

Ashdown Care Limited

Ashdowne Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashdowne Care Centre is a care home, registered to provide accommodation with nursing or personal care, for up to 60 people. There were 57 people using the service on the first day of our inspection.

The service is in the town of Tiverton. It comprises of two detached, two storey buildings linked by a corridor. The home is divided into two units, one in each building, Ashdowne unit and Pinnexmoor unit. The Ashdowne unit is primarily used for older people with physical disability and the Pinnexmoor unit is for older people with dementia or a mental health need. Each of these units has its own staff team, communal spaces and secure outside garden for people to use as they choose.

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

People told us on the Ashdowne unit they did not feel there were always enough staff on duty to meet their needs. Comments included, "We do have to wait at times for help", "They are too busy to spend the time" and "They were short of staff sometimes". We found that the staff levels across the home were not consistent.

On the Pinnexmoor unit, we observed people's needs being met promptly and appropriately by a full staff team. However, on the Ashdowne unit we observed they were short of staff which meant people's care needs were not always met promptly.

We have made a recommendation to the provider to monitor the deployment of staff across the home to minimise the impact on people.

Improvements were needed to ensure staff recruited at the service had all of the required checks. A revised recruitment checklist was put in place after the inspection and all recruitment files were checked to ensure they contained the required information.

The provider had processes in place to monitor the risks to people. However, we identified not all people able to use a call bell had access to one, pressure mattress checks had not identified that one had been turned off and it was not clear if one person had an adequate fluid intake. We were assured that action was taken regarding these concerns.

Environmental risks were on the whole, managed well. This included fire checks and drills and regular testing of fire and electrical equipment, and maintenance issues being dealt with effectively. Radiators which were identified as a possible risk on the first day of our visit were covered the following day to ensure people were not at risk of burns.

People generally received their medicines safely. However, it was not clear if people who had been prescribed supplements as they were at risk of weight loss, had received them. The manager took action

and improved the recording of people's supplements and monitoring.

On arrival at the home we found some areas which were not clean and bed bumpers which were ripped and therefore not able to be cleaned, which posed a risk to people. Action was taken by the manager and these areas were clean and bed bumpers were replaced on the day of the inspection.

People were supported by staff who had received safeguarding training and were aware of the different types of abuse. People said they felt safe living at the service. Comments included, "Yes I feel safe with staff...They (staff) are very careful"; "The staff are very good and helpful...I am well looked after." And "Yes, quite safe. It's just sort of natural the way they look after me..."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Accidents and incidents were, on the whole, managed appropriately. Each accident or incident was reviewed by the manager to ensure staff had taken appropriate action. After a discussion they said they would be looking at potential trends to be identify and minimise the risk of future incidents.

Since the last inspection a new manager had been appointed. They were supported by the provider, operations manager and unit leads. They were committed to working with staff to provide people with a good quality person-centred service. They worked alongside staff to pass on their ethos and ways of working. Staff were complimentary about the new manager and were hopeful the changes they were making would be embedded.

The provider had a program of audits they required managers to undertake. These had been completed and actions were being undertaken when areas of concern were identified. At the inspection we highlighted areas of concern which had not been identified by the program of audits. When we raised these concerns the management team reviewed the quality of their audits process. They gave us reassurances this would ensure the risk of future concerns would not be missed. We recognise these changes have been made and we will expect to see an improvement at our next inspection. We have made a recommendation that they continue to monitor their auditing process to ensure it is effectively highlighting areas which might need to be addressed.

People's and relatives' views were sought through surveys and meeting with the manager.

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 21 August 2021)

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has changed from Good to Requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashdowne Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

Ashdowne Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 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. They joined us at the service and spoke with people and relatives to ask their views about the service.

Service and service type

Ashdowne Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashdowne Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

At the inspection we asked the registered manager to display our poster asking staff and relatives to share their views.

We met people who lived at the home and spoke with 18 of them on the Ashdowne unit about their experience of the care provided. On the Pinnexmoor unit people were unable to share their views with us, so we 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 also spoke with four relatives visiting the home.

We spoke with 14 members of staff including the provider's operations manager, new manager, a unit lead, a registered nurse, care workers, activity staff, the chef, the maintenance person, the administrator and housekeeping staff. We also spoke with three college students undertaking a health and social care course who were on a week's placement at the home.

We reviewed a range of records. This included seven people's care records on the provider's computerised system and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including fire safety, maintenance records, staff rotas, minutes of staff meetings and audits were also viewed.

Between the inspection visits we spoke with the provider on the telephone; they were the nominated individual responsible for supervising the management of the service.

Following our inspection visits, we continued to seek clarification from the provider to validate evidence found. We looked at the information sent by the provider. This included the fire risk assessment and staff training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Staffing and recruitment

- The provider's preferred staffing levels were not always met across the home. The two units at Ashdowne Care Centre had their own staff teams with a few staff working across the units. On the first day of our visit the Pinnexmoor unit was fully staffed and people's needs were being met promptly and appropriately. A relative told us, "(Pinnexmoor) has been a godsend. The staff are excellent. It's the personnel, they will sit and give them time. The care is amazing. Regular carers, same people." However, on the Ashdowne unit, they were one staff member down due to short notice absence. This meant there were four care staff supporting 24 people, 16 of whom required two staff for safe moving and handling and one person who required constant supervision. At times, there was a lack of staff presence in communal areas. The registered nurse on duty was also supporting three students from the local college which took their time and attention.
- Staff rotas showed, and staff confirmed, there had been other occasions when they had been short staffed on the Ashdowne unit. By the second day of the inspection the manager showed us a new staff rota where they were allocating a minimum of six care staff in the morning and five in the afternoon on the Ashdowne unit. They had also improved communication between the two units to better deploy staff across the home to ensure people received prompt, safe care.
- Feedback from people living at the service was mixed regarding staffing levels and staff attitude and approach. Comments from people included, "There could be more (staff)... No spare staff", "We do have to wait at times for help", "They are too busy to spend the time" and "They were short of staff sometimes. They do come eventually but I can wait a long-time sometimes".
- Some people said all staff were kind and friendly while others felt some staff were better than others. Comments included, "Them's all okay"; "They (staff) are very good. I like them" and "They (staff) don't listen to us at all. Staff do as they wish".

We recommend the provider continues to monitor the deployment of staff across the home to ensure people received safe, effective and prompt care.

- The service had two activity coordinators. We saw an activity programme and observed some personalised support being provided to people who required tailored activities.
- Recruitment processes were in place, but it was not always clear if any gaps in the employment history of new staff had been explored as part of the recruitment process. The operations manager revised the provider's recruitment checklist to add this and told us they would have all recruitment folders checked to

ensure there were no discrepancies.

- Pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks had been completed. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks had been completed.

Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risks to people. Care records on the provider's computerised care system showed individual risks had been regularly assessed and measures had been put in place to reduce those risks. They covered areas such as skin integrity, personal care and falls. However, equipment used to help manage risks around skin integrity was not always managed well. On the Ashdowne unit the pressure relieving mattress for one person was not switched on when we visited, posing additional risks to them. This was corrected once brought to the attention of staff. Records showed that staff were required to check mattress settings daily and these showed the mattress had been checked on the day of our visit. The manager said they were confident the records were accurate, and the mattress had been turned off by mistake. We discussed the importance of staff ensuring equipment was working effectively at all times.
- On the Ashdowne unit people did not always have access to a call bell, although they were able to use the bell to alert staff to their needs. One person said they waited for staff to pass and shouted when they needed them. Another told us, "There was a bell. They don't always come, sometimes takes a long time." Once brought to the attention of the managers, the person was given a call bell. On the second day of our visit the manager had completed an action plan about the concerns we discussed at the end of the first day. A full check across the home had been undertaken to ensure everyone had a call bell if appropriate. The provider was purchasing additional call bells to have a spare supply should a call bell break and staff were required to record daily that call bells were working.
- Improvements were needed in the monitoring of people's fluid intake for people at risk of not receiving enough fluids. We saw that one person's drink was not within reach and their fresh water had not been touched all morning. The computerised care system the provider used had an alert for this person that the target fluid intake was deemed inadequate on the day of our visit. Staff told us they had been supporting the person to have drinks, but this had not always been recorded. We spoke with the operations manager about our concerns. They explained that the computerised system put everybody on a fluid watch even if there were not any concerns about their fluid intake. On the second day of our visit we reviewed this person's fluid intake and care records and identified no concerns.
- Environmental risks were, on the whole, managed well. However, we identified there were uncovered radiators in communal corridors and a communal bathroom on the Ashdowne unit, which posed a possible burns risk to people. Once brought to the attention of the management team, action was taken the next day to cover all of these radiators to reduce the risk of burns.
- Where people were identified as being at risk due to swallowing problems, advice was sought from health care professionals, and recommendations implemented. For example, the kitchen staff were aware of people's needs and meals were served at a texture recommended for the individual.
- Staff recorded maintenance issues in a folder on each unit which was reviewed each day by the maintenance person and repairs undertaken.
- Fire checks and drills were carried out and regular testing of fire and electrical equipment. External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment to ensure people and staff member's safety.
- There were individual personal emergency evacuation plans for people in place to keep people safe in an emergency and staff understood these and knew where to access the information.

Using medicines safely

- Staff administering medicines had received appropriate training. People generally received their medicines safely. However, some improvements were identified. For example, some people had been prescribed supplements as they were at risk of weight loss. However, the medicines administration records (MAR) did not confirm if these had been given as prescribed. Following feedback, the manager took immediate action and added supplement recording to the computerised care system, so staff could record when these were given. The manager and unit leads would monitor this going forward.
- Two people used oxygen on the Ashdowne unit, however there was no notice on one person's door to alert staff or visitors to this and the potential dangers where oxygen is in use. Once brought to the attention of the manager a notice was put in place, which is good practice.
- There were protocols in place for administering PRN (as required) medicines to each person. However, we found two which were not in place. These were added immediately, and all medicines checked to ensure there were no other's missed.
- There were suitable arrangements for administration, ordering, storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective. There were some gaps in the records.
- Regular medicine audits were completed, where any improvements were identified, an action plan was put into place.
- The supplying pharmacy had undertaken an inspection of the medicine management at the service in May 2022. Minor areas for improvement were highlighted, such as some eye drops were not dated on opening. The management team had taken action to address these areas.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. At the beginning of our inspection on the Ashdowne unit not all areas of the service were clean or odour free. Some tables and chairs were dirty with food debris; some bedroom floors were not clean and one communal toilet was in a poor state of cleanliness. Cleaning schedules showed these areas were cleaned most days by the housekeeping team.
- One relative raised concern with us about the general cleanliness of the service and their loved one's bedroom in particular. The manager was discussing this concern with the relative during our visit. Others had no concerns about the cleanliness of their rooms. Comments included, "The room is kept clean, the bin is emptied every day. The floor is done every day"; "No concerns about cleanliness. No smell." and "I think it's fine. They do a good job, keep the carpet clean no matter how much they spill. They will deal with any mess."
- There were no pedal bins in a communal bathroom and toilets. The operations manager put these in place immediately after we raised our concerns about poor infection control.
- We found some bed rail bumpers were ripped and breached and therefore not easy to clean. The management team took action to replace these once brought to their attention, but this issue had not been identified by the service. The manager explained, looking at bumpers was a check on their infection control audit which they had delegated to a staff member, and it had not been completed. In the action plan they gave us on the second day they recorded that they recognised they should have supported the staff member to undertake the audit and going forward they had put in more robust checks and monitoring.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits to the service were carried out safely in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. Comments included, "Yes I feel safe with staff. They use the hoist to help me with transferring. They (staff) are very careful".
- Staff had completed safeguarding training. Staff spoken with had completed safeguarding training and were aware of the different types of abuse. Staff knew what they should do if they suspected abuse or had any concerns.
- The manager worked with appropriate professionals to make sure any allegations of abuse were fully investigated, and action was taken to make sure people were protected

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We discussed with the management team that they needed to ensure there were mental capacity assessment or best interest decision confirming any arrangements where people might need to be restricted.

Learning lessons when things go wrong

- Accidents and incidents were, on the whole, managed appropriately. Records showed that actions were taken following any accidents and advice was sought from other health professionals when needed. However, staff were not always recording all the information required on the provider's computerised system. This meant that the manager was not always aware of some concerns. The manager said they would speak with the staff involved to ensure they were clear about recording procedures.
- Each accident or incident was reviewed by the manager to ensure staff had taken appropriate action. After a discussion with us, they said they would be looking at potential trends to be identify and minimise the risk of future incidents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed 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.

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

- Since the last inspection the registered manager that was in post had taken a higher management position for the provider as the operations manager. A new manager had been appointed; they were in the process of becoming the registered manager. We found that the new manager was committed to working with staff to provide people with a good quality person-centred service. They worked alongside staff to pass on their ethos and ways of working. Staff were complimentary about the new manager and were hopeful the changes they were making would be embedded.
- The manager was being supported by the provider's operations manager and two unit leads who were responsible for each of the units. The management team worked well together and had a clear vision they were sharing with staff. They told us they used handover meetings, individual supervisions and group team meetings to keep staff informed about changes. For example, improvements to meal distribution to ensure everybody's meals were hot.
- During the two days of the inspection the provider also visited the home to offer their support and discuss the issues identified on the first day of the inspection and to agree changes being implemented. The provider told us about plans to change the management structure at the home to ensure there was oversight of both units.
- The manager understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare and had sent us notifications relating to significant events occurring within the service.
- The manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.
- The provider, operations manager and manager took on board feedback given.
- The provider displayed their most recent CQC rating in the communal entrance lobby and on their website ensuring it was accessible to all. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The provider had a program of audits they required managers to undertake. These had been completed and actions were being undertaken when areas of concern were identified. At the inspection we highlighted

areas of concern which had not been identified by the program of audits. When we raised these concerns the management team reviewed the quality of their audits process and produced an action plan. They gave us reassurances this would ensure the risk of future concerns would not be missed. We recognise these changes have been made and we will expect to see an improvement at our next inspection.

We recommend the provider continue to monitor their auditing process to ensure it is effectively highlighting areas which might need to be addressed.

- The manager spoke passionately about the improvements they wanted to make at the home. They had undertaken supervisions with staff and held staff meetings to ascertain staff ideas and views. Staff were positive about the new manager and told us they were approachable and hopeful they would be able to make the improvements needed. For example, ensuring staffing was consistent across the home.
- The manager was working with the operations manager to recruit suitable staff and had implemented an improved induction process to ensure new staff had completed training before supporting people.
- Policies and procedures were current and in line with best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Since starting at the service, the manager had been meeting with people and relatives to discuss their views. They had also met with neighbours living alongside the home to discuss concerns they might have. People and relatives were positive about the new manager. Comments included, "[Name of manager], we can talk to them, and they will do something about it" and "I would speak to one of the staff. [Manager] comes in quite regularly, she's very nice. I've not really had any worries."
- The manager had sent out surveys to relatives, health care professionals and staff to ask for their views. We reviewed the responses that had been received so far and, on the whole, they were positive. The manager said they would share the findings and the actions taken once they had collated and analysed all of the results.
- The management team and senior staff had developed good working relationships with external health and social care professionals to ensure people's needs were met.