

Hendon P.I.F. Limited

Ashwood Court Care Home

Inspection report

Ashwood Court
Suffolk Street
Sunderland
Tyne And Wear
SR2 8JZ

Tel: 01915659256

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18 January 2019
21 January 2019

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ashwood Court is registered to provide personal and nursing care to a maximum of 30 older people, including people who live with dementia or a dementia related condition. At the time of Inspection 26 people were living at the home.

People's experience of using this service:

Medicines were not always managed safely. Medicine records were not always accurate. High calorie drinks were out of date. Fire safety improvements had not been made promptly.

Some improvements had been made to staff training, but some staff had not completed training in key areas.

People received person-centred care which met their needs. People had detailed and individual care plans which were regularly reviewed and updated as people's needs changed. Risk assessments were in place to help keep people safe.

People told us they felt safe. People and their relatives told us staff knew them well and provided care that was kind and considerate. During the inspection we saw staff treated people with great kindness and respect.

The provider worked with other local healthcare professionals. People had access to and were referred to a variety of other healthcare services, such as GPs, dentists and dieticians.

Since the last inspection the provider had made improvements to the décor to support people living with a dementia. Decoration is ongoing to make further improvements.

The home employed an activities co-ordinator who organised activities both inside and outside of the home for people to enjoy.

Staff and people who used the service said the registered manager was supportive and approachable.

At the last inspection in December 2017 and January 2018, we identified a number of breaches in relation to staffing levels; safety of premises; staff training; person-centred care and governance.

At this inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in connection with medicines and premises safety, good governance issues and staff training. We also identified a breach in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, notification of other incidents. We are dealing with this matter outside of the inspection process.

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

Rating at last inspection:

Requires improvement (report published 12 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in-line with our 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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Ashwood Court Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and one 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:

Ashwood Court Care Home provides personal care for older people, some of whom are living with a dementia. The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This meant that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Day one of the inspection was unannounced which meant the provider did not know we would be visiting. The second and third day of inspection was announced so the provider knew we would be returning.

What we did:

Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and any improvements they plan to make. The PIR was submitted after we finished the inspection.

During the inspection:

We looked at five care plans and nine medicine administration records (MAR). We spoke with five people who used the service and five relatives. We spoke with the registered manager, the deputy manager, one care assistant, one domestic and the activities coordinator. We also spoke with one healthcare professional and one consultant who were visiting the service during our inspection. We looked at four staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

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.

After inspection:

At our request the registered manager sent us copies of various documents for us to review. We also contacted the local fire service to discuss issues regarding the home's fire risk assessment.

Is the service safe?

Our findings

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

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.

Using medicines safely; Assessing risk, safety monitoring and management

- One person's care records showed they had not been given their insulin on one day. We spoke to the deputy manager regarding this issue. They confirmed to us on the third day of inspection that the insulin had been administered but not recorded as being administered.
- Guidance for staff on as required medicines was not always in place. One person, did not have an as required protocol in place for staff to follow and to be able to recognise when this person required their medicine. Some as required medicines were not documented on MAR charts as being administered to people. We spoke to the deputy manager regarding this issue who agreed to review all as required protocols.
- A review of people's prescribed food supplements showed one person had 52 pots of supplement that were out of date by 17 days. Food supplements are prescribed for people who are underweight and they are designed to increase their nutritional intake. We spoke to the registered manager regarding this and they arranged for disposal of this product.
- Some medicines had not been dated on opening.
- The providers fire risk assessment (FRA) identified in October 2018 that urgent action was needed in some areas. We saw that these actions had not been completed. Following our discussions, we found some of these actions were completed and signed off by the second day of our inspection. Following the inspection, we shared our concerns with the local Fire Authority.
- Lift service records identified an issue regarding the alarm bell in the lift. This issue had been raised over previous months. We noted the continual absence of the alarm bell. We spoke to the registered manager who arranged for a temporary alarm bell to be fitted until the normal alarm could be fixed.

This is a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a suitable process in place for the safe disposal of all medicines.
- Regular premises health and safety checks were carried out.
- A review of care plans showed that people had individual risk assessments in place to support staff to care for people and reduce potential incidents.
- People had Personal Evacuation Plans (PEEPs) in place. These were reviewed on a regular basis for accuracy.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. We asked one person if they felt safe and they told us, "Yes, because I know staff by their first names and they make me feel very happy." Relatives said, "We love

[Person] being here. They have been here a year and it's the only time been able to go away on holiday – we go away with peace of mind!"

- There was a safeguarding policy in place. Staff we spoke with were confident in their ability to identify signs of abuse and knew how to raise any safeguarding issues.

Staffing and recruitment

- The provider had a robust recruitment process in place. This included obtain pre-employment checks, including two suitable references and a Disclosure and Baring Service (DBS) check. DBS checks ensure that only suitable people are employed to work with vulnerable people.
- Staffing levels were sufficient to care for people. Most people and their relatives we spoke confirmed this. Comments included, "There's always someone there if you need help with something," and "I think the staff are absolutely brilliant in here but I think they could do with more."
- Staff we spoke with told us there were enough staff to care for people. Comments included, "Yes I think there is enough staff. You work where you are needed."

Preventing and controlling infection

- Infection control procedures were in place which minimised risks to people. Personal protective equipment such as gloves and aprons were available throughout the home for staff to use.
- Domestic staff we spoke were confident and able to explain the steps they would take in the event of any infection outbreak.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager. Accidents were analysed to see where lessons could be learned and where improvements could be made to help to keep people safe.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met

Staff support: induction, training, skills and experience

- Training issues had been identified during the last inspection. Although the provider had made progress regarding staff training, a review of the training matrix, showed a number of issues in relation to mandatory training courses which staff had not completed. For example, six staff had not been trained in health and safety and two staff had not been trained in food hygiene.

This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Newly recruited staff completed a three-month probationary period which included an induction programme.
- The activities co-ordinator is the dedicated communication lead for the service. This role supported enhanced communication for people living with dementia.
- A review of the provider's supervision matrix showed that staff received regular supervision sessions. Staff we spoke with confirmed this.
- We asked both people and their relatives if they felt staff had the right skill level to care for them and comments received were mostly positive.

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

- Pre-admission assessments were carried out and care plans were developed from the assessment to include people's interests, their life history and their religious beliefs.

Care plans showed that family members had been involved in process. One visiting consultant we spoke with told us, "Staff are knowledgeable about the people they care for. One person who I came to see, the staff knew them in great detail and wanted to know how to support this person better."

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

- We asked people if they enjoyed the food. Comments included, "Yes the food is fine and I can get a choice," and "The meals are lovely. [Person] has a soft pureed diet and thickener, they're well fed from the weight they've put on from coming in here."
- All staff were knowledgeable about people's special dietary needs, any allergies and their personal preferences.
- The mealtime experience was very relaxed and staff engaged with people throughout. We observed that people who required one to one support with their lunch were supported by staff in a very caring and respectful manner.

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

- The service was being redecorated and some bedroom and communal doors had been painted different colours. This provided a more dementia friendly environment. Further redecoration was also planned for people's bedrooms.
- The service had a garden area which included seating areas.

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

- People were supported to live healthy lives and had access to regular healthcare services for example their GP and optician.
- We looked at people's care records and we saw that people were referred to other healthcare professionals such as speech and language therapists and dieticians. Where necessary, care records were updated to reflect this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was working within the principles of the MCA and had a robust process in place for monitoring the status of DoLS applications
- For people who did not have capacity we found decision specific capacity assessments had been completed for people when decisions had been made in their best interests.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives we spoke with told us that staff were caring. Comments included, "I got a bottle of aftershave from them all for Christmas and they took the time to get me a nice one that I like. It wasn't just a present but the consideration that went into it" and "Yes they're always giving her kisses and cuddles and they even had balloons and a little party here for my 60th. They are really lovely here."
- During the inspection we saw staff treated people with kindness and compassion. One person became upset and staff were quick to support them, singing a song which they knew would calm and reassure them.

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

- People and relatives we spoke with told us they felt involved in the planning of care. They were invited to attend regular care review meetings. Records showed care plans were reviewed and there was evidence that people and their relatives had been involved in making decisions. One person we spoke with told us, "If anything changes they'd say do you understand but I'm the sort of person who would ask, yes I'm involved."
- We spoke with relatives regarding involvement in their loved ones' care, and comments included, "Yes, I was involved in the creation of [family member's] care plan. They talk to me about [family member's] care all the time."
- We saw that people had access to advocacy services. Advocates help to ensure that people's views and preferences are heard and they help and support people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff supported people to be as independent as possible. The registered manager told us that one person and a member of staff shared the same interest in films. This staff member had invited this person to go to the local cinema to see a film with them.
- People's confidential information was held securely. This information was only accessible by staff who needed the information to carry out their role.
- Staff were seen to discreetly support people when they requested assistance with personal care. Staff were seen and heard to knock on people's bedroom doors and to ask permission before entering.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were updated as and when their care needs changed. For one person whose sight had deteriorated the home had provided talking books to allow this person to continue to enjoy novels.
- The home employed an activities co-ordinator who was responsible for arranging activities both inside and outside of the service. People could choose which activities they wished to engage with, either in a group or one to one sessions.
- In warmer weather people were supported to attend a local community allotment which had proved successful with a number of people living at the home. When asked about activities people said, "I tend to shy away from karaoke afternoons upstairs. They had loads of military memorabilia including a German tank. uniform, first time they've had this and I enjoyed it. They're having a 40's - 50's afternoon. There's no dominoes or card games - I would love that."
- One person who enjoyed painting, was encouraged to complete large coloured canvas paintings which were displayed in the garden area of the home.
- We saw the home was also home to one person's pet. The registered manager told us they had arranged for this person's dog to live with them at the home and this had made a great difference to this person's well-being.

Improving care quality in response to complaints or concerns

- People had access to a complaints policy and knew how to make a complaint. Six complaints had been received since the last inspection. Complaints were analysed and any learning identified was shared with staff.
- We asked people and their relatives if they had raised any concerns. Comments included, "I've got nothing to complain about but I'm sure if I told [carer] she'd know how to figure it out." And "Yes, [family member] has been here three years and I've complained twice and it was dealt with really promptly."

End of life care and support

- Care plans showed that people and their relatives had been consulted regarding their end of life wishes, including how and where people wished to be cared for.
- Staff had received training in end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager had a responsibility to notify the local safeguarding team and CQC of any safeguarding incidents that had taken place in the home. A review of care records showed the provider had failed to notify the local safeguarding team and CQC of five safeguarding incidents. The registered manager told us they had not realised incidents of this type were notifiable. We are dealing with this matter outside of the inspection process.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 – Notification of other incidents.

- We found audits had improved but the process of driving improvement still required improvement. We saw that audits were not followed up with actions and timescales to ensure that the service continued to drive quality improvement. For example, an audit identified the need for a skin integrity assessment for changes to one person's needs. This was in December 2018 and had not been actioned at the time of the inspection, nor had it been assigned to a responsible person to ensure it was completed.
- Record keeping in relation to audits and outstanding actions needed to be improved.

This is a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance

- There was a manager in post who had been registered with the Care Quality Commission since May 2017.
- A visiting professional we spoke with told us they had seen a vast improvement in the quality of care and understanding the needs of people. They also told us the leadership had improved but felt there was still room for improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us that the service was well-led. Staff felt supported in their roles and they told us that the registered manager was approachable. Comments included, "Yes I love working here, I love the staff and the registered manager is lovely and very fair."
- Since the previous inspection, the provider had engaged in a scheme of ongoing redecoration to improve the environment for people living at the home.
- Throughout the inspection we saw staff delivered person-centred care and people and relatives we spoke

with confirmed this.

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

- The registered manager told us they sent out a questionnaire in October 2018. In total 11 responses were received from people, relatives, agency staff and visiting professionals. Positive comments were received and included, "Yes, the care is good and 100% better than the last home I came from" and "Mam is always treat with the greatest care and dignity" and "The patients I have admitted have all settled well. They have made progress physically and mentally. This is all credit to the carers."
- We asked people if they had opportunities to provide feedback regarding their care and ideas for the service. Comments included, "Never completed any questionnaires or been to any resident's meetings," and "Yes not had one for a while the resident/relatives meetings or questionnaires."

Working in partnership with others

- The service had good links with the local community. The home held regular fundraising activities for local chosen and meaningful charities.
- The service had recently completed a new alignment with a GP surgery. This meant GPs would visit the service on a regular basis and carry out 'mini ward rounds' to assess any medical changes of people living at the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure that staff followed policies and procedures in relation to the recording of people's medicines. Regulation 12(2)(g) The provider had also failed to complete actions in a timely manner which were identified during a fire risk assessment. Regulation 12(1)(2d)

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	The provider had failed to complete actions identified during quality audits. Regulation 17(1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure that all staff had received appropriate training to support them in their role Regulation 18(1)(2)(a)