

Sheval Limited

Asheborough House Care Centre - Saltash

Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Asheborough House Care Centre is a nursing and residential care home which predominately provides nursing care and support to people who have been diagnosed with a form of dementia. The home is registered to accommodate up to a maximum of 31 people. At the time of the inspection there were 22 people living in the service.

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

At our last inspection there were concerns with the recording of medicines at the service. At this inspection we found improvements had been made and medicines were appropriately recorded.

The service had experienced low staffing levels for many months. Several staff had left due to either being 'burnt out' or felt they were not suited to supporting the complex needs of some people living at the service.

Staff told us the registered manager was approachable and listened when any concerns or ideas raised. The registered manager was working many days and night shifts each week to cover the rota and told us they were unable to carry out any 'business as usual' tasks, such as checking records in the service. Staff training and supervision was provided, although this had lapsed recently due to the shortages of staff.

High level of agency staff were being used to cover most shifts. These staff were not always consistent and therefore were not familiar with the people who lived at Asheborough. Some beds had been closed due to low staffing levels.

The service was actively trying to recruit new staff. They were receiving low levels of applicants. New staff were recruited safely.

Care plans showed risks were identified, assessed and reviewed. Staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care. Preferences and choices had been recorded. People had access to healthcare professionals when required.

An activity co-ordinator supported people to enjoy activities. This staff member also provided care and support to people at Asheborough.

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.

Cleaning and infection control policies and procedures had been updated in line with Covid-19 guidance to help protect people, visitors and staff from the risk of infection. People were able to have friends and family visit them in the service, under COVID-19 guidance and protocols.

The service sought the views of relatives and staff, although this had not been done recently due to staff shortages.

The premises were in need of some renovation. A maintenance person was in post to address any faults.

Regular checks were taking place of all equipment, gas, water and call bell systems.

The registered manager had completed some audits recently but was unable to complete many due to the staffing crisis.

The service had exhausted their contingency plans for staffing shortages and was at a tipping point at the time of this inspection. The registered manager and all the staff were exhausted but remained very committed to ensuring people were safely cared for.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published on 30 November 2020) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to staffing levels. As a result, we carried out a focused inspection to review the key questions of safe, effective and well-led to look at these concerns and to follow up on breaches from the last inspection.

We reviewed the information we held about the service. No areas of concern were identified in the caring or responsive key questions and therefore we did not inspect that key question. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this 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 coronavirus and other infection outbreaks effectively.

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

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 well-led 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 ●

Asheborough House Care Centre - Saltash

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and a member of the medicines team.

Service and service type

Asheborough House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also considered

the last inspection report and looked at the Provider Information Return (PIR). 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. We used all this information to plan our inspection.

During the inspection

We spoke with two people and 10 staff including the registered manager and the deputy manager.

We reviewed a range of records. This included five people's care records. We checked people's medicines records and looked at arrangements for administering, storing and managing medicines. 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 spoke with a further two relatives and five staff.



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 remained the same. 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.

We reviewed this key question because we received concerns about staffing levels. We also reviewed this key question to follow up a breach from the last inspection.

Staffing and recruitment

- The service had been affected by low staffing levels since the summer. The staffing crisis had been experienced across the County and nationally. Several staff had left due to either being 'burnt out' by the pressures of the COVID-19 pandemic, or felt they were not suited to supporting the complex needs of some people living at the service.
- The registered manager was working many day and night shifts to cover the rota and told us they were unable to carry out any 'business as usual' management tasks due to the level of care they were having to provide to keep people safe. Staff training and supervision was provided, although this had lapsed over the last six months due to the pressures and challenges of a long period of low staffing levels. Some staff were due updates of necessary training. The registered manager was clear on what was needed, but had little time to arrange it and then it was not possible for staff to be released from shift to attend.
- A high level of agency staff were being used to cover most shifts. These staff were not consistent and therefore were not familiar with the people who lived at Asheborough. Some beds at Asheborough had been closed due to low staffing levels. The registered manager assured us, and we saw, that people's needs were being met and they were safe. However, they felt that some people were showing increased anxiety due to being supported by people that they were not familiar with.
- The service was actively trying to recruit new staff. They had received very few responses to advertising jobs. Up to nine different staff agencies were now being used in an effort to cover the staffing rota. The registered manager had been extremely open and honest with all agencies in an effort to gain support for her team. New staff who were successful in their application to work at the service had been recruited safely.
- There were three nurses who were attempting to cover 14 shifts a week. There had been little response from requests to multiple agencies for additional nurse cover. This had led to the registered manager needing to cover nursing shifts.
- Staff were calm and morale was good given the pressure they had all been under for a while. They told us, "It has been very up and down, we have been very short. Today is not too bad" and "It has been stressful at times, we are getting used to it. We are all doing extra hours."

Assessing risk, safety monitoring and management

- Half of the people living at the service required two staff for all care and support. Some people were living with dementia and exhibited behaviour that could challenge others. Staff had been injured by people living

at the service whilst carrying out support. Staff showed us scars from bites and one member of staff had had their tooth knocked out. Incidents of people assaulting staff had increased recently. Specialist guidance and training, to help staff to avoid injury whilst caring for people, had not been provided.

- We discussed the risks of injury to staff with the registered manager, who assured us they would seek suitable training and guidance for staff to help support them to avoid injury whilst carrying out care and support. However, this would have to be delivered in small groups over a period of weeks to allow for sufficient staff to be available on shift and provide care and support to people. We saw confirmation of support being arranged by the registered manager for their staff team following the inspection.
- Care plans provided some guidance for staff on what could lead up to people experiencing periods of distress, anxiety or aggression. Some people living at the service were highly complex. Staff we spoke with knew people well but told us they were feeling anxious about supporting some people, as they were not always able to avoid injury. Some staff had left due to the level of challenge presented by some people.
- Risks had been identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks and reduce the risk of avoidable harm. For example, when people were at risk of choking, falling or needed to be hoisted.
- The environment was maintained but was in need of renovation. Equipment and utilities were regularly checked to ensure they were safe to use. However, there were two broken windows at the service which were awaiting repair. Some areas of the service were in need of re-decoration.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

At our last inspection the recording of some aspects of medicines administration was not robust. This was a breach of part of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found action had been taken and the service was no longer in breach of the regulation.

- People received their medicines in a safe way, as prescribed for them.
- There were some issues with the medicines round taking a long time particularly in the morning. This meant staff needed to be mindful of spacing doses out where applicable. However staff were aware of any time sensitive medicines and ensured these were given at the correct times. We were told that any issues would be handed over at shift change, to make sure people received their medicines at the correct times.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines. However there were some gaps in the daily recording of temperatures in the medicines refrigerator. The temperatures appeared stable and suitable, however the maximum and minimum range was not recorded. This would provide assurance that medicines were always stored correctly. On some occasions recently the signing out of controlled drugs to be returned to the pharmacy were not always signed by two members of staff. We were told this was down to staffing shortages.
- On some occasions when a dose of medicine was prescribed with a variable dose, staff had not always recorded the amount that had been given.
- When medicines were given covertly (disguised in food or drink without people's knowledge) we saw that people's mental capacity was assessed and a best interest decision taken. We saw that pharmacy advice was sometimes recorded on how to administer medicines safely in this way. However this was not available for all medicines given covertly. The registered manager assured us this would be addressed immediately.
- Staff received training and were checked to make sure they gave medicines safely before they were authorised to administer.

- A medicine audit had been completed and some actions needed had been noted. However, due to staffing issues not all the areas for improvement that we found had been identified.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care they received and believed it was a safe environment.
- People were protected from potential abuse and avoidable harm by staff who had received safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service. Some of this training was due to be updated but it had not been possible during this period of low staffing.
- The provider had effective safeguarding systems in place. Staff knew how to report and escalate any safeguarding concerns.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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. A system to check the vaccination status of staff and visitors was set up following this inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Monthly audits were carried out to enable the registered manager to monitor incidents.

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 the same.

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

- There were a few adaptations that had been made to the environment to support people living with dementia. Some bedrooms had door signage in place to help people recognise their own room and promote the independence of people living with dementia.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Stair and passenger lifts were available for people to access the upper floors. There was an appropriate range of equipment and adaptations to support the needs of people using the service.
- The premises were in need of some renovation and re-decoration in places. Two windows had been broken a few weeks ago, the replacement glass was held and they were waiting for a glazier to fit them. Some linen and towels were worn and faded.
- A maintenance person was in post to address any reported faults. There were no outstanding minor maintenance issues in the home, except the broken front door and lounge windows which were awaiting a glazier to repair.

Staff support: induction, training, skills and experience

- Records showed staff training that had been provided to help ensure staff had the skills necessary to meet people's support needs. Due to the current staffing crisis and the impact of Covid-19 it had not been possible to provide some training updates. Staff had access to online programmes but could not be supported with the necessary time to complete them. Competency assessments had been carried out although these were not possible during the current crisis due to the registered manager having to work many nursing shifts.
- Relatives told us they thought staff were competent and understood people's care and support needs. Staff told us they felt they had the necessary knowledge to meet people's needs.
- Induction procedures were in place and ensured new staff were supported to gain the necessary knowledge and skills to meet people's needs. New staff confirmed they had spent time working with experienced staff until they felt confident to work alone.
- Staff had been provided with opportunities to discuss their individual work and development needs. One to one meetings had taken place regularly in the past. However, due to the current staffing crisis formal supervision had not been possible. Staff meetings, where staff could discuss any concerns and share ideas, had taken place in the past but again had not been possible recently.
- The registered manager had gone to considerable lengths to support their staff team and was working alongside them most days. They were personally covering annual leave of the staff team by working their shifts. They provided good support on a regular basis to all the staff on an informal basis.
- Staff told us despite the challenges that they faced with staffing levels, they felt well supported by the

registered manager and were able to speak with them when needed. They told us, "I can't fault (registered managers name) at all. It can feel organised, it can feel like mayhem, depends on the day and mood of residents. The provider pops over occasionally, I don't have a lot to do with them" and "Our manager is very approachable, we can talk to them, they will sort things."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Records showed which people had appointed any Lasting Power of Attorney's.
- Capacity assessments were completed to assess if people were able to make specific decisions independently. For people who lacked mental capacity, applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. However, there were some discrepancies in some records that contradicted each other. For example, one care plan stated the person had capacity but then an application for a DOLS had been completed. We judged this to be a recording error which was addressed at the time by the registered manager.
- Records were held regarding which people had DOLS authorisations in place and whether any conditions had been applied. Appropriate reports were being sent to the local authority on any conditions in place.

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

- People were provided with healthy meals. The chef was aware of people's individual dietary requirements. If people did not want the main meal provided and sandwich was offered.
- Staff were aware of any specific needs for each person regarding their meals, for example, if people needed their food to be pureed to minimise the risk of choking.
- We were told everyone living at Asheborough was having their food and fluids recorded. Following discussion with the registered manager it was agreed that only people who were at risk of not having enough to eat and drink would be recorded in the future. This may ease some of the recording burden on staff.
- Where required people were regularly weighed. These records were monitored, and any unexplained weight loss was investigated. For example, we saw that one person was being investigated by the GP for the cause of some weight loss.

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

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From these initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met their needs.

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

- People's health conditions were well managed and staff engaged with external healthcare professionals such as GPs and dementia liaison nurses as needed to help provide consistent care.
- Care plans showed where people had received oral care. Records for each person identified their needs

and what take action when they needed to support people to access dental care.

Is the service well-led?

Our findings

Well-Led – this means 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to establish satisfactory recording of medicine administration. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was not longer in breach of this regulation

- The service is required to have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had a registered manager.
- The registered manager was acutely aware of their responsibility to ensure people were cared for safely and had their needs met even with low staffing levels. We found people living at the service were safe, but staff had been put at risk of injury from some people living at the service. Staff had not been provided with the knowledge and skills to help ensure they did not become injured whilst caring for some people. Action was taken following this inspection to provide this training.
- The registered manager had proactively sought support and guidance from many external agencies in an attempt to obtain additional staff. They had advocated for the whole staff team when attempting to ease the pressure on them due to the staffing crisis.
- Roles and responsibilities were defined and understood. The manager was supported by a deputy manager, the small team of nurses and senior carers. All staff we spoke with were unanimous in their praise of the registered manager and the support and understanding they had received from them.
- Staff told us, "I enjoy coming to work. I am well supported and you could not wish for a more caring and kind manager," "It is a pleasure to go to work, the team is so helpful and work so well together" and "I get great support from the manager, top notch."
- Important information about changes in people's care needs was communicated at staff handover meetings each day.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The manager had worked alongside staff to develop a positive culture and boost staff morale. This had helped improve morale.
- Relatives told us, "I am happy with the care given to (Person's name) however, the communication with us has dropped off a bit recently. We are aware they are struggling with low staff levels, but we know this is not just Asheborough, its national, its not their fault. They are doing a great job" and "Mum has put on some weight recently so she is clearly enjoying the food."
- Staff and the registered manager demonstrated a strong commitment to their roles and had built positive and caring relationships with people. One staff member told us, "If I can raise a smile from one of our residents, that makes my day, I will take that."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care 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 registered provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19. Visiting was taking place in the building following the necessary COVID-19 checks.
- The provider had notified CQC of any incidents in line with the regulations.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- Questionnaires were given to people's families. This last took place earlier in 2021. Due to the staffing crisis, time had been limited for communicating routinely with relatives. Relatives confirmed they had noticed a drop in communication but were able to ring the service and obtain information. An administrator was available most days to take calls.
- Staff had received regular one-to-one supervision prior to the staffing crisis. It had not been possible for formal planned supervision and competency checks to take place recently. Supervision provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they needed any support this was easily accessed from seniors, nurses or the manager.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care.

- The registered manager was very open to ideas and accepted advice and guidance provided at the inspection. Some actions were put in to place in the days following the inspection. We were assured that all that could be done to support people and staff given the staffing pressures, had been done by the registered manager.
- Plans for any improvements to the service had been put on hold at this time. The registered manager had chosen which audits to prioritise and complete given the limited time they had available to do this. These audits enabled the registered manager to monitor the quality of the care provided to people and the gap in the care hours required against the care hours available. Other routine audits were not taking place.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.