

Tributary Ltd

# Asquith Hall

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Asquith Hall is a residential care home providing personal and nursing care for up to 53 people. The service provides support to people living with dementia and with mental health needs. On the first day of the inspection there were 35 people using the service. On the second day of the inspection there were 33 people using the service. Asquith Hall is purpose-built with accommodation provided in two units. Willow is on the ground floor and Meadow is on the first floor.

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

Medicines were not managed safely which put people at risk of harm. Risks to people's health, safety and well-being were not always effectively assessed and monitored. Some care plans contained contradictory information and robust monitoring was not in place. Audits were in place, but they had failed to identify the shortfalls we found. The issues we identified had been raised at the last inspection.

We found the provider had made some improvements to the quality of the service which had led to improved experiences and outcomes for people.

There were enough staff to support people safely. Staff had the knowledge and skills to meet people's needs. Recruitment was managed safely. People appeared relaxed and comfortable in the company of staff, and we observed warm and caring interactions. Relatives praised the standard of care.

The home was organised and well maintained and there was a team of ancillary and clinical staff to support the care team. There were close links with health professionals and other agencies to ensure people's health needs were met.

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 practise.

There was a new registered manager in post. They provided leadership to the team and promoted an open team culture. Staff said the registered manager was accessible and supportive. They confirmed they had seen improvements in the quality of the service provided to people and the morale of the team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update:

The last rating for this service was inadequate (published 24 August 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 5 October 2021. During this inspection the provider demonstrated some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

The inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Asquith Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the safe administration of medicines, the management of risk and good governance.

Please see the action we have told the provider to take at the end of this report.

The provider took action immediately during and after the inspection. They submitted an action plan after the first day of the inspection and provided regular updates on other steps they had taken to mitigate the risks to people's health, safety, and welfare.

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

#### 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 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 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 section 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** ●

# Asquith Hall

## 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 first day of the inspection was carried out by 3 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. The second day of the inspection was carried out by 2 inspectors. An assistant inspector also spoke with staff who worked at Asquith Hall on the telephone.

#### Service and service type

Asquith Hall 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. Asquith Hall 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced on both days.

#### What we did before 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

We observed care and support in communal areas. We spoke with 4 relatives about their experiences of the care and support provided. We spoke with 18 staff including the registered manager, operations and quality assurance managers, the senior housekeeper, nurses and care staff. 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 reviewed a range of records. This included 12 people's care records and multiple medication records. We reviewed records relating to the management of the service including policies, training records and audits.

# 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 inadequate. At this inspection the rating has changed 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; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks to people's health, safety and welfare were not always managed safely.
- People's Personal Emergency Evacuation Plans (PEEPs) were not always up to date with information about the room or floor they were living on or their current needs. For example, in one person's PEEP it stated they were able to mobilise independently, but their care plans confirmed they required the support of 2 staff and the use of a hoist. This meant people were at risk of harm as up to date information was not accessible in the event of an emergency.
- Risk assessments were not always up to date. Where people were at risk of poor skin integrity risk assessments were not robust and contained contradictory information. For example, one person's assessments contained conflicting guidance about whether they needed repositioning every 2 or 4 hours. We reviewed their care records and found multiple examples where they had not been repositioned for more than 4 hours.
- Some people were assessed to need pressure relieving mattress. Daily checks had not been completed and there was no information in people's care plans about the required settings. This meant people were at risk of the mattress being set incorrectly and potential skin deterioration.
- Care records did not always demonstrate people were receiving safe care. Where checks and monitoring were required, they were not always in place.

The lack of effective risk management processes meant that people were exposed to the risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Buildings and environmental checks were in place. The provider employed maintenance staff and a senior housekeeper which meant when issues arose, they were addressed promptly.
- Accidents and incidents were recorded. In most cases learning was identified and used in a timely and effective way. Lessons learned were routinely shared in team and relatives' meetings.

- The provider responded immediately during and after the inspection. This included confirmation all PEEPs for people living at the home had been updated to reflect their current needs.

### Using medicines safely

At our last inspection the provider's medicine management systems were not safe and this exposed people to the risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not managed safely.
- The time a medication was administered was not always recorded for time sensitive medication. This meant staff could not be assured the four-hour time interval between doses had been observed. This exposed people to the risk of harm.
- Information about people's allergies had not always been recorded on relevant documentation which meant there was a risk people might be given medication they had previously reacted to.
- Safe systems were not in place where people had been assessed to need their medication given covertly (hidden in food or drinks). Staff were not always following the guidance given by the doctor and people were not always observed taking medication offered to them. This meant we could not be assured people had taken all their right medication; other people were exposed to the risk of harm of taking it by mistake.
- Medicines to be taken as required did not always have clear care plans for staff to guide them on when to administer.

Systems had not been established to ensure medicines were managed safely. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They submitted an action plan detailing the action they had taken in response to the concerns we had identified.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's safeguarding procedures did not protect people from avoidable harm and abuse. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

- Systems were in place to protect people from abuse and poor care.
- Relatives told us they thought their relatives were safe living at Asquith Hall. One relative said, "Safety – yes I think [name of relative] is safe and the general atmosphere now reassures me staff are caring."
- Staff had received safeguarding training and understood how to recognise and report abuse and poor care.
- Where needed the provider had made referrals to the relevant authorities.



### Staffing and recruitment

- Safe staffing levels were in place. Call bells were responded to promptly and we observed people received support and attention in a relaxed and timely manner.
- Staff told us staffing levels had increased and they were regularly reviewed to ensure people's needs were met.
- Robust recruitment procedures were in place to ensure only suitable staff were employed.

### Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises. Some areas of the home needed cleaning on the first day of the inspection and there was a strong malodour in several parts of the home. This was addressed on the second day of the inspection.
- 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

Safe systems were in place to support people to maintain important relationships with their relatives and friends.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection systems were not robust enough to demonstrate people's hydration was effectively managed. This was a breach of regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14

- People were supported to maintain a healthy and balanced diet.
- Care plans provided detailed information about specialist advice and people's likes and dislikes. Where people had been assessed to need aids to support them to eat independently, they were in place.
- We observed meals being served in both dining areas. The atmosphere was relaxed, and people received person-centred and dedicated support from staff. We saw people were offered a varied choice of meals, snacks and drinks throughout the day.
- Where people required their fluid intake monitoring improvements were required to ensure there were effective checks. However, we were assured people were having enough to drink.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the training, support and supervision necessary to carry out their roles effectively. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Staff had received induction and training to carry out their role.
- We reviewed the staff training matrix and found there was high level of compliance with training. This included a range of face to face and remote training including learning disability and autism awareness and positive behaviour support.
- Since the last inspection staff had received regular supervision. Staff spoke positively about the training they had received and the value of supervision meetings. They felt supported to carry out their role. One staff member said, "I feel 100% supported in my role."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health needs were met by the service. The service had close communication with external health professionals.
- The provider also employed clinical staff including a physiotherapist and an occupational therapist, who directly supported people at the service. One staff member told us about the benefits of a physiotherapy programme for one person. They said, "It makes a difference for [name of person]. They really enjoy it and move around much more after."
- Specific care plans were in place relating to people's health conditions.
- The provider was supporting people from a neighbouring 'sister' home due to an emergency. They were being supported by staff from the home they had lived in. The registered manager told us there had been no other new admissions to the service since our last inspection.

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

- The environment was accessible with a range of equipment and facilities to support people. People's bedrooms were homely and comfortable and had en-suite facilities.
- People's bedroom doors were painted different colours and signs with symbols on helped people find their way around the building.
- The registered manager told us further improvements were scheduled including developing the surrounding gardens and completing the refurbishment of the on-site hydrotherapy pool. The home had recently introduced dementia friendly sensory boards and activities which were available in communal areas.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Where required the service had made appropriate DoLS applications to the relevant authorities.
- The provider had recently changed their staff training relating to supporting people with complex and challenging behaviours. This included an increased focus on using the least restrictive interventions and reducing the use of physical intervention.
- We observed staff routinely asking for consent before they provided care or support. Interactions were caring and discrete.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated by staff with dignity, respect and compassion. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10

- We observed staff supporting people in a kind and considerate manner. Staff knew people well. Staff and people shared stories and laughed together. We observed one staff member sitting with a person and reading the daily newspaper. They talked about current affairs, but it was clear from the conversation the staff member was relating the conversation to the persons' interests.
- Relatives gave us positive feedback about staff. They told us care staff were warm and caring. One relative said, "Staff are like friends and as soon as I walk through the door, they make me a cup of tea. I can't fault them. [Name of relative] is always clean and tidy and their room is nice."
- Staff spoke passionately about their role and improving people's lives. One staff member said, "We all work as a team and treat people with respect to try and improve people's lives."
- Staff were conscious about protecting people's privacy and dignity when helping them to mobilise, knocking on doors and having personal conversations discretely.
- We observed staff promoting people's independence. We saw one person who was struggling with their lunch. Staff sat with them and helped them discretely by moving the food on the plate so the person could continue to eat without further support.
- Care records were written in a respectful way.

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

- We saw staff supporting people to make choices and respecting their decisions. Staff had formed good relationships with people and were able to give examples of how they supported people to make choices and decisions.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; 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

At our last inspection the provider had failed to ensure people were receiving person centred care. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9

- People received person centred care. Care records were reviewed monthly but it was not clear how people and their representatives had been involved in this. Care plans and reviews needed to better evidence how people and their families were involved. We discussed this with the registered manager, and they confirmed plans were in place to ensure increased involvement in reviewing and developing people's care plans.
- Mechanisms were in place to ensure the service was responsive. This included daily handovers and flash meetings. We found some concerns had not been highlighted in these meetings.
- People's history, faith, likes and dislikes and what was important to them was recorded.
- Staff demonstrated a good understanding and commitment to provide person centred care.
- The provider had recently employed an activity coordinator. They were not on duty on the days we inspected but we observed a range of one-to-one activities taking place, including people going out into the local community. The home had recently developed a sensory room and an outdoor covered seating area which was accessible to anybody living at the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's needs by assessing them. Care plans included information about people's communication needs.
- There was a pictorial menu and a large mobile board with key symbols which was used to support people to communicate what they wanted and how they were feeling.
- The service had developed a story board for key morning routines for a person who was deaf. This

supported staff with signing and the registered manager told us this improved communication. Plans were in place to further develop this.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor and respond to complaints and concerns.
- Relatives told us they knew how to raise concerns and would feel comfortable to do this if needed.

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End of life care and support

- People's end of life wishes were included in their care plans.
- The registered manager was keen to ensure staff received further training on how to care for people who were coming to the end of their life and this was currently being undertaken by staff.

# 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 inadequate. At this inspection the rating 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.

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

At our last inspection the provider's systems to assess, monitor and improve the quality and safety of the service were not robust. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At this inspection we found the provider continued to be in breach of regulation 12. This included the management of medicines and other health and safety risks. These shortfalls exposed people to the risk of harm. This demonstrated the provider's oversight did not ensure safe quality care and support.
- Record keeping was not always reliable and consistent. Care plans and risk assessments did not always reflect people's needs and we found gaps in monitoring. Information was not always easily accessible as details were recorded on paper and electronic formats.
- Audits had been completed but they had not always been effective in identifying shortfalls.

Systems to assess, monitor and improve the service were not sufficiently robust. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had been in post since November 2022. Staff spoke highly of them and said they were approachable and supportive. The registered manager had re-located their office, so it was in the heart of the home which meant they were accessible and visible to people and staff. One staff member said, "I feel supported by the manager, and they are approachable. [Name of manager] listens to what we say and is involved which is really nice to see."
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- The provider was in the process of changing their preferred system for electronic records. They told us they thought this would lead to improved oversight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us teamwork was good and there had been significant improvements in morale. They said they felt listened to and involved in the service. They told us they felt the service had improved considerably since the last inspection.
- We received mixed feedback from relatives. One relative said, "I do feel more positive and feel they are at the early stages of changing and improving." Other relatives raised concerns about communication not always being timely and effective and delays in getting responses to queries.
- The provider had recently introduced themed parties and had invited relatives and friends to participate in social events.
- The provider had conducted a survey in 2022 with people, relatives and staff and the results were displayed. The registered manager told us surveys were about to be sent out again and the information received would be used to help improve the service.

Working in partnership with others; Continuous learning and improving care

- The provider worked closely with the local authority.
- The registered manager attended weekly multi-disciplinary meetings with health and social care providers to discuss the needs of people living at Asquith Hall.
- The provider demonstrated their commitment to continuous learning and improving care. They responded positively to the issues we raised at the inspection, including completing an action plan after the first day of the inspection.



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	<p>The provider failed to assess, monitor and review the risks to people's health and safety.</p> <p>The provider did not have systems in place to ensure the proper and safe use of medicines.</p> <p>Regulation 12 (1)(a)(b)(g)</p>
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	<p>The provider failed to have effective governance systems in place to monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>