

Werneth Lodge Limited

Ashbourne House Care Home

Inspection report

230 Lees New Road
Oldham
Lancashire
OL4 5PP

Tel: 01616241013

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashbourne House is a residential care home providing personal care for up to 35 people. At the time of our inspection there were 32 people living at the home.

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

The environment was generally well-maintained and there was an on-going redecoration programme. Staff followed good infection control practices. However, we found some areas of the home would benefit from better cleaning. Some routine maintenance checks had not been completed regularly.

There is an ongoing investigation into financial impropriety at the home.

New staff received an induction to the service and all staff received regular supervision. This provided them with an opportunity to discuss their work performance and training needs. However, we found some staff had not completed all their mandatory training.

Risk assessments had been completed. These helped identify if people were at risk from everyday harm, such as falls or poor nutrition. Care plans contained information to guide staff with how people wished to be cared for. However, we found some lacked detail and were not person-centred, particularly in relation to how people needed to be supported with their behaviour.

Medicines were administered safely and as prescribed, although greater detail was required in 'as required' medicines protocols.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff helped people to access healthcare services and receive ongoing healthcare support. The service met people's nutritional needs and people were provided with a good choice of food.

People were supported by staff who were kind and caring. People were encouraged and supported to be as independent as they could. A range of activities were provided for people to take part in.

There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. There were enough staff to provide the appropriate level of support to people.

Some quality assurance processes, such as audits, were in place. However, they had not identified the concerns we found during our inspection. The area manager had identified that improvements were needed with oversight and management of the service, and had started to make some changes.

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

Rating at last inspection

The last rating for this service was good (report published January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led relevant sections of this report.

We have identified breaches in relation to staff training and oversight of the service.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ashbourne House Care Home

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 first day of the inspection was carried out by an inspector. The second day of the inspection was carried out by an inspector 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

Ashbourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager. At the time of our inspection the service was being managed by the deputy manager and the area manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection reports and notifications. Notifications contain information about events the registered manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at 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 of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with the deputy manager, the area manager, one senior care assistant and two care assistants

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and training. We looked at a variety of records relating to the management of the service, including policies, audits and maintenance records.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There is an ongoing safeguarding concern in relation to financial impropriety at the home. This matter is subject to an investigation and as a result this inspection did not examine the specific circumstances of this incident.
- Staff were aware of the signs of abuse and of their responsibility to pass on any concerns to the appropriate authorities.
- People told us they were happy with the care provided at Ashbourne House. One person said, "Yes, it feels like home here. I do feel safe and secure."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being, such as from poor nutrition, choking or falls had been identified and the appropriate action taken. Risk assessments were regularly reviewed.
- Staff used nationally recognised tools to assess risks to people's health and well-being. For example, the Waterlow score was used to assess people's risk of pressure ulcers.
- The service did not have a risk assessment for the safe management of legionella bacteria, although bacterial water sampling had been carried out. The area manager told us a risk assessment would be undertaken in the near future.
- All servicing of equipment was up-to-date. Safety checks of the hot water temperatures had been completed. However, we could not find evidence that regular checks had been made of the window restrictors or that taps which were out of use had been flushed regularly to ensure they were free of legionella bacteria. We have asked for these to be completed in the future to ensure people are kept safe.
- Fire safety risks had been assessed and measures were in place to reduce fire risk. These included fire drills, checks of fire-fighting equipment and personal emergency evacuation plans.

Staffing and recruitment

- We reviewed the recruitment files of two newly appointed staff. One contained only one reference. It is best practice for employers to obtain two references. The area manager assured us they would request a second reference. Other pre-employment checks had been carried out, including Disclosure and Barring Service (DBS) checks. DBS checks help a provider make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.
- During our inspection we saw staff responded promptly to people's requests for help and there were enough staff to support people as they needed. No one we spoke with was concerned about staffing levels. One person who lived in the home told us, "I have not noticed any shortage of staff. I always get the help I want. There is always someone about."

Using medicines safely

- Staff who gave out medicines had received training in medicines administration and had their competency to do this checked.
- Medicines administration records (MARs) we reviewed had been completed correctly which showed people had received their medicines as prescribed.
- Clearer and more detailed information was needed in 'as required' (PRN) medicines protocols. This information is needed to help staff know when to give people medicines, such as pain relief.

Preventing and controlling infection

- Staff followed good infection control practices and used gloves and aprons when assisting people with personal care and handling food. Antibacterial hand gel was easily available. All staff had completed recent hand washing training. However, some staff had not completed infection control training.
- The home was generally clean, although we noticed the tea trolley was visibly dirty and some skirting boards would benefit for further cleaning. Furniture was in a satisfactory condition, although side tables in the lounges were stained.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency' in January 2018.
- The home had scored 94% overall in the local authority infection control inspection in January 2019.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. Risk assessments and care plans were reviewed following incidents, to reduce the risk of them happening again.
- The procedure for staff to follow when someone had fallen had recently been reviewed, following an incident. Staff had received falls prevention training, and information about the appropriate action to take when people fell had been discussed during a team meeting. This showed us the service responded when things went wrong.

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 good. At this inspection this key question has deteriorated to requires improvement. 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

- The provider's training policy described what training was mandatory and how frequently staff should complete it. We reviewed the training spreadsheet to check on staff training compliance. Not all staff had completed the training identified by the provider as mandatory. Nearly half the staff had not received any training in first aid. Five out of 30 staff had not received recent infection control training. Nine staff had not received any health and safety training.

Failure to provide staff with adequate training is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

- Staff had completed training in other subjects, such as dignity in care and falls prevention.
- All new staff received an induction to the service. This included working alongside more experienced staff until they were competent to work alone. We looked at the induction record for two new staff and found this had been completed.
- Staff received regular supervision and an annual appraisal. This gave them the opportunity to discuss their training needs and work performance. Staff told us they felt well supported at work, by the management team and their colleagues.

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

- The home had a welcoming reception area, two communal lounges and a dining room. There was also a smoking room. The downstairs shower room had recently been redecorated and there was an on-going redecoration programme.
- People were encouraged to personalise their bedrooms with their own belongings. Each person's door displayed a poster describing something that was special to them.
- There was a large, enclosed garden which was laid out with a patio area, garden furniture and plants. People had easy access to this area.
- There was clear signage, such as pictorial signs, throughout the home to help people find their way around. Pictorial signage is important as it helps people with dementia orientate themselves to their surroundings.
- At the time of our inspection the passenger lift had been out of order for several weeks. However, the provider had installed a stair lift so that access to the second floor was maintained, while new parts for the passenger lift were obtained.

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

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People were weighed regularly, and staff sought specialist advice when people consistently lost weight. Details of food and fluid intake were monitored when this was part of a person's care plan.
- Staff were aware of people's dietary needs and any help they required to eat and drink. For those people who needed to have their drinks thickened because of the risk of choking, guidance was easily available for staff to follow.
- We observed lunch in the dining room. There were enough staff to help people who needed support, and no one was left unattended.
- A choice of food was provided, and portions were generous. Snacks and drinks were offered between meals.
- People's comments about the food were positive. One person told us, "Oh yes, I like the food. I can have a hot drink any time in the day if I want it."

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

- Staff worked closely with healthcare professionals, such as speech and language therapists, district nurses, the falls team and doctors to ensure people's health needs were met.
- Staff responded promptly when people's health needs changed. One relative told us, "I used to take {name} to the opticians. Now the home has a visiting optician. Recently the GP called at the home's request, so I feel quite reassured."

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

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 found the service did not have an up-to-date record of DoLS applications, so it was difficult to see if these had been authorised. However, during our inspection we contacted the local authority DoLS coordinator who provided us with information that all DoLS authorisations had been applied for correctly.
- People's capacity to consent to different aspects of their care had been assessed. For example, whether or not they could consent to decisions about what to eat, what to wear and to personal care. People had been involved in decisions relating to their care and support where they had capacity to do so. When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed.
- People's needs were assessed before they moved into the home. This ensured their needs were understood and could be met appropriately.

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 remained the same. 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

- The atmosphere in the home was friendly and relaxed. During our inspection we saw many warm and caring interactions between staff and people.
- People told us they were happy living at Ashbourne House. Comments we received included, "All the staff are nice. I like it here"; "I have lived here two years. I like it here. When God made the staff here, he made them all angels! Staff are excellent. They are kind. I can't fault them. I am very satisfied. I don't have to do anything. I am looked after. All I need to do is get up in the morning!" and "I have lived here five years. Smashing staff."
- Staff treated people equally, regardless of their age, gender or disability.

Respecting and promoting people's privacy, dignity and independence

- All our observations in the lounge and dining room showed staff displayed a caring attitude, listened to people and treated them with respect and kindness.
- Staff were able to provide examples of how they treated people with dignity and respect, such as closing doors and curtains when providing personal care. One care worker told us, "You treat people like you would treat your own parents."
- People's independence was encouraged. For example, staff encouraged people to do as much as possible for themselves during personal care, and to access the community if they were able. One person told us, "I have got my full faculties. I am allowed to go out, as long as I tell staff where I am going and when I will be back."

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

- Throughout our inspection we heard staff asking people if they needed anything and waiting patiently for their responses.
- Where people were unable to contribute to their care plan, family members were involved.

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- People received care and support based on their individual needs, wishes and preferences.
- From our observations and through talking with staff we found they knew people well and knew how to support them in the best way possible.
- Care records contained information about people's care needs and how these should be met. These were regularly reviewed. However, we found some care plans, particularly about people's behaviour, did not contain detailed information about how they should be supported. Where people displayed behaviour, such as anxiety, there was no information in their care plan to say what steps staff should take to distract or reassure them.
- There was a staff 'handover' at the end of every shift. This helped to keep staff up-to-date with people's support needs and provided them with information such as how they had slept, what they had eaten and their current health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care records. This provided staff with information on how best to communicate with them.
- Staff were able to give examples of how they used non-verbal communication methods to communicate with people. For example, staff had used picture cards to help one person explain what they wanted.

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

- The service employed an activities coordinator who presented a range of activities and social events at the home.
- There was a dedicated activities room, which had recently been decorated to provide a space for people to enjoy crafts and games. We saw people taking part in different activities during our inspection.
- Some people were supported and encouraged to access the community, for example to go to local shops.
- People told us they enjoyed activities. Comments included, "I join in the activities. I do sewing, knitting and games"; "If I want to go out, I will ask and one of them [staff] will come out with me" and "I'm not bored. I

watch TV. I join in the ball games."

- If people wished they could attend a religious service which was held at the home every month

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Information about how to make a complaint was displayed in the entrance hall.
- There had not been any recent complaints about the service.

End of life care and support

- The service had completed the 'Six steps end of life care' training programme. The aim of the training is to ensure all people at the end of their life receive high quality care.
- Staff were able to provide end of life care, with the support of the district nursing team and palliative care services.
- Where it was felt appropriate, staff had held conversations with people or their relatives about their end of life wishes and this was recorded in their care records

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 good. At this inspection this key question has deteriorated 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; 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 service did not have a registered manager, as the previous registered manager had recently resigned. The provider was in the process of recruiting a new manager. In the meantime, the service was being managed by the deputy manager and area manager.
- Following recent concerns, the area manager had reviewed how the service managed people's finances, putting in place effective systems to safeguard and manage people's monies safely.
- The area manager had been open and honest with people and their relatives about recent concerns at the home.

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

- There were systems in place to check the quality of the service. These included reviewing care plans, medicines, maintenance and health and safety. However, we found that quality monitoring systems had not always been effective and had failed to identify the concerns we found during the inspection.
- Staff training compliance had not been effectively monitored and some staff had not completed mandatory training.
- Some maintenance checks had not been completed. Maintenance records were incomplete and poorly organised. The six-monthly health and safety audit was out-of-date. There was no legionella risk assessment.
- Information about DoLS had not been kept up-to-date.
- Some care plans, particularly in relation to people's behaviour, did not contain sufficient detail about how staff should support them.

Due to poor governance people were put at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

- We found the area manager had already identified that improvements were needed within the service and had started to implement several new initiatives and make changes where they were needed.
- The area manager notified the CQC of any incidents that affected people who used the service. The CQC inspection rating from our last inspection was displayed in the home, as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team worked collaboratively with the local authority and other professionals involved in people's care.
- Staff meetings were occasionally held. These were used to share news and information with staff and to discuss areas of concern and improvements needed.
- The last survey had been carried out in October 2018. We saw comments received from staff and relatives were positive.

□

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 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality assurance systems in place to ensure people received safe and effective care and support.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not been provided with the appropriate level of training.