. We saw a range of risk assessments on people's care records. For example, the risk of skin breakdown, malnutrition and falls. We saw when one person's behaviour was unsettled shortly after moving into the service, a care plan was put in place so staff could support the person consistently in a way which reassured them most effectively.
● Daily monitoring of people's care needs took place through notes and monitoring charts where needed. The manager had identified some improvements were needed to ensure consistent good quality in daily notes and no gaps in charts. This had not impacted people's care and improvements were underway.
● Where people had specialist health needs, there was clear guidance for staff to follow to provide safe care. This included specialist feeding arrangements such as via a tube directly into a person's stomach (PEG), diabetes care plans and guidance for the safe use of oxygen.
● People used a range of equipment to help keep them safe. For example, calls bells where people were able to use them or a sensor mat. These both provided a way of people summoning assistance if needed, along with regular checks by staff.

Using medicines safely
● People received their medicines safely. Medicines were administered by staff who were trained to do so. People were supported to receive medicines in the way they preferred which meant their independence was promoted.
● Systems were followed for ordering, receiving and storing medicines. Medication administration records (MAR) were accurate and regularly audited. Staff followed the protocols for administering medicines prescribed to be taken, 'as and when required'.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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
● Visits in and out of the care home took place in line with government guidelines.

Good

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

- The new manager had worked in the service for a number of years, including as deputy manager. They were keen to promote an open, welcoming and inclusive culture in the service so people could achieve consistently good outcomes.
- Most of the staff we received feedback from were very positive about the style and approach of the manager in running and making improvements in the service. One staff member told us, "The manager is always visible," and another said, "[Manager] is approachable, and I get any training I need." A minority of staff told us they did not feel the management team listened to their concerns.
- People and their relatives had confidence in how the service was run. One relative told us, "[Manager] is brilliant, she knows residents well, is practical and good at sorting problems quickly. We had issues with labelling clothes, medications, GP registration, all sorts of issues. She sorts it very quickly and is the right person for the job."

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 manager was aware of their responsibilities under the duty of candour. There were robust systems in place to ensure compliance with this.

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

- Systems were embedded to monitor and evaluate all key areas of the service. This included a daily walk around by the manager and a range of quality assurance audits. The manager had an action plan in place to ensure identified areas for improvement were prioritised and followed up in a timely manner.
- The manager had effective oversight of all aspects of the service. There were good communication systems which included daily 'stand up' meetings with senior staff and handovers and shift change times which ensured key or arising issues were regularly discussed. Some staff told us there was, "great teamwork".
- The manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.

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

● The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and made significant decisions, with the support of staff and other professionals where required. For example, we saw one relative was worried about their family member's reduced appetite, so referrals were made to the dietician and the speech and language team to seek specialist advice.
● People, relatives and staff were encouraged to contribute their views on an ongoing basis informally and through regular meetings.
● Annual feedback surveys were sent out to people, relatives and staff. We saw the results from 2021 were collated in a report so actions could be identified and followed up.

Working in partnership with others
● The manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. The manager had facilitated a range of recent quality monitoring visits from the local authority, NHS clinical commissioning group and consumer champion Healthwatch. These visits were welcomed to support the continuous driving of improvements in all areas of the service.
● Staff worked closely with health professionals, and this was confirmed by the records. This included dieticians, district nurses, GPs and chiropodists. Good partnership working ensured people's health needs were monitored and consistently met.