Care Quality Commission

Askham Village Community Limited

Askham Place

Inspection report

13 Benwick Road
Doddington
March
Cambridgeshire
PE15 0TG
Tel: 01354 740269
Website: www.askhamcarehomes.com

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
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

Askham Place is registered to provide accommodation and care, with nursing, for up to 16 adults. It is part of the Askham Village Community, which comprises of four care homes, each catering for a different client group, built around a central courtyard garden. Askham Place is on one floor, with a large lounge/dining area, which has a kitchenette, and all bedrooms are single rooms with an en suite bathroom. There is a shared café opening onto the courtyard, which is open to the general public.

The inspection took place over two days and was unannounced. There were 15 people in residence. The last full inspection of Askham Place was on 16 October 2013. During this inspection we found that improvements were needed relating to the management of medicines. The provider sent us an action plan detailing the improvements they were going to make. In December 2013 we carried out a review of the evidence sent to us by the provider and found that the required improvements had been made.

Summary of findings

There was a registered manager in place. 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. The registered manager is also registered to manage Askham Court, one of the other three care homes on the site.

People were safe living at Askham Place and staff had undergone training to recognise and report abuse. Any potential risks to people were managed so that people were protected from harm.

There were enough staff on duty to keep people safe and pre-employment checks had been carried out to ensure that only staff suitable to work at the home were employed. People were given their medicines safely. Staff were trained and knowledgeable in how to prevent infection but this had not resolved the unpleasant odour we found in the home.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed by staff trained to do so. However, staff's knowledge was not sufficient to ensure that people's rights were protected if they did not have capacity to make decisions for themselves.

People were given sufficient amounts of nutritious and appetizing food and special diets were catered for. People's health was monitored and maintained by staff with the involvement of a range of healthcare professionals.

Relationships between people who lived at Askham Place and the staff were very good and staff showed they cared about the people they were looking after. Staff treated people well and respected their privacy and dignity. People were encouraged to remain as independent as possible.

People and their relatives were not always involved in the planning and reviewing of their care. Care plans did not contain sufficient, up to date information to give staff guidance on how to offer people consistent and personalised care and support. There were not enough activities, outings and entertainment offered to people to keep them occupied.

There was an open culture in the home and people, their relatives and other visitors were encouraged in a number of ways to put forward their views about the service and make suggestions for improvements. Audits carried out were not always effective in driving improvements in the quality of the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation about upholding the rights of people who lack the mental capacity to make all their own decisions.

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?

Good

The service was safe.

Staff had undertaken training in safeguarding and knew how to keep people safe from abuse and harm.

People received their medicines safely.

There were enough staff on duty to keep people safe and new staff were recruited properly so that only staff suitable to work at the home were employed.

Is the service effective?

Requires improvement

The service was not always effective.

People were supported by staff with the skills and knowledge to do their job properly.

Not all staff were aware of their responsibility to protect the rights of people who lacked the mental capacity to make all their own decisions.

People's nutritional needs were met and their health was monitored by the involvement of a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and provided care based on people's individual needs and choices.

People's right to be treated with respect for their privacy and dignity was upheld.

Visitors were welcomed at any time and people who needed it were supported by an advocacy service.

Is the service responsive?

Requires improvement

The service was not always responsive.

People were not always involved in planning their care and support. Care plans did not contain sufficient information for staff to deliver consistent, personalised care.

People knew how to raise concerns or make a complaint about the service. Complaints were responded to and actions put in place to resolve any complaints made.

An insufficient amount of activities and outings were provided to make sure people were kept occupied.

Summary of findings

Is the service well-led?

The service was not always well-led.

The home had an open culture and encouraged ideas for improvement in a number of ways.

Audits carried out were not always effective in driving improvement in the quality of the service provided.

Records were maintained as required and the CQC was notified of incidents and events as required by law.

Requires improvement

Askham Place

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 was carried out by three inspectors 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.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications, which the provider had sent to us.

Notifications are information on important events that happen in the home that the provider is required by law to notify us about. The provider had completed a provider information return (PIR), which gave us some key information about the home, what the home does well and any improvements they plan to make.

We observed how the staff interacted with people who lived at Askham Place. We spoke with six people who lived there, nine members of staff (a housekeeper, two nurses, three care workers, a member of the activities team and two kitchen staff) and the registered manager. We wrote to a number of health and social care professionals who have regular contact with the home and received comments from five of them. We looked at two people's care records as well as some other records relating to the management of the home, such as staff recruitment files, staff training records and some of the quality assurance audits that had been carried out.

Good

Is the service safe?

Our findings

People told us they felt safe at Askham Place. Comments included, “Oh I do feel safe here and it’s nice” and, “I find the staff caring, which makes me feel safe.”

Staff confirmed that they had received training in safeguarding and demonstrated that they understood the different types of abuse. Staff knew about the internal procedure to follow if they suspected abuse and were also aware of external agencies they could report to. We saw a poster on a notice board in the lounge, which gave people information about abuse. This meant that people, their visitors and staff had easy access to information and relevant telephone numbers to report abuse if they needed to.

We found that there were systems in place to reduce the risk of people being harmed. Assessments of any potential risks to people had been carried out and recorded in people’s care records. These included risks relating to not eating or drinking enough, falling, and developing pressure sores. These assessments had been reviewed regularly and updated when needed. One person told us, “I do fall over a lot…. [the staff] keep my walking frame close to the bed so I don’t have as many falls.”

In one person’s care records a risk assessment had been recorded relating to the person’s refusal to have a pressure mat in place, which would have alerted staff when the person got out of bed. The risks had been discussed with the person who had decided they would prefer to shout for help if they fell. Accidents and incidents had been recorded and added to the information in people’s care plans so that action could be taken to avoid recurrence.

People had differing views on whether there were enough staff on duty to meet their needs in a timely manner. One person told us, “Sometimes I feel they could do with more staff here because you can see they are rushed at times, especially when a number of people need something at the same time.” Another person said, “The staff answer the bell very quickly.” The provider told us that staffing levels were based on people’s level of dependence, which they said was “measured monthly”. Staff were satisfied that there were enough staff to keep people safe, even on days when one person needed more support and staffing was “tight”. On the day of the inspection we judged that there were enough staff to keep people safe. Call bells were answered quickly, people’s personal care needs were met and assistance with lunch was given to people who needed it.

Staff told us, and personnel records we looked at confirmed, that the provider had a robust recruitment procedure in place. All the required checks were carried out before the new staff member started work. This meant that only staff suitable to work at this home were employed.

We checked how people’s medicines were managed. Staff told us they had undertaken training in administration of medicines and their competence to do so was regularly checked by senior staff. We saw that accurate records of medicines given to people were kept and that medicines were stored correctly. We were not able to check that the number of medicines remaining in their original packets collated with the number received and recorded as given. This was because staff had not recorded how many tablets had been carried forward from the previous cycle. We saw staff giving people their medicines in line with good practice. We judged that people received their medicines safely and as they were prescribed.

We noted that there was an unpleasant odour throughout the home, from the entrance hall through to some of the bedrooms. We found that the home looked clean and there were housekeeping staff on duty. Staff were clear about infection control and there was plenty of personal protective equipment, such as disposable gloves and aprons, available where it was needed. The provider had appointed a member of staff as Infection Control Champion. Their role was to keep up to date with good practice and make sure they cascaded good ideas to other staff. However, the odour meant this was not as pleasant a place to visit, live or work in as it should have been.

Requires improvement

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to do their job properly. Staff confirmed that they had undergone an induction when they started work at the home. This included shadowing experienced members of staff and undertaking training in topics considered mandatory by the provider. Staff had undertaken further training in topics relevant to their work. Staff were also expected to take refresher training at regular intervals to ensure they remained up to date with current good practice.

Staff told us they felt well-supported. They said they received supervision and an appraisal from senior staff and that team meetings were "an open forum for discussion". One member of staff said, "Supervisions are a two-way process and you are encouraged to discuss things."

Social and healthcare professionals reported to us that the therapy staff were excellent and that some people who had been admitted to the home for rehabilitation had done well and been able to return home.

Records and our discussions with the staff member responsible for arranging training confirmed that nine of the 36 staff across two of the homes had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Assessments of people's capacity to make decisions about their care had been completed. These assessments had concluded that none of the people who lived at Askham Place needed to have a DoLS authorisation in place. However, the registered manager told us that one person's needs had changed and an application for authorisation under DoLS was in the process of being completed. Staff we spoke with and records we looked at indicated that staff were not altogether clear about people's mental capacity and what should be recorded to ensure staff had sufficient guidance in this area. A social care professional who had visited the home raised concerns that senior staff were unclear about the law in regard to MCA and DoLS. This meant that the rights of people who lacked the mental capacity to make all their own decisions might not have been upheld.

People spoke favourably about the meals that were provided. Their comments included, "The food here is good and there is always a good choice"; "The food here is alright and quite good at times"; and "The food is always hot." People said they could choose alternative meals if they did not want either of the two main meals on the menu and one person told us, "If I need a snack at night it is always available." We saw that the food looked appetising and that people were given a choice of vegetables. A choice of soft drinks was offered with the meal and staff respected the choices people made. Throughout the day people were offered drinks and there was a small fridge where snacks were available for people to help themselves.

A dietician told us that staff contacted them for advice in a timely manner and followed the advice given. They said that staff knew the residents' likes and dislikes well so they could tailor what was required around the foods they knew people liked. Kitchen staff told us that the lead nurse updated them so that they were fully aware of people's dietary needs and any changes required. People who required them were provided with special diets, including fortified foods for those deemed at risk of malnutrition. For people at risk, staff recorded what people had eaten and drunk each day on a chart, which was monitored by the nurse. This showed us that people at an increased risk were provided with meal options which supported their health and well-being.

Care records showed that people were supported to access a range of healthcare professionals, such as the dietician, the dentist, the GP, and the psychologist, so that their health was monitored. One person told us, "The doctor comes in once a week for what I call my MOT. Generally, if I have a problem the staff call him at once and he is here very quickly." During their handover, staff reported on the results of any healthcare appointments that had taken place. This was to ensure that people's continuity of care was maintained.

We recommend that the provider seeks advice and guidance from a reputable source, about ensuring that the rights of people who lack the mental capacity to make all their own decisions are upheld.

Good

Is the service caring?

Our findings

People made positive comments about the staff and told us that staff were very caring. One person said, "The staff here are very friendly and kind and almost like part of the family." Another person said, "They are very kind here." One person who had lived at the home for some time reported that, "The staff are much better now, more caring and understanding of my needs."

Social and health care professionals wrote and told us the good things about the home were the "pleasant staff", "good communication" and "excellent therapy staff". One said, "Staff are knowledgeable, friendly and approachable." Another described staff as "helpful, caring and approachable."

We saw that staff treated people with kindness and respect and that there were good relationships between people who lived at the home and the staff. People laughed and joked with the staff and there was an enjoyable exchange of banter. One person was singing "why are we waiting" in a jokey fashion to staff when they were serving lunch, which created laughter all round. Then a member of staff started singing a popular song, with a person singing some of the lines. This created a nice atmosphere over lunch.

People said that staff were aware of some of their individual care needs. One person told us how staff were bringing them a variety of drinks all the time, because the doctor had said the person must drink more. Another person told us that they were assisted with a shower whenever they wanted one and given the help they asked for to have a wash at night.

We noted that one member of staff who was assisting a person with their meal did this at the person's preferred pace. The person and the member of staff were chatting happily throughout the meal. A nurse who was administering medicines also worked at each person's preferred pace. The nurse asked each person if they wanted their medicines and knew how the person liked to take them. However, we also saw one care worker move two people backwards in their wheelchairs, from behind, without telling each person what they were going to do and why. This caused both people some distress. This meant that for some people their care and support was not as compassionate as it could have been.

Staff demonstrated that they knew people well and told us how they supported people to retain their independence and make choices. One person told us, "I find it's very 'easy come easy go' here. I get woken up in the morning at the time I want and asked when I want my breakfast." In one person's care plan we found detailed guidance for staff on what they should do to ensure that the person's privacy and dignity were maintained at all times. Staff were also instructed to respect the person's wishes and choices and encourage them to make decisions for themselves.

Staff respected people's privacy and supported them to maintain their dignity when they were delivering personal care. We saw staff knocking on doors and waiting for a response before entering people's private rooms. One person told us, "I do find the staff always knock on my door before entering and they tend to ask if I want the door open or closed on leaving." Personal care was offered discretely. However, we noted that everyone was given a blue plastic apron to protect their clothes at lunchtime, which was not dignified and looked institutionalised.

People told us their friends and relatives could visit them at any time. One person said, "I have two friends who drop in anytime they wish. In fact, they often turn up at unexpected times, but I'm always glad to see them." Other people told us how much they and their relatives enjoyed going to the café for a coffee and slice of home-made cake.

An advocacy service was available for people who required the assistance of an advocate. Staff told us that currently two people had an advocate involved in their lives.

Requires improvement

Is the service responsive?

Our findings

lthough one person told us they were aware they had a care plan, they said they had not asked to see it for some time. Other people did not know about their care plan and did not think they, or their relatives, had been involved in deciding on the care they required to be delivered by the staff. We did not see any evidence in the care plans we looked at that people or their relatives had been involved. A social care professional wrote and told us they had not seen any examples of people being involved in decisions about their daily lives.

Care plans did not give staff the guidance and information they needed to make sure people received consistent, effective and personalised care. For one person, we found that daily notes made by staff referred to aspects of the person's behaviour that were not mentioned in the care plan. There was no guidance for staff on ways they could support the person with this behaviour. This meant there was a risk that the person would not receive consistent or effective intervention from the staff. This could then have led to physical risks for the person, the staff and other people in the home.

In this person's care plan we also found very confusing and conflicting information about how this person's diabetes should be managed. One member of staff we spoke with was not clear about management of this condition for this person. There was no guidance for staff about the required frequency of blood sugar monitoring for this person. There was no guidance for staff about the food this person could eat when they were hungry between meals. Another member of staff explained they based the way they dealt with the person's desire for food on what they (also diabetic) did for themselves. This lack of clear guidance for staff posed a risk to the person related to this medical condition.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Social care professionals who had visited the home raised concerns that people had not always received the level of treatment that the home had been commissioned to provide. In one instance a person had not received the therapy they required for nearly three weeks. Although the registered manager told us this had been a "one-off" situation, other people told us they had not always had the therapies they had been assessed to have because there had been insufficient staff. Therapy staff told us there were not always enough care staff to work with people, such as supporting them with exercises, in between the weekly therapy sessions. This meant that people did not always get the service they were funded for and which had been assessed as being beneficial to them.

People had differing views about the activities and outings that were available. One person told us that "the activity lady" came in a lot and organised group as well as one-to-one activities. Another person said, "I don't feel there is enough to do. I feel some of the activities are a bit basic and not suited to me." People were in agreement that they had not been given enough opportunities to go out. There had been a canal boat trip during 2014 and Christmas shopping in December 2014 had been the last organised trip outside the home. The only activity advertised was about a 'cinema club'.

We saw staff taking people for a walk in the courtyard garden. A member of the activities team ran a general knowledge quiz and was chatting to a group of people who were gathered in the lounge about outings they had been on last year and where they would like to go in 2015. Although it seemed that a large group were involved in the activity, our observations confirmed that the member of staff only engaged with three or four people in the group and the others were not included. When the member of staff left, people were left sitting in their wheelchairs or chairs in front of the television. This was on very loud and it was not clear that people had chosen to watch the programmes that were showing. People told us that sometimes activities had been cancelled because there were not enough staff. This meant that opportunities for people to be involved in meaningful activities, to go out and to pursue their own interests were limited.

The provider had a complaints policy and procedure in place and people told us they knew how to complain. People said they would talk to staff or to the manager. One person told us their relative had raised a number of issues on their behalf. Staff were aware of their responsibility to support people to raise concerns if they wanted staff support. A social care professional told us, "I have a very good relationship with the manager of the home who is

Requires improvement

Is the service responsive?

always open to being informed of poor service and concerns." They said that issues had been raised in the past, which the registered manager had responded to with a clear action plan.

Requires improvement

Is the service well-led?

Our findings

One person had lived at the home for a long time. They told us, "I think this place has got better over the years. I suspect the management have got a lot better at what they do."

One person told us, "We have meetings with the staff and management on a regular basis to talk about the running of the place and personal issues. Most people have something to say and the staff listen."

The home had a registered manager in post.

Staff told us they enjoyed working at Askham Place and worked well as a team. One staff member said, "It's really good [working here]" and another told us they enjoyed working here because they were so well supported by other staff and by the management. One member of the ancillary staff told us, "The carers are nice and do a fantastic job." Staff said they were encouraged to put forward their ideas and views on the running of the home and they received feedback on their performance through supervision and appraisal.

The home had some links with the local community. There was a café and function room in the shared area of the site, which were open to the local community as well as to people who lived in the four homes on the site, their relatives and visitors. The function room was available to local groups to hire and we found a village community newsletter in the lounge. However, people told us they did not get out into the local community as much as they would have liked to have done. This meant that for some people their social interaction and support for their interests was limited.

Audits of some aspects of the service provided were carried out regularly. For example there were monthly audits on infection control and health and safety. Staff told us that bedrooms were cleaned each day and we saw that tasks carried out in each room had been signed when completed. In some rooms we found that the smell of cleaning products had failed to mask the unpleasant odour. This had not been addressed by the audits and checks carried out.

Senior staff reported to the registered manager by completing a weekly return relating to a number of aspects of the service provided, such as staff sickness and supervisions, hospital admissions, pressure ulcers and maintenance concerns. We saw that, according to the return we were shown, a number of staff had received their last supervision in January or February 2014. The registered manager said this was a typing error and should have been 2015. However, this error had not been noticed before we pointed this out and therefore no action had been taken. This meant that although audits were carried out to ensure a high quality service was being provided, they were not always effective. In addition audits completed by the registered manager had failed to identify the issues we found regarding people's care plans and guidance.

The provider produced a newsletter in an easy-to-read style with pictures and symbols. We saw the March 2015 edition in the lounge. It included pictures from Halloween and Bonfire Night parties in 2014. The dates for relatives' meetings held quarterly were advertised and people were asked to share their views about the service. The newsletter included an organisation flow chart, listing key roles within the company and said 'hello' and 'goodbye' to staff joining and leaving. A future event, the Askham Cultural Day, which was being held in the function room in April was also advertised.

The provider told us they had carried out a written survey of relatives' views about the service. As a result of the feedback they received the registered manager told us she had just started to make a "courtesy call" to relatives each month to provide them with an update on their family member's progress and well-being. This gave relatives an opportunity to discuss any concerns or make comments on the service being provided.

Records we looked at were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to the Care Quality Commission (CQC) in a timely manner.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were not involved in planning their care and support. Care plans did not contain sufficient information for staff to deliver consistent, personalised care. Regulation 9(1) and (3)