

Knighton Care Services Limited

Ashdown House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Ashdown House is a residential care home providing personal care to up to 24 people aged 65 and over in one adapted building. At the time of the inspection 12 people were being supported.

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

The provider continued to fail to have sufficient systems and oversight to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

The provider had not made enough improvement since the last inspection to ensure people were protected from risks associated with the safety of the environment and maintenance of the home. People living with dementia and at risk of falls were exposed to unnecessary risks.

Systems and processes were not effective in identifying risks to people in relation to fire and water system management. People could not be assured they were living in a safe environment and could safely access the garden.

There was not always enough staff to meet people's needs. Care staff had additional duties and did not always have the time to provide the level of support people required. Mealtimes were task focussed and people who needed assistance did not always get it in a timely way.

We have made a recommendation about the deployment of staff.

Staff training needed to be improved to ensure all staff demonstrated good practice techniques in relation to moving and handling. Staff lacked confidence to use fire appliances and evacuation equipment in the event of a fire.

We have made a recommendation about the environment for people living with dementia.

People could be assured they received their medicines safely and on time. Staff were recruited safely and knew how to protect people from harm.

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.

People's needs had been assessed and person-centred care plans were in place. There had been improvements made to individual risk assessments since the last inspection.

People were supported to maintain a healthy diet and had a choice as to what they ate. They had access to

other health professionals when needed and had their own personal space.

People and relatives were able to raise concerns and staff felt listened to and supported.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 May 2021) 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.

Why we inspected

We received concerns in relation to the management of people's nutrition and hydration and overall governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 requires improvement to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to assessing risk, record keeping, environment and oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below

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 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

This inspection was undertaken 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.

Service and service type

Ashdown house 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. Ashdown House is a care home without 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.

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. 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 spoke with 3 people who used the service and 6 relatives about the experience of care provided. We spoke with 8 members of staff including, senior care staff, care assistants, cook, maintenance person and the deputy manager. We also spoke with the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records, care delivery records and medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and quality assurance records were also reviewed.

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 changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure that all strategies to mitigate risks had been completed. 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.

- People identified as high risk of falls remained at risk of scalding as following the last inspection the provider had failed to ensure all radiators had protectors and were secured and boxed in any exposed pipes.
- The provider had failed to ensure wardrobes were safely secured. This meant people were at risk of harm from furniture falling on them.
- People were at risk from fire. The provider had failed to ensure all fire safety procedures and checks had been carried out. No regular checks were being undertaken in relation to fire equipment and staff were not practiced in the use of fire evacuation equipment.
- The provider had failed to ensure all windows had been fitted with window restrictors which met the required health and safety standard. This put people at risk of falling from a height
- People were at risk of not receiving safe care. The provider was aware there were two call bell systems in operation and only one system could be heard throughout the building. The provider had failed to mitigate the risk of people not receiving the help they required if they rang their call bell which could not be heard in one part of the home. This was specifically a concern at night when only 2 care staff were deployed, and several people required the assistance of 2 carers and were known to be at risk of falls.
- People were placed at risk of harm by poor manual handling techniques. We saw a staff member drag a dining chair across the dining room whilst a person was seated on this. We saw another person being hoisted in a twisted sling and seated in a wheelchair with no brakes applied, no lap belt and the person's skin was exposed as clothes had not been pulled down. We spoke with the deputy manager and provider and following the inspection all staff have received further training in moving and handling.

The provider had failed to assess risks associated with health and safety and do all that was reasonably practicable to mitigate such risk. 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 confirmed a new pager monitor system is in place, a plan is in place to address the health and safety issues identified and programme of

work had begun to address the issues found at the inspection. However, these issues had previously been identified and the provider had failed to rectify them following the last inspection.

- Risks to people's care had been identified and plans were in place to mitigate the risk. For example, when people had been assessed at risk of skin breakdown a plan was in place which informed staff how often to reposition the person and what to look out for. We saw repositioning charts were in place and completed.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.

Staffing and recruitment

- People told us they did not think there was always enough staff to give the support they needed. One person said, "It can take up to half an hour at night for staff to respond." Another said, "They are short on staff, staff are always in a hurry. They only have one cleaner."
- Relatives commented there was not always enough staff and had at times found no staff in communal areas when they had visited. One said, "I think staffing is hit and miss. Sometimes when I visit there are no staff in the lounge area. I also observed a couple of times on a Saturday there were no staff to assist people with their meals." Another relative said, "I go in the evening and I do not think there are enough staff. The staff are run ragged looking after people."
- During the inspection we saw people were not fully supported at mealtimes. Staff were stretched and did not have the time to sit with people who needed assistance. Staff told us they did not always feel they had the time to meet people's individual needs.
- There was only one housekeeper and care staff were expected to provide cover when the housekeeper was not in; in addition to care duties care staff completed laundry tasks and were responsible for meals at teatime.
- The provider used a dependency tool to work out the number of staff required for care; however, it did not take into account the additional tasks care staff undertook nor the lay out of the building.
- We saw from rotas there was a reduction of care staff at weekends. We spoke with the provider about this and they agreed there was no rationale as to why there were less care staff at weekends. The provider agreed to deploy a further member of care staff at weekends. They also informed us they were looking at using a different dependency tool and recruiting a kitchen assistant to provide cover at teatime.

We recommend the provider consider current legislation and guidance in determining the number of staff and range of skills required to meet people's needs.

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them.
- People and their families assured us they were kept safe. One person said, "I feel quite safe, the staff are very caring. Everything is locked at night." A relative said, "My [relative] is safe there. The staff are caring and kind."
- Staff told us they knew how to report any concerns. One said, "If I saw bruising, I would complete a body

map and report to a senior member of staff."

Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.

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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time and given appropriate PPE.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The building had been partially refurbished since the last inspection. However, progress was slow. One relative said, "The cleanliness of the home is ok but there needs to be more maintenance."
- Improvements were needed to the garden to enable people to fully access and enjoy it. We saw it was overgrown and items no longer required had been left in it.
- People had their own personal space which they were encouraged to decorate in the way they chose.

Following the inspection, the provider had arranged for the garden to be cleared and put an action plan in place to address the maintenance issues and refurbishment plan for the home.

We recommend the provider look at current guidance on creating a dementia friendly environment.

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

- Mealtime experiences needed to be improved. Staff were task focussed and there was little interaction with people and staff.
- We were not assured people who required encouragement and assistance to eat got the full support they required. Staff were stretched and did not take the time to sit with people. One relative said, "[Loved-one] has to be encouraged to eat and drink, this is a worry because there are no staff available."
- People were given a choice of meal and most people said the food and variety was good.
- Staff monitored the food and fluid intake of those people at risk of malnourishment and hydration. Advice was taken from health professionals and guidance followed. Food was fortified when required.

Staff support: induction, training, skills and experience

- Staff training required improvement. The training matrix evidenced some staff were out of date in their moving and handling, dementia awareness, fire safety, health and safety and Mental Capacity Act training.
- Staff told us they felt supported, however, staff supervisions were not always taking place within the timescales described within the provider's supervision policy.
- New staff had an induction and completed shadow shifts before working on their own.

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

- People's needs had been assessed before they came to live at Ashdown House. One relative said, "I was asked to complete a form giving details of [loved-one] likes and dislikes."

- People had care plans which detailed their needs and preferences. For example, in one care plan we read the person preferred for their windows and door to be closed, in another it stated the person preferred to spend time in their room, which we saw during the inspection.

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

- People had access to health professionals including GPs, district nurses and dieticians. One relative said, "The home contacts the GP when needed, they have arranged for an optician to visit and the chiropodist comes regularly."
- People had plans in place detailing the support they required with their oral healthcare.
- People at risk had their weights monitored regularly and the service used evidence-based tools to identify risks associated with pressure ulcers and malnutrition.

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.

- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently.
- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. One staff member said, "I try to give people choice by showing them their clothes so they can choose what they wish to wear."

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. 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.

- Audit processes still did not include a system to ensure health and safety checks were completed therefore safety issues had been left unnoticed. For example, concerns we found at this inspection and the previous inspection in relation to wardrobes not being secured and radiator protectors missing and not secured had not been rectified. This exposed people to the risk of harm from furniture falling on them and scalding.
- Quality assurance systems lacked detail as to what staff needed to be checking and there was a lack of oversight by the provider. We found gaps in recording in cleaning schedules and no evidence of oversight to address such shortfalls.
- Fire safety management systems and processes were not robust or effective. There were no monthly checks in place for fire appliances as required. There was no oversight of Fire Alarm system checks. We saw from Fire Alarm test records there were periods where the fire alarm test had exceeded the weekly requirement. Periods of 9,10,11,12 and 23 days were recorded. These had not been picked up and addressed. This put people and staff at risk of harm in the event of a fire.
- Water safety management systems and processes were not sufficient. The provider had no records relating to the cleaning and descaling of shower heads, the flushing of outlets in unused or vacant rooms, and checks of the hot water from the closest and furthest point of the boiler, to ensure water has reached 50 degrees centigrade. This put people at risk of infection such as legionella and scalding.
- The provider had failed to provide an adequate call bell system which could be heard throughout the home and had failed to put any measures in place at night to mitigate the risk of people not being heard when only 2 staff were deployed.
- Systems and processes to ensure competent, skilled and knowledgeable staff were deployed to meet the

individual needs of people living at Ashdown House were not effective. This put people at risk of not having their needs met due to staffing.

- The provider had failed to put an action plan in place to address issues raised in a survey family had completed in September 2021. The issues raised included maintenance, decorating, new carpets needed, and the garden needed improving. We found the same issues needed addressing during the inspection. One relative said, "The owner is kind and supportive and helpful with regard to finance but not so helpful in making improvements to the home. The garden needs improving, there needs to be more activities and more staff for both care and cleaning."

The provider failed to ensure systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014..

Following the inspection, the provider developed an action plan to address all the issues raised during the inspection and were actively seeking to employ additional staff. A new Fire Safety Assessment was to be completed and further fire training was planned. Training in moving and handling was completed, and an Interim manager appointed to help drive the improvements needed.

- There was no registered manager at the time of the inspection. The provider was actively seeking to recruit a new manager.
- Care plans had been improved and were now person-centred. There was sufficient detailed information to support staff to deliver the care and support people needed.
- Staff said they felt able to raise issues and were listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour and had submitted notifications to CQC when required. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Continuous learning and improving care; Working in partnership with others

- The provider continued to work with the local authority to ensure actions required to improve the quality and environment were implemented, sustained and embedded.
- Staff liaised with other health professionals such as the GP, the local authority falls team and dietitian.