

Sheval Limited

Asheborough House Care Centre - Saltash

Inspection report

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Date of inspection visit:
16 July 2019

Date of publication:
29 August 2019

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 

Summary of findings

Overall summary

About the service

Asheborough House Care Centre is a nursing and residential care home which predominately provides nursing care and support to people who have been diagnosed with a form of dementia. The home is registered to accommodate up to a maximum of 31 people.

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

Systems and records were had not been used effectively to identify risks to people or enable staff to reduce risks. Recruitment processes had not been used to provide assurance new staff were suitable to work with vulnerable adults.

Medicines were not always managed safely. People's care plans lacked guidance for staff on the use of 'as required' medicines and records had not been accurately maintained.

The environment had not been designed or updated to reflect best practice in dementia care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. It was not possible for people to move freely about the service due to several locked doors. It was unclear why these locks were required or that they were the least restrictive option.

People's care plans and how they spent their time, did not always reflect their personal preferences.

The provider's governance system had not identified all the areas for improvement highlighted during the inspection. Where improvements had been identified these had not been implemented promptly to improve the service people received.

People told us they felt safe and staff told us they understood their responsibility for reporting any safeguarding concerns. Staff supported people to stay healthy. People told us they enjoyed the food. Systems were in place to help ensure people's dietary needs were known and catered for.

Staff talked about people with affection. People and relatives valued the compassion shown by staff.

Staff had received regular training and assessments of their competence. The manager had planned more training and more in-depth staff supervision sessions.

The manager had identified some areas requiring improvement and was acting on these.

We made recommendations about staff recruitment and the environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to keeping people safe, people's consent, person centred care and the governance of the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Asheborough House Care Centre - Saltash

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.

Inspection team

Two 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.

Service and service type

Asheborough House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was in the process of registering with the Care Quality Commission. Once registered 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. They had been working as manager at the service for three months. The previous manager had been in post until then.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. Most people were unable to tell us about their experiences of living on the service, so we observed how people spent their time and how staff interacted with them. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to a hairdresser who visited the home regularly. We spoke with ten members of staff including the manager, nurse, care workers and the chef.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had not always been assessed or managed safely.
Prior to the inspection, we received a concern that someone who had choked had not been supported appropriately. We found a referral to the speech and language (SALT) team had been made and the person's records reflected the advice given. However, there was no assessment in place about the person's risk of choking. This could have placed them at risk of unsafe care if staff were not provided with appropriate information.
- Records described in people's care plans to help staff monitor people's risks were not all in place or updated as people's needs changed. For example, two people were at risk of weight loss, one person's records had not been updated to reflect this, another person's care plans stated they should be weighed weekly but this had not happened.
- Risks relating to people who were vulnerable to pressure damage were not always been managed appropriately. For example, some people had mattresses that needed to be adjusted according to their weight. These were not all at the right settings according to the manufacturer instructions. There was also no oversight of this as no regular checks were carried out to ensure mattresses were set correctly.
- Some windows were narrow but could have caused entrapment and did not have window restrictors fitted or risk assessments completed to identify actions needed to reduce the risks
- Checks were completed of equipment and the environment. However, systems to report and take action regarding unsafe equipment had not always been effective. For example, a faulty emergency light and faulty fire door had not been repaired promptly when reported.

Using medicines safely

- People were placed at risk of receiving inappropriate treatment.
- Prior to the inspection, a concern had been raised that staff had made a medication error. We found staff did not always follow medicines best practice, for example no care plans were in place to guide staff when people would need 'as required' medicines administering.
- Medicines administration records (MARs), were not completed according to the providers policy or in line with best practice. For example, hand written entries had not been checked and signed by another staff member.
- Where concerns had been identified via audits of medicines records, improvements had not always been made.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This is a breach

of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager confirmed following the inspection that window restrictors were being fitted to windows where required.
- The new manager had arranged medicines training for staff who administered medicines.
- Relatives told us staff understood people's needs in relation to medicines. They confirmed if people didn't want to take their medicines, staff would return at another time.

Staffing and recruitment

- Checks had been completed to help ensure staff were safe to work with vulnerable adults. However, a full career history had not always been sought and references had not been used effectively to check the person would be suitable to work with vulnerable adults.

We recommend the provider seek reputable guidance on completing and monitoring safe recruitment processes.

- We observed there were sufficient staff on shift to keep people safe. However, staff told us, and our SOFI demonstrated, people did not benefit from staff engaging with them in individualised pastimes. This suggested staff were not deployed as effectively as possible.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt any concerns they reported would be taken seriously.

Preventing and controlling infection

- People and relatives told us the home and individual rooms were kept clean.
- We observed staff followed good infection control practice.
- People were sharing manual handling slings; however, the manager had taken action to ensure everyone would have their own sling to minimise infection control risks in the future.

Learning lessons when things go wrong

- Prior to the inspection, a concern was raised that an allegation of assault between two people was not taken seriously. The registered manager at the time, shared actions that were taken in such instances. We found this was the case.
- The manager had identified the current system did not show that incidents were shared with all relevant staff or that all actions were recorded. Following the inspection, they shared an updated incident form which would reflect more detail. Checks to identify any themes or learning from incidents had been completed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a risk people's human rights were not always fully considered. For example, the service contained many doors that were locked. Not all people were able to open these doors. This meant people could be locked in various areas of the home without being able to get to communal areas, if they wanted to. There were not always staff in these areas of the home, which meant people would not have had support to leave when they wanted to. No assessments had been completed to show this was the least restrictive option available.
- People's capacity had been assessed however records showed relatives had been asked to consent to some aspects of people's care, even though they did not have the legal authority.
- Staff did not always seek people's consent before providing care. For example, staff put clothes protectors on people and supported someone to eat without asking them first.
- The provider did not have a policy that clearly described how staff should meet the requirements of the MCA.

The provider had not ensured the principles of the MCA were met. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager confirmed they would review why the locked doors were in place to ensure people were not being unnecessarily restricted.
- DoLS applications had been made appropriately.

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

- The environment had not been adapted throughout to ensure it reflected the needs of the people living in the service. People's bedroom doors mostly looked the same and the colours of walls, door frames and sanitary ware did not reflect best practice for people living with dementia which can enhance people's lives.

We recommend the provider seeks best practice regarding the design of dementia friendly environments.

- People told us they thought the service was a lovely place to live. Relatives told us they thought it felt homely.

Staff support: induction, training, skills and experience

- Staff told us they received good support from the management.
- Staff received an induction when they started working at the service.
- Checks were completed of staff competence, and observations were completed of their practice.
- The manager told us they would be updating supervision records as there was no clear structure of what should be discussed during these meetings.
- People and their relatives spoke positively about staff and told us they had the skills to meet their needs.
- Staff updated their training regularly and the manager had reviewed staff training needs and had ensured training was planned to meet any gaps.

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

- People's needs were assessed before they moved to the home. This information was then used to inform their care plan and the support they received.

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

- People told us they liked the food and had enough to eat and drink.
- Staff were aware of people's dietary needs and preferences and told us alternatives were always available to people.
- The staff in the kitchen regularly received feedback about which meals people did or didn't like. Having observed how much people had enjoyed eating fish and chips out of paper, they had added scampi in newspaper to the menu.
- When necessary, staff monitored food and drink intake to ensure all residents received enough the day.

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

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- Relatives said their loved ones had seen a GP and they were kept informed if anything changed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with kindness and compassion.
- Relatives told us, "The care is special" and that staff made people feel special by doing 'that little bit extra'
- Staff interacted with people in a caring, supportive way. One staff member told us, "I love the people, it's such a privilege. They've all got something amazing about them."
- Staff gave examples of how they had offered support to help ensure people's diverse needs were met, for example supporting them to practice their religion or using the correct communication methods.
- All relatives told us they were made to feel welcome and were offered refreshments.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people's individual communication skills, abilities and preferences. These were used to help people make decisions. A relative told us, "They all know her as a person, they make eye contact with her."
- We observed that staff gave people the time they needed to communicate their needs.

Respecting and promoting people's privacy, dignity and independence

- Prior to the inspection a concern was raised that people did not receive support to wash regularly and that continence aids were not changed regularly for people. We found this was not the case and no-one shared any concerns with us about people's hygiene.
- A relative told us their loved one was treated with dignity and respect.
- Staff described what action they took to promote people's privacy and dignity, especially when providing personal care.
- Staff understood the importance of helping people maintain their independence. This information was reflected in people's care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a risk people's preferences would not be met or understood. For example, people's care plans contained some individualised information but did not cover all aspects of people's preferred routines, interests, likes and dislikes.
- The new manager had identified further information was required so people's needs were recorded holistically.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always engaged in a meaningful way. During the inspection people spent time in the lounge but were not engaged in any pastimes by staff. Staff did not offer people things to do based on their knowledge of how people liked to spend their time.
- Activities co-ordinators spent time with people individually and in groups, based on people's preferences and interests; however when the activities co-ordinators were not working, other staff did not ensure people remained engaged in a meaningful way.
- The manager was aware of the improvements required and was taking action to help ensure staff provided meaningful support, based on people's interests.
- People's religious needs were met by visitors to the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and described how they met them.
- Information had not been produced in formats that suited each individual's needs. The manager planned to formally assess people's communication needs and ensure this information was recorded and shared when necessary.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were investigated and responded to.
- Action had been taken following complaints to make improvements to the service.

End of life care and support

- People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.
- Where people have made advanced decisions, these were respected.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's oversight of the service had failed to drive improvement. Whilst, the provider met with the manager regularly to discuss the service and any concerns the manager had, they had not routinely checked the quality of all aspects of the service.

A system of audits and checks was in place; however, these had not all been effective in identifying areas for improvement, such as those found during the inspection. When improvements had been identified, action had not always been taken to make the required improvements.

- The manager was not a nurse, but no governance system had been implemented to support them to monitor the nursing aspects of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was not consistently person-centred or empowering. Staff did not use their knowledge of people to offer people meaningful activity throughout the day.
- People's care plans did not always support staff to provide individualised care.

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

- People had not always been consulted in a meaningful way about the design of the service and the environment.
- The environment had not been designed or updated to meet people's needs and reflect their best interests.

We found no evidence that people had been harmed however, the provider's systems were not robust enough to demonstrate good governance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager told us they had requested support from the provider to monitor the nursing practice within the service.
- People told us the home was a lovely place and they liked the way they were treated.
- A relative told us they thought the service was delivering high quality care.
- The manager was in the process of implementing a new system of checks and audits.

- Relatives told us they regularly spoke to the manager and any suggestions were listened to.
- The new manager had told staff they welcomed new ideas and suggestions.

Continuous learning and improving care

- The manager attended local and national forums to help ensure they remained up to date with best practice. They implemented new ways of working or planned training to ensure these were implemented in the service. For example, following information shared at a local care forum, they had planned oral care training for staff.
- The manager had identified several areas of the service, prior to the inspection, where improvements were required and was taking action.
- Following the inspection, they informed us of further action they were taking as a result of the inspection feedback.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision; for example, using local health care professionals for support and advice.

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 promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had not ensured the care people received was the least restrictive option or in line with the MCA.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems and records had not been used effectively to identify risks to people or enable staff to reduce risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems had not been effective in assessing quality or identifying and driving improvement