

# Knighton Care Services Limited

# Ashdown House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ashdown House is a residential care home providing personal care to up to 24 people aged 65 and over in one adapted building. At the time of the inspection 17 people were being supported.

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

Systems to monitor the quality and safety of the service were in place to ensure people received safe and person-centred care. This required time to be embedded in the service to ensure they were maintained, sustained and improvements continued.

Risks to people's care had been identified and plans put in place to mitigate the risk. Staff understood how to protect people from harm and followed good hygiene practices to prevent and control infection. There were sufficient staff deployed to meet people's needs and people could be assured staff were recruited safely.

People could be assured they received their medicines as prescribed. Staff received training in managing medicines and their competencies had been checked.

People's needs were assessed, and care plans guided staff how to meet those needs. 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 were supported to eat and drink. Mealtime experience could be improved so that people were not assisted to the table too early, leaving them waiting for their meal. Staff were supported to improve their skills and a comprehensive training programme was in place.

Staff were described as caring and gentle. People could be assured their privacy and dignity was respected and their consent gained before any interaction with staff. People were supported to remain as independent as possible.

People were encouraged to remain in touch with their family and friends. There were group activities and opportunities for people take part in individual activities if they wished.

People knew how to raise a complaint. Their feedback was sought to help drive improvements.

The provider and manager were open to suggestions as to how to improve the service and supported staff through regular meetings and supervisions.

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 9 December 2022) and there were breaches in regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 8 December 2022. During this inspection the provider demonstrated that 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

This 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.

### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always 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.

#### Inspection team

This inspection was undertaken by 2 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. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

#### 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 spent time observing care to help us understand the experience of people who could not talk with us. We spoke with 4 people who used the service and 5 relatives about the experience of the care provided. We spoke with 14 members of staff including senior care staff, care assistants, domestic staff, cook, maintenance person, deputy manager, manager, director and the 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 3 people's care records, care delivery records and medication records. We looked at 3 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from 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 repeated breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and sustained at this inspection and the provider was no longer in breach of Regulation 12.

- People were protected from the risk of scalding. The provider had ensured all radiators had protectors that were secured. Any exposed pipes had been boxed in and made safe to protect people from hot surfaces.
- The provider had ensured people were protected from the risk of harm. Wardrobes were securely fixed to walls and window restrictors were in place.
- People received responsive and safe care. The provider had upgraded the call monitoring system in the home. The call bell was audible across all areas of the home. This meant staff could respond in a timely manner. People told us staff were responsive to the call bell. One person told us, "I haven't had any trouble with staff coming to help me when I ring the buzzer, they are really good like that."
- People were no longer at risks associated with moving and handling. Staff had received refresher training and had their competencies assessed in safe moving and handling.
- Fire safety checks in place ensured people were no longer at risk of harm from a fire. The provider had ensured weekly fire tests had been undertaken and all fire safety checks were in place.
- The provider was confident in sustaining the changes made since the previous inspection.

### Staffing and recruitment

At the last inspection we made a recommendation about staffing levels. At this inspection we saw that improvements had been made and sustained.

- People and relatives told us they thought there was enough staff on duty to provide timely care. One person told us, "The staff always come when I ring my call bell."
- The provider had increased the number of housekeepers working at the home. We were told by housekeepers this had made the job more manageable. The provider had plans in place to recruit additional housekeeping staff in the near future.
- The provider has responded to feedback and ensured there was not a reduction in staffing levels over the weekend period. Staffing levels were consistent.
- 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, "Of course I am safe, everyone helps keep me safe." A relative said, "My [relative] is safe, they [staff] are all so caring as well."
- Staff told us they knew how to report any concerns. One said, "If I saw bruising, I would ask the person if they knew how they got it and then I would complete the paperwork."

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 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.

Visiting in care homes

- The provider followed government COVID 19 guidance on care home visiting. Visitors were welcomed and encouraged and given appropriate PPE if required. We saw many visitors in the home on the day of the inspection.



# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to coming to live at Ashdown House. The manager and senior staff met with people and families to ensure the home could meet people's needs. One person told us, "Before I came here, I was asked to fill some forms, lots of questions what I like and don't like."
- People had care plans which reflected their needs and preferences. For example, whether people preferred male or female care staff to support with personal care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their roles and responsibilities.
- Staff told us and confirmed by the provider's training matrix the majority of staff were up to date with their training. This included manual handling, fire safety, dementia awareness and learning disability awareness. The manager and provider were proactive in ensuring staff training remained up to date.
- All staff completed an induction which included training and shadowing experienced staff before they fully took up their role. One staff member said, "I completed my induction with the manager and had 3 shadow shifts before I worked alone, I could have done more shadow shifts if I felt I needed to."
- Staff told us they had regular supervisions and plans were in place to ensure all staff had an annual appraisal. This ensured staff were supported in developing their skills and knowledge.

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

- People were encouraged to eat in the dining room but had the choice to take their meals in their bedroom if they preferred. Overall, the dining experience was good with tables set with condiments and drinks available. However, people were assisted to the table earlier than needed and left waiting. We spoke with the manager and provider about this, and they agreed to look at this again.
- People had a choice of meals. There was fresh fruit, snacks and drinks available throughout the day. People who were cared for in their bedrooms had drinks available.
- There was information in people's care records about their dietary needs and people were weighed regularly to ensure they maintained a healthy weight. We saw action was taken if people were losing weight, such as providing regular snacks and fortified food and drinks.

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, dietitian and optician. One relative said, "[Loved-one] has an appointment to see a new GP and have a check-up which is all good."

- We saw in people's care records advice had been sought in relation to people's diet and weight, and management of diabetes, which was being followed.
- People had plans in place detailing the support they required with their oral healthcare and regular visits were in place from a chiropodist.
- People were monitored regularly for their health and the service used evidence-based tools to identify risks associated with pressure ulcers and malnutrition.

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

At the last inspection we made a recommendation about creating a dementia friendly environment.

Refurbishment work was in progress, and we saw signage which gave direction and assurance to people.

- Following the last inspection, the provider had developed a refurbishment plan. Areas of the home had been redecorated and refurbished. One person said, "I was asked what radiator cover I wanted, one with vertical opening or lattice. I am very happy with the one I chose."
- Improvements had been made to the garden with plans to further enhance it so people could access and enjoy it. A gardening group had been formed which enabled people to be involved in the garden's development.
- People were encouraged to bring in their own personal items and furniture if they wished.

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 as independently as they could.
- People were supported to make decisions. When a person lacked the capacity to make a decision, a best interest meeting was held.
- People told us they were asked for their consent and tasks were explained by staff. One person said, "They [staff] always tell me what they are going to do or what I ask them, and they pop in and ask if I need anything."
- 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, "We are always encouraged to support those people without capacity in allowing them to make their own decisions; we are always aware of risks involved and how it can vary from person to person. We always try to do what's best for the individual and ask where they need support."
- The provider kept a record of everyone's DoLS status and recorded any conditions that required actions to be completed.

# 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 good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who were kind, caring, attentive and sensitive to people's needs. One person said, "Carers [staff] are kind and gentle-smiling and ready to help...they know most of things about me, remind me to drink water or ask if I need anything." Another person said, "All [staff] perfectly pleasant people, hardworking and helped me to settle in."
- People's care plans contained information about their likes, dislikes, preferences, sexuality and religious beliefs which guided staff. Staff understood the importance of promoting equality and diversity and had undertaken training to enhance their knowledge and practice.
- Staff interacted well with people offering support when needed.

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

- People could choose how they wished to spend their time, when they wanted to get up or go to bed and whether they preferred to sit in the communal areas or stay in their bedroom.
- Staff encouraged people to make choices for themselves, such as offering choices in what they wore, what they would like to eat and drink.
- There was information about local advocacy services available to people. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
- Staff spoke to people politely and referred to people by their chosen name.
- Bedroom doors were closed so that people were not observed when having personal care. We saw staff knocking on doors and waiting for a response before they entered the room.

# 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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised. People and relatives told us they felt staff were responsive and support was tailored to their individual needs. One relative said, "Staff know my relative well and they can tell me a lot over the phone if I ring for something; they are very knowledgeable of their needs." A person said, "Staff know most things about me."
- People and their relatives, where appropriate, had been involved in creating and updating people's care plans. Care plans were regularly reviewed to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.
- People said staff would always chat with them and people felt they were respected.
- People were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against.

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.

- People's communication needs were recorded within their care plans and the service had pictorial signs and documents to support people to understand, make choices and communicate.

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 supported to stay in contact with their family and friends. Relatives told us the staff enabled people to use the telephone and video calls were set up for people when needed. One relative said, "It has been good, we can see [loved-one] on Facebook." We saw consent had been given for any photographs used within social media and the Facebook page was only accessible by invite.
- People spoke positively about the activities available to them. One person said, "I spend time in the lounge: mornings we have singing, or we just watch tv, and afternoons we sometimes play games-game with buttons or catch the ball or balloon...it keeps me active...I don't mind games -it's good variety." Another person said, "I really enjoy all the activities, every day there is something."
- During the inspection we saw a group of people engaged in a dice game answering questions and people individually playing dominoes and connect 4. The new activities co-ordinator told us they had spent time asking people what activities they wanted to do and each Friday they had a resident's coffee and chat

meeting to discuss ideas and plans. A 'Toddle tea' was being planned which involved a small group of children aged 1-3 coming into the service.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. There had only been one complaint since the last inspection. This had been responded to and action taken within the providers timeframe.
- People, relatives and staff told us they knew how to complain. One person told us about a 'Welcome pack' they were given when they came to the home which detailed who they could talk to.
- Relatives commented improvements in communication had been made since the new manager had come. They felt listened to and action had been taken.

#### End of life care and support

- There was an end of life policy in place and staff had received training in end of life care.
- People at the end of their life had a care plan in place which detailed some of their wishes such as do not attempt cardiopulmonary resuscitation (DNACPR) and where they preferred to be at the end of their life.
- At the time of the inspection the new manager had begun discussions with people and families around Advanced Care plans, which would ensure staff had the information they needed to fully support the wishes of the person at the end of their life.

# 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.

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 continued breach of Regulation 17 (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 17.

- Audit processes now included a system to ensure health and safety checks were completed. The manager completed a daily walk about which included checking whether furniture was secured, radiators were covered. These needed to be embedded and sustained for us to fully assess their effectiveness.
- Quality assurance systems were more detailed; staff knew what they were checking for and why. The provider undertook monthly audit visits. The provider informed us the monthly audits were being developed further to ensure they fully had the oversight they required. These needed to be embedded and sustained for us to fully assess their effectiveness.
- Fire safety management systems and processes were now effective. Monthly checks were in place.
- Water safety management systems and processes were in place but required further improvement to ensure the provider and manager had full oversight of what was required, and processes were consistently maintained and embedded.
- There was no registered manager. A manager had been appointed and was in the process of applying to be registered.
- People's feedback was sought. There were weekly meetings in place; people, their relatives and staff were encouraged to leave comments or suggestions in a suggestions box in reception.
- Staff had regular meetings and supervision. One staff member said, "We have regular meetings, and the manager always welcomes feedback. We are always regularly updated, and information shared we need to know about."
- The new manager assured us they had the passion and enthusiasm to maintain the care and safety of people and continue to improve people's experience of the home.

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.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider had worked closely with the local authority to bring about the improvements required.
- The provider was proactive in seeking support to help them to improve and develop the service. They had a contract with an agency to support with maintaining the improvements made and develop the service further.