Regency Guest Services Limited

Ashwood Court

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 8, 9 and 22 December 2015 and was unannounced. The service was last inspected in August 2014 when the service met the standards we inspected against at the time.

Ashwood Court is a residential care home which provides nursing and personal care for up to 30 people, with mental health or general care needs. There were 19 people living there at the time of our inspection.

The service had a registered manager but they had left a few weeks before this inspection. The provider's operational managers were overseeing the service while they recruited a new registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated Regulations about how the service is run.

Summary of findings

During this inspection we found the provider had breached a number of regulations. Accurate records to support the safe administration of medicines were not in place, as prescribed creams were not recorded. Staff training, supervisions and appraisals were not up to date. The provider's quality assurance system was ineffective.

The provider did not have an effective system in place to calculate staffing numbers. One staff member was allocated to one unit of four people without a risk assessment being completed.

Thorough background and ongoing checks were not always carried out to ensure staff were suitable to care for vulnerable adults.

Relatives told us about complaints they had made, but we found no corresponding record of these in the complaints file. We could not be sure what action had been taken as a result of some complaints made.

Nutrition charts were in place but lacked detail and clear guidance such as how much a person needed to drink to stay hydrated.

People's opportunities to give feedback about the service were limited. Records of relatives' meetings and staff meetings were incomplete.

People and relatives told us they felt the service was safe. Relatives had mixed views about the quality of the service being provided.

The service was working within the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) applications had been made appropriately and contained details of people's specific needs.

Staff we spoke with were comfortable about what to look out for when working with vulnerable adults, and said they would report any safeguarding concerns immediately.

The premises were clean and comfortable. Regular maintenance checks were carried out to ensure the premises were safe.

People told us they enjoyed the food that was provided. A variety of options were offered, and drinks and snacks were readily available.

Care plans were detailed and specific to the needs of individuals. They were reviewed and updated regularly. When people's needs changed this was acted on promptly.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not always safe.

Prescribed creams were not being recorded as administered so it was unknown if this had taken place in the right way.

Staff had a good understanding of safeguarding issues and how to report concerns.

Thorough background checks were not always carried out to ensure staff were suitable to care for vulnerable adults.

People and their relatives told us the service was a safe place to live.

Is the service effective?

Requires improvement 

The service was not always effective.

The provider did not have effective systems in place to ensure staff were given appropriate support and training.

Records relating to people's nutritional wellbeing lacked detail.

The service had features which supported people living with dementia, such as themed areas and reminiscence material.

People we spoke with said the food was good. Drinks and snacks were available throughout the day.

Is the service caring?

Good 

The service was caring.

People spoke positively to us about the staff.

Staff knew people well, particularly those who were not always able to express their wishes clearly because of their dementia.

People's independence was promoted.

Staff held people's hands and reassured them if they were anxious.

Is the service responsive?

Requires improvement 

The service was not always responsive.

Complaints were not always recorded and dealt with effectively.

Relatives had mixed views about their involvement in family members' care planning.

Care plans were well written and person-centred. They were reviewed monthly and when a person's needs changed.

Summary of findings

Staff responded to people's changes in needs promptly.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The provider's quality assurance system was ineffective.

The service had a registered manager but they had left a few weeks before this inspection.

Opportunities for people to give their feedback on the service were limited, and people's feedback was not always acted upon.

Staff told us they supported each other, and several staff had worked there for many years.

Ashwood Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over three days. The first visit on 8 December 2015 was unannounced which meant the provider and staff did not know we were coming. Other visits on 9 and 22 December 2015 were announced.

Day one of the inspection was carried out by one adult social care inspector, one specialist advisor, and an expert by experience on the first day. An expert by experience is a person who personal experience of using or caring for someone who uses this type of service. One adult social care inspector visited on the other days.

Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This inspection was brought forward due to safeguarding concerns that had been reported to us regarding the management of the service, cleanliness and food choices.

During the visit we observed care and support and looked around the premises. We spoke with 10 people who used the service, 10 relatives, two of the provider's operations managers, one senior care assistant, the activities co-ordinator, the chef, four care assistants, and one domestic staff. We looked at a range of records which included the care records for five people who used the service, medicine records for 19 people, recruitment records for four staff, and other documents related to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

Medicines were not always managed in the right way. Prescribed creams were not recorded as administered, so it was unknown if this had taken place in the right way or at the right frequency, in line with the instructions on people's prescriptions.

Prescribed creams were not dated on opening, so we could not be sure they were in date and safe to use. In one person's bathroom we found anti-fungal cream with no top on in the same beaker as toothpaste and denture cream. This was unsafe as a person could have mistaken it for toothpaste or denture cream.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Thorough background and ongoing checks were not always carried out to ensure staff were suitable to care for vulnerable adults, in line with the provider's policy. Whilst the service requested references and proof of identification before employment, disclosure and barring service (DBS) checks had not always been carried out or were not always up to date. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. A book was used to record the details of these checks, but this was an ineffective system as 11 out of 38 staff either had no DBS check before starting work at the service and had worked there for some time, or their check had not been renewed every three years, which did not follow the provider's policy.

Whilst safeguarding incidents were recorded, these were not always responded to in a timely way or dealt with effectively. An incident which occurred on 20 September 2015 was not referred to safeguarding professionals until 7 December 2015. This meant people who used the service were put at risk of harm.

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and whistle blowing. This was completed as part of their induction training, and then updated regularly. Staff were able to describe different types of abuse and what signs to look out for such as changes in a person's mood. Staff we spoke with said they would report any concerns immediately.

Accidents and incidents were logged, but it was not always clear what action had been taken and whose responsibility it was to ensure actions had been completed. This meant accidents and incidents were not always dealt with in a timely manner.

Medicines were securely stored within two medicines trolleys which were kept in the treatment room. Medicines were kept in a locked cupboard or medicine trolley, which was secured to the wall, when not in use. The nurse in charge of the shift was the key holder.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. This meant the arrangements for controlled drugs were safe. The temperature of the fridge, used for medicine such as insulin, and the treatment room where medicines were kept, was checked regularly and was within recommended limits.

A local pharmacy supplied medicine in blister packs monthly. The medicines ordering system worked well and the pharmacy delivered medicines promptly. This meant staff had the opportunity to check the medicines stock so people received their medicines on time.

On the first day of our inspection the morning medicines round did not start until 11am as a local GP was visiting the service to administer flu vaccinations. The GP asked the nurse in charge to accompany them, which they did. This meant people did not get their medicines at breakfast time, although medicines later in the day were delayed to ensure the right amount of time was left in between doses. The nurse was approachable, caring and patient with people when administering medicines. We checked the medicines administration records for all 19 people who used the service, and found they were all completed accurately.

People and their relatives told us the service was a safe place to live. A relative said, "I have never had cause to worry. I know [family member] is safe." Another relative told us, "There are no worries here. [Family member] is well looked after and is safe."

Other safeguarding incidents before 20 September 2015 were investigated and dealt with effectively. For example, one incident led to a formal disciplinary investigation and referral to a professional body.

Requires improvement

Is the service safe?

At the time of our inspection 19 people were using the service, 15 of whom were located on the first floor for people living with dementia and four on the ground floor. Those on the ground floor were younger and had mental health needs.

The provider did not have effective systems in place to ensure there were sufficient numbers of suitably qualified and competent staff on duty. Only one staff member was allocated to work on the ground floor with people who could pose a risk to each other and to staff members. There were no risk assessments to support this, which meant this was unsafe. Staffing levels on the first floor were one nurse, one senior carer (on some days but not all) and three care assistants from 8 am. Whilst staff were visible, call bells were not always answered promptly and staff did not always have time to spend talking to and reassuring people. One staff member said they felt more staff were needed so staff could spend time talking to people.

People from the ground floor unit told us they used to enjoy going to the pub for a meal with staff, but this had been "knocked this on the head" as there weren't enough staff available. A representative from the provider told us they were due to implement a new dependency tool the following month to help work out staffing levels. When we asked the representative from the provider about staffing levels they said, "We can get more staff if we need them." They also told us they would recruit more staff when the refurbished unit on the ground floor reopened. Agency staff were used if needed.

The premises were clean, comfortable and free of odours. Regular planned and preventative maintenance checks and repairs were carried out by a member of maintenance staff. These included weekly, monthly and annual checks on the premises and equipment such as window restrictors, bed rail checks and fire safety. Some of the records of these checks were not always completed fully as dates and signatures were sometimes missing. Other maintenance checks such as electrical and gas safety and legionella checks were carried out by external contractors. The records of these checks were up to date. On the second day of our inspection a fire drill was carried out for staff. All staff and visitors were evacuated and accounted for swiftly.

One part of the home, a corridor on the first floor, was noticeably colder than the rest of the building. This area had sofas and was used by visitors as the lounge was often busy. Relatives told us it was always cold in that area. This meant people and their relatives were not warm or comfortable when using this part of the building. When we mentioned this to the provider they said they would pass it on to the estates manager to put right.

Risks to people's health and safety were recorded in people's care files. These included risk assessments about pressure damage and people's potential for falls. Each person also had a personal emergency evacuation plan (PEEP), which had details about the physical requirements that people had. This would help people to be evacuated safely in the event of a fire, according to their individual needs. An 'evacuation grab bag' was held in reception in the event of an emergency, which contained torches and other items which could be useful in the event of an emergency.

Two domestic staff were employed to do people's laundry and keep the house clean. They completed tasks according to a schedule and used colour coded cleaning materials which would reduce the risk of the spread of infection. One of the domestic staff told us they always had plenty of cleaning materials and protective equipment such as disposable gloves and aprons. A range of cleaning materials were kept securely in a locked cupboard, but there was a lack of anti-bacterial products for use in communal areas.

Requires improvement

Is the service effective?

Our findings

The provider did not have effective systems in place to ensure staff were given appropriate support and training. Training records showed that although a number of staff had completed training on fire safety, pressure care and infection control in November 2015, a significant amount of other training the provider classed as 'mandatory' had not been completed. This included training on the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and dementia awareness. The provider told us they were aware of this and were addressing it, but it meant a significant amount of staff had not received up to date training.

We looked at how the provider supported staff development through supervisions. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing, future training needs, and any issues around the needs of people who use the service. The provider's policy on supervisions said they should take place every two months, but records showed this had not happened. Some staff had received one or two supervisions in the past year. Where supervisions had taken place the records of these lacked detail. There were no records of what had been discussed nor any actions arising. Records of appraisals were not available. This meant the provider had not made sure the professional development of staff was supported.

This was in breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how people were encouraged to eat and drink all the time, and how any changes were passed to nursing staff. People's weights were checked and recorded monthly. Staff told us there was sometimes a problem with the scales, so people could not be weighed as often as their care plans stated. Staff told us one person's care plan said they should be weighed three times a week on the advice of the coronary heart disease nurse, but records showed their weight had not been checked at this frequency. This meant guidance in people's care plans was not always followed.

Nutrition charts that were in place were not informative of food intake, precise amounts and whether the choices of the individual were being met. Some people's fluid intake was monitored by the completion of fluid charts, but there was no clear explanation why this was necessary. Those that were in place lacked a guide as to how much fluid a person needed, based on their weight, to ensure they were hydrated.

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 Act 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 17 DoLS applications had been authorised by the relevant local authorities. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

The first floor unit provided accommodation for people living with dementia. There were themed areas such as an indoor garden and a beach. Reminiscence material and items of visual or tactile interest were throughout this unit. People's bedroom doors had familiar items on them to help them recognise their own room. This meant the home had some features which supported people living with dementia. However, the lounge on the first floor was small and oblong which made the room feel cramped. There were often a lot of people sitting in this room and it was sometimes noisy, so it was not always pleasant for people.

People we spoke with said the food was good. One person told us, "I like the food very much and I can have what I want." Another person said, "The cook is very good." People spoke enthusiastically about the food choices over the Christmas period.

Meals were well presented and looked appetising. People whose capabilities allowed had ordered their lunch in advance. People were given a choice of meals, although a pictorial menu was not available which could assist some people. The dining rooms were pleasant with table cloths

Requires improvement

Is the service effective?

and cutlery set out. People were supported to eat discreetly and with encouragement. Drinks and snacks were available throughout the day, or people made their own in the communal facilities.

We spoke to the chef who was knowledgeable about people's nutritional needs. For example, they told us how meals were available in fork mashable and pureed options. They also told us about people's allergies and specialist diets such as low sugar.

A representative from the local speech and language team (SALT) told us staff made appropriate referrals to SALT when they had concerns about the safety of a person's eating and drinking. The representative also told us that staff would benefit from attending training for people with swallowing difficulties, especially as staff had expressed an interest in this.

People were supported to access appointments with healthcare professionals such as the GP, respiratory nurse or optician. Where people had hospital appointments staff supported them to attend.

Good

Is the service caring?

Our findings

People spoke positively to us about the staff. One person said, "The staff here are good because they let us get on with it and do our own thing." Another person told us, "We get looked after well here. We can be as independent as we want to be. It's important to me." A relative said, "The staff here are very caring."

Some people were unable to fully communicate their opinions about the care they received, but throughout the inspection staff addressed people in a kind and considerate manner. There was a good rapport between staff and people who used the service. Staff knew people well, particularly those who were not always able to express their wishes clearly. Staff were seen occasionally holding people's hands and reassuring them if they were anxious. One staff member said, "It is our job to see that people are cared for properly and are happy".

Staff told us how they treated people with dignity and respect by making sure doors or curtains were closed when helping with personal care. Staff also told us how important it was to respect people's choices and rights. This meant staff had a good understanding of the importance of treating people with dignity and respect.

Staff knocked on people's doors and asked permission before carrying out care tasks such as helping someone with their mobility or to cut up their food. This was done sensitively and discreetly.

Some staff knew people who used the service well and told us about their likes and dislikes, what was important to that person, and what support they needed. We saw one person with no socks or shoes on so we asked staff about this. One staff member told us, "We know they have bad circulation and with socks and shoes on their feet become extremely painful. We check to ensure their feet do not get cold and if they do we cover them with a blanket".

During our inspection a relative visited their family member at the service. It was the relative's birthday and staff presented them with flowers and a birthday card. Staff had also arranged a card and present for the person who used the service to give to their relative. The relative was clearly appreciative of the efforts staff had gone to.

The service had received several written compliments and thank you cards from family members of people who used the service. One relative wrote, 'I just wanted to say how fantastic you all are….you showed [family member] you cared and you gave them the patience and understanding they needed. We know [family member] was well looked after and treated with loving care and dignity.'

A representative from the local speech and language team (SALT) told us, "The staff have all offered helpful knowledge of the resident and I have seen good examples of kindness, compassion, dignity and respect at Ashwood".

Access to independent advice and assistance such as an advocate was well advertised. At the time of our inspection nobody used advocacy services.

Relatives had mixed views about the quality of the service their family members received. One relative told us they had seen staff using their personal mobile phones whilst on duty. They felt this meant staff were not as attentive to people's needs as they should be. When we raised this with the provider they immediately reminded staff that company policy forbids the use of mobile phones.

Requires improvement

Is the service responsive?

Our findings

Relatives we spoke with said if they had a concern they would speak to staff. A complaints and compliments file was kept but we could not be sure complaints were recorded and dealt with appropriately. Some relatives told us about complaints they had made but we found no record of these in this file. We could not be sure what action was taken as a result of complaints made as records were incomplete.

The provider had a complaints policy, but the copy on display in the reception area was out of date and referred to old points of contact. No one was able to verify if any information had been given to people who lived at the service so they knew how to complain if they had concerns.

Relatives had mixed views about their involvement in family members' care planning. Some people felt included whilst others did not. None of the five care plans we looked at recorded relatives' involvement in the care planning process where it would have been appropriate to do so.

Each person who used the service had an activities file which listed people's interests. These lacked detail, especially for people who were living with dementia, and who relied on family members to represent their views. One relative told us their family member liked watching football on the television and playing dominoes but they never got the chance to do this.

The care plans we looked at included clear guidance for staff about how to support people with their specific needs, such as nutrition, personal care and medicines. They were well written and detailed which meant staff had appropriate guidance on how to provide person-centred care to people. Care plans were reviewed on a monthly basis or when a person's needs changed. The provider had recently implemented a new structure for care plans which covered all aspects of a person's care and support needs such as religious and cultural needs, oral health and foot care. Where the local authority had appointeeship for people's finances this was recorded in people's care plans.

There were clear examples of staff responding to and acting on people's changes in needs. For instance, when a person required end of life care their needs were reassessed and all relevant professionals and family members were involved in key decisions. Also, on the first day of our inspection we observed the handover from night staff to day staff. The nurse in charge of the night shift reported that one person had experienced anxiety during the night. The nurse in charge of the day shift called the person's GP to discuss this, which meant changes to people's were identified and responded to quickly.

The service employed an activities co-ordinator who organised a range of social events, activities and entertainment. People and relatives we spoke with spoke highly about this staff member. The activities co-ordinator was enthusiastic about events they organised and told us about the Christmas raffle they had organised for the following week. In the reception area there was an array of raffle prizes donated by visitors, and the activities co-ordinator had made Christmas decorations which made it feel homely.

People we spoke with spoke enthusiastically about a holiday they had been on the previous year, and how they were looking forward to the Christmas raffle, Christmas lunch, presents from the staff and a buffet for tea on Christmas day. People spoke positively about the activities co-ordinator and told us how a miniature pony had visited the service the previous week which they had enjoyed.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager but they had left a few weeks before this inspection. The provider's operational managers were overseeing the service while they recruited a registered manager and a deputy manager. A team leader had just been appointed during our inspection.

The provider's quality assurance system included two quality monitoring inspections a year, but these were not available for us to view during our inspection as no one at the service could locate them. Other audits were carried out by the previous registered manager and other staff members on a monthly or quarterly basis. Most of these audits had not been carried out in accordance with the provider's audit schedule, and no actions were identified as a result. This meant the provider's quality assurance system was ineffective.

People who could express their views and their relatives felt they had some opportunities to give their opinions of the service. Resident satisfaction surveys had been sent out but we were not able to view the results of these as no one at the service could locate them. This meant opportunities for people to give their feedback on the service were limited, and we could not be sure if people's feedback was acted upon.

The last relatives' meeting was in August 2015 and this was attended by seven relatives. The minutes showed people discussed staffing numbers, a lack of comfortable seats on the first floor, emergency health care plans, and variety of food. One relative asked if people were going to have a trip to South Shields like they used to, and another relative voiced their concern about not enough staff. Relatives' feedback had not been acted upon and relatives confirmed this.

The service had been the subject of audits by health and social care commissioners. The most recent audit by the clinical commissioning group (CCG) in April 2015 scored the service 69% for the health commissioning standards. This was an improvement on an earlier audit in December 2014, when the service was scored 50%. Most of the areas for improvement related to staff training and the leadership and management of the service.

Staff told us the lack of a registered manager was not a problem as they all "get on with things and support each other." One staff member said, "I just hope we get a really good fair manager who has the residents' wellbeing at heart".

Several staff members had worked there for many years. One staff member told us, "I've worked here for ages and I'm very happy." Another staff member said, "It is so nice here and supportive I am prepared to travel quite a distance to work here".

The last staff meeting was held on 23 July 2015 and chaired by the previous registered manager. It was attended by the provider's operations manager and 15 care staff. Minutes of other staff meetings were not available, so we could not be sure how often these took place and how effective they were.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of prescribed creams. Regulation 12 (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service's audit procedures did not always identify areas for improvement and where they did clear timescales were not always identified. Regulation 17(2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider failed to ensure staff were supported and trained to meet the needs of the people who used the service. Regulation 18 (2) (a).