

## Sentimental Care Asher Limited

# Asher 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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Asher House is registered to support up to 20 older people, some of whom may be living with dementia. At the time of our inspection, 13 people were being supported at the service.

Asher House provides accommodation on two floors with access via a stair lift. It is situated in a quiet residential area in Walton on the Naze.

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

The provider failed to safely maintain the environment to ensure it was safe for people living in the service. Appropriate checks were not in place by competent staff to ensure the environment was safe.

People's medicines were not managed safely.

People's risk assessments were not updated in line with their current needs and risks. Where people had additional physical and mental health needs, care plans did not always inform staff how to manage these well.

Mental capacity assessments were not always completed where capacity was questioned.

Staff had not received training in how to support people living with dementia, despite of some people living with this diagnosis. We made a recommendation about this.

The environment of the home had not been adapted to ensure that it met with the needs of people living with dementia.

We made a recommendation about this.

Staff were instinctively caring but did not always have the skills and knowledge to undertake their role.

Care plans were not reflective of people's current needs and did not reflect support they required.

The service did provide meaningful activities for people.

End of life care plans were not always in place for people. We have recommended end of life care planning for people to be developed further.

The service was not well led. Systems were in place to monitor the quality of the service; however, these were not effective and failed to highlight concerns raised during the inspection.

The provider had failed to put systems in place to support the registered manager to have oversight the service.

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

The last rating for this service was requires improvement (report published 2 October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for 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.

#### 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 act 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 caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well led.

Details are in our well led findings below.

# Asher 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

The inspection was undertaken by two inspectors and an inspection manager. On day one, an inspector and an assistant inspector conducted the inspection. On day two, an inspector and an inspection manager conducted the inspection.

#### Service and service type

Asher House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

#### Notice of inspection

This inspection took place on 10 and 15 October 2019 and 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 external professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, senior care, care workers and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate

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

### Using medicines safely

Our previous inspection in October 2018 identified improvements were needed in relation to management of medicines within the service. At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12 of the Health and Social Care Act, 2008.

- People's medicines were not well managed. People did not receive their medicines as prescribed. For example, one person's Medication Administration Record (MAR) was signed to indicate medication had been given. However, on further investigation, we found that the medicines had not been administered and were still in the original pot. We raised this with the registered manager who told us that they had picked this up the previous day however had taken no action to ensure that the person had not come to any harm as a result.
- MAR records were not kept in line with national guidelines. Records showed that staff had not recorded amount of medicines carried over from previous months. This meant staff would not be able to easily check and audit what medicines there were and if people had received these.
- We carried out a stock check of medicines and found that stock levels were incorrect. One person's record stated they should have 17 tablets in stock. However, we found during the audit that 21 were still in stock. We raised this with the senior and registered manager who told us they did not know why this was incorrect but would investigate.
- National guidelines about storing, administering and disposing of controlled drugs were not followed. For example, we found that records had not been updated when medicines had been returned or destroyed. One person's controlled medicines were stored in the service however, these had not been recorded either within the controlled drugs register or on MAR sheets. This meant the service did not know what medicines were being held and could not be assured they were appropriately accounted for.
- People received support to manage their 'as required' (PRN) medicines. Protocols and procedures were not always in place for staff, so they knew how to respond to people and administer their medicines appropriately. However, staff told us they knew people well and people would tell them when they required any as and when medicines.
- Staff told us they had received training and had been assessed as competent.

### Assessing risk, safety monitoring and management

- The environment placed people at immediate risk of harm. We found significant issues requiring immediately action. This included accessible exposed radiators, hot pipes and radiator covers that were not safely secured to walls. During the inspection, we identified windows on the first floor were not secured robustly or adequately in line with national guidance. This meant people were at risk of falling. We immediately raised this with the provider and asked for this to be rectified. This was checked again on 15 October 2019. Whilst some action had been taken, not all exposed radiators and pipe work had been covered and windows were still not robustly secured. We spoke with the provider and asked for this to be addressed immediately to mitigate any risk posed.

The provider responded immediately after the second day of the inspection. They confirmed all the immediate actions were either now completed or suitable action had been taken to keep people safe.

- Risk assessments relating to the environment were not robust and did not contain enough detail to mitigate any risk. This included people's personal evacuation plans for use in case of an emergency. Plans were in place for people, however they lacked person specific information for staff to follow. We spoke to staff who could not demonstrate adequate knowledge of how to evacuate people. This was raised with the manager immediately who told us staff had only recently had fire training, but they would speak to staff to ensure they knew what to do.
- During the inspection, a fire drill took place however only staff and visitors were asked to evacuate, people living in the service were not involved. We spoke to the registered manager about this who confirmed people were not involved in fire drills but given our findings, they would look at how they could be in the future.
- A legionella risk assessment and water sample were taken from the service in June 2016. However, since this time, a new water system had been installed but no further samples had been taken nor had the risk assessment been updated to reflect this. A Health and safety audit completed for the service in June 2019 and environmental audits by the registered manager in May 2019 also highlighted this. We spoke to the maintenance person and registered manager who showed us they had highlighted this repeatedly to the provider, however no action had been taken.
- The health and safety responsibilities for the service were undertaken by the maintenance person and registered manager. When we raised concerns about the environment, specifically window restrictors, neither had knowledge or understanding of the Health and Safety Executive guidance for care homes on this issue. We asked the registered manager what training they and the maintenance person had received and they told us, "We complete the health and safety training that all care staff complete."
- Staff told us that they had not had training in catheter care. Although people had catheter passports, a document used by visiting district nurses to record care given, care plans did not identify how staff should ensure that catheter sites were kept clean and what to look for in case of signs of infection.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We wrote to the nominated individual on the 17 October 2019 and asked them to demonstrate they were managing their legionella responsibilities effectively. They told us an external professional had been booked and confirmed with us when this had taken place.
- People's care plans contained limited assessments of potential and known risks. Where people's health needs had changed, risk assessments had not been updated in line with this. For example, one person was unable to get out of bed due to health concerns, but risk assessments in place for mobility did not reflect this change of need and other potential risks including skin integrity.

Staffing and recruitment



- Rota's confirmed shifts were covered by staff and the registered manager. The registered manager raised concerns about them covering excessive care hours and the impact this had on all staff. They told this had led to a lack of sufficient oversight of the service and undertake all management duties. This in part was due to having to cover care and working extensive hours. The provider had not ensured that the registered manager had the necessary time and support needed to have the appropriate management oversight of the service.
- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.

#### Preventing and controlling infection

- Staff understood and followed infection control procedures when supporting people with personal care. However, where infection control issues had been raised with the provider, action had not always been taken. For example, a health and safety audit completed by the registered manager highlighted the need for colour coded knives to prevent cross contamination. At the time of the inspection, we could not see any evidence that this had been actioned.
- The environment was not always clean. We found dead insects and cobwebs in bathrooms and toilets. Staff told us the home had a cleaner for four days a week, however staff were expected to clean when the cleaner was not in. One staff member told us, "We do have a cleaner. Staff will clean the days the cleaner isn't here, but we don't always have a chance to do this." Another told us, "Sometimes staff get chance to clean, but this is only when we can"
- Staff received appropriate training in infection control and knew how to prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded but it was not always clear how these were monitored by the manager.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained unchanged.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the knowledge, skills or competency to complete their job role. For example, a number of people at the service were living with dementia. Staff told us that they felt they needed training in dementia care to understand how to support people as dementia needs increased.
- Staff without prior care experience or qualification had not always completed the Care Certificate but had received basic training mapped to the care certificate standards. The Care Certificate is a set of 15 standards that social care and health workers should demonstrate competency.
- One staff member we spoke to had only just begun working at the home and told us, "My induction has been good, it covers the main things I need to know." Where agency staff were used, a basic induction into the service took place. Training was completed either face to face or by e learning and included medication administration, health and safety and safeguarding adults.

We recommend that the provider review best practice for staff training on how to support people with dementia to live well.

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

- The service supports people living with dementia. Although some signage was in use, the steep stairs, use of colour, and layout of the service was not supportive of current best practice in promoting a dementia friendly environment. We spoke with the registered manager who told us they had identified this and had spoken to the provider about these issues.
- In contrast, people's rooms were personalised, accessible, comfortable and decorated with personal photos.

We recommend the provider reviews best practice guidance on dementia friendly environments and makes appropriate adaptations to support the needs of people living at the service.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the last inspection, some capacity assessments and decisions had been completed for people, however where people's capacity was unclear, not all decisions had been assessed. For example, one person had a DoLS in place and a capacity assessment for administering medication, but no other assessments of capacity had been completed. We spoke to the registered manager about whether this person had capacity to make day to day decisions and they confirmed that they did not.
- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had applied for this to be authorised under DoLS.
- Staff understood the importance of gaining consent before providing support. Observations of staff and people showed this. However, care records did not always show people had given consent for care. For example, a relative had signed a consent form but it was not clear whether they had Power of Attorney to do this. We spoke to the provider about this who confirmed that the service did not always get given this information from relatives when it was requested so did not know whether this was in place.
- The registered manager understood their responsibility to apply for DoLS as required and their responsibility to inform the commission

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

- Assessments of people's individual needs were in place prior to them moving into the service to ensure their needs could be met safely. One person had moved from another service and records showed a pre-assessment had been carried out of their needs at that time and a care plan had been developed in line with their needs at the time.
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services.

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

- People and relatives told us people had a choice with food and drink and when they did not like what was on offer they were given an alternative. We observed the mealtime experience which was relaxed and pleasant.
- Throughout the inspection, we saw people had access to food and fluids. Relatives gave us positive feedback about the quality of the food. One relative told us, "The food is lovely and presented lovely." Another told us, "I have not been at mealtime but my relative seems to be perfectly happy with the food."

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

- Since the last inspection, the service had had a number of long-standing members of staff leave. This meant that the service relied on agency staff. However, we found that this had not had any impact on people and consistent staff were being used.
- Staff communicated effectively with other staff. One staff member told us they used a daily shift handover to communicate between staff.

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

- Relatives told us people were supported with their healthcare and staff understood when to request for

support. One relative told us, "[Person] has had a bed sore in the past but this has cleared up. [Person] is now on a special mattress and the staff got in healthcare as needed." Another relative told us, "The local doctor is called when necessary and [person] has been taken to appointments when needed."

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect. Supporting people to express their views and be involved in making decisions about their care

- People and relatives weren't always involved in people's care. People's care plans had not always been signed for by people or their relative to show that they had been involved. One relative told us, "No, I haven't been involved in care planning at all. I do notice staff completing write ups about [person] but I have never been called upon to discuss these."
- Resident meetings were held regularly. Minutes from these meetings showed discussions were held about making care plans person centred, however we could not see that these actions had taken place.

Ensuring people are well treated and supported; equality and diversity

- During the inspection, we identified a bathroom that was accessed regularly by people. We found that a door led out to the garden from this area but was not locked meaning anyone outside, could access the toilet while people were using it. This meant people's dignity could not always be assured and maintained.
- People did not always have detailed person profiles recorded giving a life history to staff. We saw that the need for this had been discussed with staff at team meetings but had not been actioned.
- Staff knew people well and could tell us how they cared for people, however this information was not reflected in peoples care plans and therefore not available for new or agency staff.
- Relatives told us staff however knew people well. One relative told us, "Staff know [person] more than we do. When you work with peoples you know expressions and what they need, and the staff do."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff promoted people's dignity and independence. One relative told us, "My relative is of age where independence isn't really a realistic option for them, but staff will try and get them to do things."
- Staff understood how to promote people's dignity and independence. One member of staff told us, "We are always knocking on bedroom doors before we enter and asking permission before we are doing personal care." However, we observed one member of staff supporting someone and not talking to them about what they were doing and when they were about to do it. We spoke to the registered manager about this who told us this was out of character for the member of staff however they would speak to them about this.
- Staff had received training in equality and diversity and training had been arranged for staff whose training had expired.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

End of life care and support

- The service was supporting two people at the end of their life. Information about how the person wanted to be cared for at the end of their life was not in place and relatives told us that this had not been discussed with them. One relative told us, "No, they haven't been mentioned at all." Another told us, "No, they haven't spoken to me about it."
- Staff told us, and records confirmed that they had not received end of life training. We spoke with the registered manager about our concerns who told us two senior staff were currently undertaking end of life training

We recommend that the provider review current best practice guidance around provision of end of life care in care homes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not reflect how staff should support people to remain fit and well where risk of poor health had been identified. They were not person centred and lacked detail about how a person wanted to be cared for.
- Regular reviews of care were completed however care plans were not always updated to reflect the changing needs of people. For example, one person's care plan had been written in August 2017 and whilst some reviews had taken place, the care plan had not been updated to reflect a significant change in the person's care that was required. This meant we could not be assured new and agency staff received correct information about people and their needs. However, staff were able to tell us how they supported people and told us they would support new staff.

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.

- People's communication needs were identified and highlighted in support plans. Staff were aware of these and supported people in these ways. One person had communication difficulties and could not always tell staff what they wanted or needed. Staff told us they knew the person and what their expressions meant.

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.

- People were able to follow interests and activities. People's daily care records showed they were accessing the local garden centre and entertainment that was arranged to visit the service.
- One person was supported to access the local bingo hall on a regular basis and this had been arranged by the service. One relative told us, "The home has activities. [Person] goes out occasionally to garden centre or to high street."

Improving care quality in response to complaints or concerns

- Since the last inspection, one complaint had been received by the service. We saw that this had been investigated but it was not clear if the person was satisfied with the outcome of the investigation.
- People and relatives told us they were able to raise complaints or concerns but had no reason to complain.
- Relatives said that they felt able to speak to the registered manager at any time. One relative told us, "If I had problems with staff would go to manager, if I had a problem with manager would go above her. It has not happened, and I don't think it will."

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

Our previous inspection in October 2018 identified improvements were needed in relation to the overall management of the service. This was because there had been a lack of oversight of the service by the provider and the manager to ensure care was of a good quality, and safe. At this inspection not, enough improvement had been made and the provider was still in breach of regulation 17.

- The service was not well managed. Staff told us that the registered manager did not have the time to manage the service as they were too busy covering care hours. One member of staff told us, "We are short staffed and already using agency, but the manager is also out on the floor helping. The problem is, the manager needs more time in office, but she is always chasing her tail." Another told us, "I feel that the manager could do with more support from directors. She has had to make sure she spends time in the office as she was falling behind."
- Where concerns had been raised to the provider by the registered manager, appropriate actions had not been taken. We spoke to the registered manager who told us that they did not have time to keep on top of everything and therefore had struggled because they had been expected to do additional care and management hours together.
- At this inspection we found the quality assurance processes continued to be ineffective. The lack of robust quality assurance meant people were still at risk receiving poor care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively.
- The registered manager and senior care staff were not completing audits and issues identified on inspection had not been picked up on. A senior staff member told us, "Seniors should do a medication audit every week, but we don't do it as often as should do. We do it once a month if we are lucky."
- People and staff told us they thought highly of the registered manager but felt the provider lacked a understanding of the needs of the service. One member of staff told us, "The directors aren't very visible, they speak with the manager when they are here, but they don't interact with staff at all."

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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



#### characteristics

- People, relatives and staff had completed a survey of their views and an analysis of this information had been collated and analysed. However, we could not see how this had been used to improve the quality of the service.
- Staff received supervision and appraisals of their performance. The registered manager received peer support from another registered manager within the group. The registered manager told us, "I can call the other registered manager for any support and they are there to help."

#### Continuous learning and improving care

- Incidents did not prompt learning to improve care. Since the last inspection, some concerns and issues raised had been addressed such as improvements in the medicines room. However, a lack of robust auditing and managerial oversight, meant that the service did not pick up on concerns when they occurred meaning it could not learn or improve care for people.

#### Working in partnership with others

- The service was not connected to the local authorities training programme, however the registered manager was aware of it. They told us that following the inspection, they would contact them for support.

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<br><br>Medicines were not safely managed in the service.  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The systems in place to assess monitor and improve the quality and safety of the service did not work effectively. |