

Knighton Care Services Limited

Ashdown House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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

Ashdown House is a residential care home providing personal and nursing care to up to 24 people aged 65 and over. At the time of the inspection the service was providing care for 20 people.

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

The registered manager and provider had systems in place to closely monitor all aspects of the service. But had failed to notify the Care Quality Commission (CQC) of serious injuries (as required by law).

Risk assessments and care plans were detailed, but more information was needed to fully reflect how staff responded to behaviours that challenged.

People were protected from the risks of abuse. Staff knew the safeguarding reporting procedures and felt confident to immediately report any concerns of abuse.

Staff ensured people received support to eat and drink, they closely monitored the food and fluid intake of people at risk of poor nutrition and hydration. People were referred to dietetic and speech and language services as and when required.

Recruitment checks were carried out on new staff to ensure only suitable staff worked at the service. Trained staff were deployed in sufficient numbers to meet people's needs.

Staff and people using the service had good relationships. Staff provided kind compassionate care. People's dignity was maintained, and personal care was carried out in private and in a timely way.

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.

Staff followed advice from healthcare providers to ensure people received their medicines safely following best practice guidelines.

People and relatives were supported to express their views about using the service and be involved in creating and reviewing their care plans.

The service was clean and homely. The provider had a programme of repairs and refurbishments that was in progress.

People were supported to access healthcare. Staff were prompt in referring people to their GP when required. Staff followed infection control procedures.

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 12 January 2017). Since this rating was awarded the service has moved to a new legal entity under a new registration.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report. We identified a breach in relation to: Regulation 18 of Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from 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 effective.
Details are in our effective findings below.

Good ●

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 ●

Ashdown House

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

This inspection was carried out by one inspector.

Service and service type

Ashdown House 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 registered with the Care Quality Commission. 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.

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 all of this information to plan our inspection.

During the inspection

We talked with four people using the service, seven relatives, five care staff, the deputy manager and the registered manager. We looked at records in relation to three people's care, three staff recruitment files, and records in relation to staff training and the management of the service. We reviewed a range of records. This included two people's care records, two staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, policies and procedures, medicines, safeguarding

and complaint records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People had risk assessments and care plans in place, which staff followed. However, more information was needed to detail how staff responded to behaviours that challenged. For example, one person who required full assistance with washing and dressing at times found receiving this care difficult to accept, to such an extent the person injured themselves. Their risk assessment and care plan did not reflect this. We brought this to the attention of the registered manager. They updated the person's risk assessment and care plan, so they fully reflected the behaviour and the staff approach taken to reduce the persons anxiety and risk of self-harm.
- Equipment to reduce the risks of skin pressure damage was in place. However, we found a pressure relieving mattress was not operating correctly. This could have placed the person who remained in bed at risk of acquiring skin pressure damage. We brought this to the attention of the registered manager, who immediately ensured the mattress was installed correctly. They also commenced a monitoring system to ensure staff visually checked and recorded the mattress was operating correctly each time they provided care for the person.
- Staff carried out safe moving and handling practices when supporting people to change position and mobilise.
- People had personal emergency evacuation plans (PEEPs) which instructed staff how to support them to leave the home safely in the event of an emergency. They were up to date and reflective of people's current communication and mobility needs.
- Environmental checks were routinely completed to ensure the home was safely maintained. Areas identified for repair and refurbishment were promptly addressed.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and applied their training in practice to ensure all staff knew how to report any concerns of abuse.
- The registered manager and provider responded appropriately to safeguarding concerns and shared lessons learnt with the staff team to prevent the likelihood of re-occurrences.

Staffing and recruitment

- Staff recruitment records showed the provider carried out robust employment checks to ensure only fit and proper staff were employed to work at the service. The checks included evidence of employment history, proof of identity, references and criminal conviction checks through the Disclosure and Barring Service (DBS).
- People's needs were met by a dedicated and reliable staff team.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines.
- Staff followed the provider's medicines procedure and advice from healthcare professionals.
- Medicines audits were completed to ensure staff consistently followed the medicines policy.

Preventing and controlling infection

- Staff were trained in the prevention and control of infection.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, when supporting people with personal care and food handling tasks.

Learning lessons when things go wrong

- Accidents and incident reports were reviewed and analysed by the registered manager. Records showed that lessons learnt were shared with staff and appropriate action was taken to reduce the risk of further incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure the service was able to meet their needs. Relatives had been involved in the assessment process, which helped to support a person-centred approach to care planning.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with induction training and ongoing training. Staff commented that recently they had completed some on-line distance learning training, all said they found the training useful, and easier to access than having to attend training sessions. The staff demonstrated an in-depth knowledge of the needs of people using the service.
- Staff said they felt supported in their roles. They said the registered manager and the provider were approachable and offered guidance whenever needed.
- We observed the midday staff handover, from the deputy manager to care staff, in which staff were provided with detailed information on the physical and emotional status of all people using the service.

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

- People said they enjoyed the meals provided. They said there was enough choice on the menu and they were able to choose alternative meals if they did not want what was on the daily menu.
- People were encouraged to maintain their independence with eating and drinking. Staff were sensitive when providing support for people to eat and drink. A relative said, "[Name] loves their deserts and will always eat them independently, they receive help to eat the main meal from the staff, otherwise [Name] would live on desserts alone." We heard staff explaining to people what was on the menu and offering people choices. For example, a member of staff sat next to a person and said to them, "It's liver and onions today" to which the person smiled in approval.
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals. For example, providing people with fortified meals and drinks and soft / puréed diets for people with swallowing difficulties. One person liked to eat 'little and often' and they followed the advice of the nutritionist to ensure the person received a varied nutritious diet.
- The atmosphere over the meal time was relaxed and unhurried, soft background music played and staff and people using the services chatted with each other.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included detailed information on their health and social needs.
- Staff worked closely with other healthcare professionals to ensure people received timely access to healthcare services, such as their GP, dentist, optician, specialists and dietitians.

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

- The service had a homely feel.
- People were able to personalise their rooms with their own belongings and décor.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend health appointments, such as with dentists, opticians, GPs and chiropodists.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.

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.

- Staff followed the principles of assuming people had capacity to make decisions, unless they were assessed otherwise.
- We observed staff consistently sought consent before providing people with care and support and ensured people were happy with how they were supported.
- People's care plans included guidance on the support they needed to make day to day decisions and choices.
- The least restrictive options were used when people were placed under DoLS conditions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 said they felt respected and staff treated them well. Comments included, "The staff are lovely, they always treat me with respect." And "We all get along very well." All the relatives we spoke with were very praising of the support the staff provided for their loved ones.
- Staff ensured people's rights were upheld and ensured that people with behaviours that challenged them, and others, were not discriminated against in any way.
- We observed people and staff were comfortable in each other's company and had developed positive, trusting relationships.
- Staff supported people to pursue lifestyle choices and relationships. Visitors were always made welcome.
- Staff communicated well with people, sharing humour and laughter, which people said they enjoyed. Staff said they enjoyed working at the service and they had built good relationships with all the people. Staff spoke with compassion about people using the service.

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

- People's care plans included information about their likes, dislikes and preferences.
- Staff used a personalised approach to providing care and support for people using the service.
- Advocacy services were available in the event people required independent support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's rights to make choices and be in control of their day to day lives.
- The care plans detailed how staff should protect people's dignity whilst providing their care and support.
- Staff provided care and support with the emphasis on promoting and maintaining people's independence.
- Confidentiality was respected. Staff handover discussions about people's care were held in private, and people's care and support records were stored securely accessible only to authorised people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 personalised, providing information about their, backgrounds, likes and dislikes and people important to them. For example, one person liked to have a calendar and notepad in their bedroom for staff to write down events, such as when their family were visiting on them. Another person liked to read the daily newspaper, to sit in the garden, and watching the news and nature programmes on TV.
- Staff were flexible in providing people's care and support to enable people to be in control of their day to day lives.
- The care plans were regularly reviewed with the involvement of people, and their representatives. One relative said, "The staff keep me fully informed and I am always involved in all decisions about [name's] care."
- Staff monitored any changes in people's physical and mental health. This enabled them to respond and provide timely support and appropriate treatment from relevant healthcare professionals.
- Staff provided people with meaningful and creative activities such as going out for walks, day trips, meals out and pub lunches, quizzes and art and craft sessions. All the people spoken with said they enjoyed the activities provided for them.

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.

- The service provided information for people in accessible formats including large print and pictures. Staff were trained to work with people with visual impairment and other sensory disabilities and understood their communication needs.

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

- All the care staff took part in providing social activities for people to join in. There was a range of board games, puzzles and quiz games for people to engage in. Outside musical entertainers visited the service and themed days took place to celebrate seasonal events. At a recent residents meeting people said they would like to have a buffet style lunch on Sundays, with foods such as, pork pies, sausage rolls, quiche, crisps and sandwiches, and this had been accommodated.
- Staff ensured people could spend time together in private with friends and family, if they wished.

Improving care quality in response to complaints or concerns

- The service had received one complaint and the provider had responded appropriately. People using the service and relatives said they felt comfortable to speak with the registered manager or any of the staff if they were not happy about something and were confident any concerns they had would be addressed.

End of life care and support

- At the time of our inspection, one person was receiving end of life care. Staff took into consideration people's preferences relating to protected characteristics, culture and spiritual needs. The registered manager said they respected people's preferences and choices in relation to how people wanted their end of life care provided.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant governance and performance management is not always reliable and effective.

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

- Data held by the Care Quality Commission (CQC) about the service showed that over the last 12 months CQC had not received any notifications of serious injuries.
- The provider's quality audits had failed to identify three serious injuries, which had been recorded in accident and incident reports and had not been notified to CQC (as required by law). These people had sustained serious injuries that required hospital treatment.
- The provider's accident and incident reporting policy was not robust, as the policy did not specify that all serious injuries were required to be notified to CQC.

This was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

- The registered manager and provider carried out regular audits and checks to ensure people continued to receive high quality care. However, these audits did not always identify all issues. For example, mattress checks and the quality of risk assessments for behaviours that challenged. Where issues were identified, the registered manager and provider acted to improve the service.

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

- People received individualised care that was based around their needs and preferences.
- The registered manager and staff worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.
- People and staff were positive about the management and leadership of the service.
- There was an established and reliable staff team who said they took pride in providing care and support for the people using the service.

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

- People and relatives had opportunities to share their views about the service. Minutes of resident meetings showed people were consulted about ideas for the service such as menu planning, activities and on-going refurbishment work at the service.
- Staff were supported to share their views about people's care directly with the registered manager and in staff meetings. They told us they felt encouraged to share ideas to further improve the service.

- The registered manager promoted positive team working. There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- People's care was regularly reviewed to ensure the care provided was appropriate.
- Management reviews were carried out on all aspects of the service, from activities to the environment, to ensure people received the best care possible.

Working in partnership with others

- The registered manager and staff worked well with all health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- People were supported to use local services and be a part of their local community.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of serious injuries to service users which, in the reasonable opinion of a health care professional, required treatment by that, or another, health care professional.