Parkview Care Homes Limited

Asher Nursing Home

Inspection report

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East Sussex
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Asher Nursing Home is a residential care home providing personal and nursing care to people experiencing a range of complex or enduring mental health diagnoses. The service also provides care to people who require support with their physical health. The service can support up to 17 people, at the time of inspection there were 14 people living at the service.

Asher Nursing Home accommodates people in one adapted building across three floors. There is a lift providing access to all floors. The building is in a residential area of the city close to public transport and public recreational areas.

People's experience of using this service and what we found
We have made recommendations about following Public Health advice about COVID-19, record keeping and monitoring deprivation of liberty.

People were involved in their care planning, they felt that staff and managers supported them in their goals. People were supported to access information and advice to make informed decisions about their health and wellbeing.

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 felt safe and received person centred support tailored to manage their particular needs with them. People were asked their views about the service and felt listened to. Staff got to know them well.

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 (published 15 May 2018).

Why we inspected
We received concerns in relation to staffing levels and how people's risks were being managed. This included health risks and management of people's deprivation of liberty. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.
We have found evidence that the provider needs to make improvements. Please see the safe and well led section of this full report.

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

Follow up
We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always 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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Asher Nursing 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.

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 was carried out by two inspectors.

Service and service type
Asher Nursing Home 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 was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. 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 six people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care staff, maintenance, housekeeping staff and chef.

We spent time observing how people and staff interacted and how people spent their time at the home. We observed administration of medicine.

We reviewed a range of management records including safety and maintenance records and audits. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection
We continued to seek clarification from the registered manager and senior management to validate evidence found. We reviewed further documents sent to us, this included seven people's care records. We looked at training data and management records. We spoke with two senior managers and two professionals who knew the service.

Requires Improvement

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 now 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.

Preventing and controlling infection

● We were somewhat assured that the provider's infection prevention and control policy was up to date. Risk assessments for staff with black, Asian and minority ethnic backgrounds had not been made available to us at the time of our visit. There were no records to identify particular risks or risk plans in place to protect staff. Following our visit we were shown one risk assessment which we were told was completed prior to our visit. The registered manager told us they had made plans for the remaining assessments to be completed with staff.

● 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

We recommend the provider regularly reviews public health guidance about COVID-19 risk management for staff and in care homes.

Assessing risk, safety monitoring and management

● People's care plans were not always up to date. We found some care plans had not been updated with information about people's current diabetes diagnosis and management. Staff and managers knew what people's current needs and preferences were but new staff or visiting professionals would not have accurate care plans to follow. The registered manager responded immediately when this was highlighted to them by reviewing and updating people's records. We have made a recommendation to the provider about people's records in the well-led section of this report.

● People were actively involved in the assessment of their risks and had access to their risk assessments and care plans. One person told us, "The manager is friendly and keeps me involved in my care plan." We saw that risk assessments included people's wishes and preferences, including when people chose not to follow health advice.

● Environmental health and safety checks were carried out when required. Regulatory compliance certificates to show current gas safety, electrical safety and lift servicing were in place.

Staffing and recruitment

● There was no robust arrangement for calculating a safe number or skill mix of staff. The registered manager made a judgement about how many staff were needed but there was no calculation based on people's risks or needs. The registered manager told us they had previously communicated with the provider about not having a tool for calculating staff levels and immediately followed this up.

● Staff recruitment files did not always record information gathered during the recruitment process. One file we saw did not explain gaps in the candidate's employment history, there was no evidence this was confirmed before employment started. The manager told us they gained this information verbally from candidates but had not recorded it. The registered manager agreed to take immediate steps to ensure recruitment records were complete and accurate.

● Staff files showed background checks and references were sought for all staff including Disclosure and Barring Service (DBS) checks. This confirmed if potential staff were known to police and suitable to carry out support with people living at the home.

● There were processes in place to provide new staff with supervision, training and development through their induction period.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place to protect people from the risk of harm and abuse. There was a Safeguarding Policy and Whistleblower Policy which staff told us they understood. The provider had processes for following up and investigating concerns through a compliance manager.

● People told us they felt safe and protected from abuse and harm. One person told us, "They know me, I do feel safe. Sometimes when I'm scared, they come to check on me. If I'm scared, they ask if I'm OK." Another person told us, "I do feel safe here. Staff know about safety."

● Staff received training in understanding and reporting abuse and knew how to raise concerns. Staff told us they were confident to raise concerns according to the service policy and could identify a broad range of safeguarding situations they would respond to.

● The service had a clear policy and process for recording accidents and incidents. Staff understood how to report and record incidents and that these would be followed up by managers or the head office staff. We saw incidents were recorded and notifications were made to CQC when required.

Using medicines safely

● People were supported to manage their medicine as independently as possible. The service assessed people's need for support with medicine and encouraged people to be independent where possible. Several people told us they had goals to manage their own medicine and that staff were helping them to establish safe routines. One person told us, "Staff are training me to do my own medication. I don't want to end up in hospital and I want to move on." Another person said, "I'm self-medicating now. Staff got me blister packs which helps me. They still check that I've taken it, sometimes I still forget."

● Medicine was stored safely. Where people managed their own medicine, this was kept in their rooms with medicine administration records. Medicine managed by the service was kept securely. Medicine fridges were routinely checked for temperature levels.

● Staff who administered medicine were trained and assessed for competency. Registered nursing staff received supervision and support to maintain professional skills and to reflect on their practice. We observed people being safely supported with medicine administration by registered staff in a respectful way.

● Audits of medicine management were regularly carried out by the provider's compliance manager. Area's of improvement were shared with relevant staff and followed up at subsequent audits.

Learning lessons when things go wrong

● The provider carried out a range of audits through a compliance manager, these were shared and discussed with the registered manager. Improvements were identified for the management and staff team to work towards. Staff told us they were involved in discussing and making changes and improvements within the service.

● The registered manager met with the provider on a monthly basis to discuss audits results and improvements. Action plans were drawn up and the staff team was involved in taking steps to make the improvements identified.

Good

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 remained the same. 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

● Staff and managers supported people to make decisions about how their needs could be met and gave them information to make informed choices. People told us they were supported by staff to understand advice from health and care professionals. One person told us, "Sometimes I don't do what I'm advised to do. I just choose my own path, it's my choice and my risk. Staff are helpful and accept my choices." Another person told us they were supported to manage their diabetes risks according to their choices; "If I want to eat cake, they give me a smaller portion of cake. I like sugar in my coffee, they remind me to have sweetener instead, they give me choice."

● People were involved in drawing up their care plans. We saw care plans reflected what people said were their choices and preferences for care and support. For example, people's preference for social contact, health management and goals for independence were recorded. People told us they were supported by staff and managers in their goals for independence and moving on.

● Staff understood people's needs and supported people to achieve their independence goals. One staff member told us, "There's a strong culture of enabling people to make choices here. Some people have previously been quite reliant on professionals, but here we find out what people want in their lives and support that. Sometimes it's small steps but massive for those people. I think we help people to understand risks and work out their options."

Staff support: induction, training, skills and experience

● There was an induction process in place for new staff who undertook mandatory training and shadowed more experienced staff. Staff received supervision and guidance during induction to ensure they understood their role and the way people were supported at the service.

● During the pandemic training had mostly been provided online rather in person due to restrictions in place. Staff had continued to access relevant training during this time.

● Registered nurses were encouraged to continue their professional development and uphold their registration requirements. One trainee nurse was being supported to gain professional skills and knowledge at the service and carried out medicine administration alongside a qualified professional. Care staff were encouraged to gain nationally recognised qualifications such as NVQ in Care or the Care Certificate.

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

● People's care plans contained advice and guidance from health professionals about their specific nutritional needs. The manager and staff told us that many people made their own choices which did not follow health advice. Although parts of some care plans needed updating, staff and managers knew people's individual nutritional needs and preferences. One care staff told us, "We know who has diabetes and who

has been recommended certain diets. We always encourage people to understand those options and make healthy choices. People do make their own choices, we support them with information."

● The chef knew everyone's preferences, likes and dislikes and regularly checked what meals people wanted. Each mealtime had meat and vegetarian options and the chef offered additional alternatives to people. Chef told us, "Only one person wants to cook in the kitchen but they usually do it in the evening. [They] like to make their drinks in the main kitchen. If someone came to me with a specific request, I would do it."

● The manager had made changes to increase people's independence and choices for meals and drinks. One member of staff told us, "It used to be that residents were reliant on staff making them drinks from the kitchen. The manager got them a hot urn so they can make their own drinks. They've got their own kitchen area in the dining room."

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

● Staff worked in partnership with community and mental health professionals to provide effective support. One mental health professional told us, "The communication is always timely and efficient, so we have been able to prevent further deterioration and also organise hospital admissions quickly. I also really value the joint working I have with them this allows for my client to be supported in the best ways possible and also helps us to think how we could improve things for the benefit of the client."

● People were encouraged and supported to access advice and guidance about their mental health and physical needs. One community health professional told us, "My experience of the staff's support has been really positive. When I have offered advice to people, they sometimes don't trust health professionals and reject it. I know that staff respect that, but they have still encouraged people to talk about and consider the advice, pros and cons. I'm confident that health advice is always considered by the service, even when people themselves don't want it."

● People were supported to access support from nurses, their GP, community nurses and specialist health professionals. Care plans showed when contact and referrals had been made for people. One person told us, "Staff always take me to see my doctor. If I'm unwell staff tell the nurses and they check on me. Like a few days ago I had chest pains the nurse checked my blood pressure, my sugar levels and took my temperature."

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

● The provider gave people surveys to ask their views about the décor, and the home environment. People had given feedback about the décor and availability of resources to make their own drinks and snacks. These results were shared with the manager who discussed people's ideas with them.

● There were places at the service for people to have privacy or share space with others. People made decisions about how they wanted their rooms laid out and decorated. The home had communal areas and an outdoor space with a covered area for people who smoked.

● The service sought specialist assessments for health-related equipment and gained people's views and consent to use equipment with them. Some specialist equipment, such as a hoist, was hired and maintained externally, for use when required. Most people were independently mobile but there was a call bell system in bedrooms so that anyone could alert staff if needed.

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.

- The local authority had been contacted appropriately when the service needed to seek an authorisation to deprive people of their liberty. Apart from an error in monitoring the authorised DoLS, the manager understood how to apply the principles of the Mental Capacity Act and how to support people to make decisions as far as possible.
- People's care records showed if they lacked mental capacity to make specific decisions. These assessments were reviewed when necessary. People's choices, preferences and history were recorded to support decisions to be made in people's best interests when necessary.
- Staff adapted their approach to how different people wanted and needed to be supported with medicine management. People told us staff sought their consent before support was provided. We observed respectful medicine administration being provided to people.

Requires Improvement

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 good. At this inspection this key question has now 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.

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

- The manager had not always kept staff records up to date. We found that some COVID-19 risk assessments for staff with BAME backgrounds had not yet been completed, one risk assessment sent to us following our visit was not dated and not signed by the staff member and there were gaps in recruitment records. We could not be sure that risks were being identified and managed in a consistent way with staff. During the inspection the manager sought advice from the provider and made arrangements to ensure the records were accurate and in place.
- The manager had not followed robust processes to ensure the information held about people was up to date and monitored. We found some information about people's health conditions needed updating and one Local Authority authorisation for DoLS had expired without the manager knowing. This increased the risk of mistakes being made in people's care and how their needs were communicated. The manager responded during the inspection to review these records and update them.

We recommend that the provider reviews the governance of record keeping to ensure records accurately reflect how risks are being managed with people and staff. We recommend the provider reviews how deprivation of liberty is managed to ensure the service takes action in a timely way.

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

- There was a clear person-centred culture of care. This was reflected in feedback we received from staff and people who lived at the service. Staff told us they were encouraged to support people's individual needs and aspirations and to build empowering relationships. People felt staff knew them well.
- Staff had a strong focus on respecting people's life history and how they wanted to be supported. Staff told us they regularly accessed care plan information but also spoke with people directly about their support preferences. One member of staff told us, "We check care plans for changes and we always speak to people as the main source of information. It's their service and people will communicate what they want to happen. The manager really promotes us to get to know people and communicate directly with people."
- We observed staff interacting in a relaxed and friendly way with each other and people in communal areas and when offering support with medicine. During our visit we observed people to approach staff confidently with questions and conversations.

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: Continuous learning and improving care

● There were processes and policies in place to ensure that people were told when things went wrong and what would happen to put things right. Staff and managers understood the duty of candour, their responsibility to let people know about mistakes and to make changes and improvements.

● There were policies and procedures in place to support concerns being raised through supervision or by whistleblowing concerns. Staff knew how to access these procedures.

● Staff told us the management were approachable and they could raise questions and suggestions about how the service could be improved.

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

● People experienced support which accepted and valued their individual characteristics. People told us staff accepted and valued their cultural identity, sexuality and gender identity and they felt welcome to express these.

● People were offered surveys to give feedback about living at the service, what worked and what could be improved. People told us they felt comfortable sharing their views. The manager discussed feedback with them to understand what could be improved.

● Community health and social care professionals we spoke with considered the service to be good at maintaining meaningful communication between people and their support network. Professionals told us the manager promoted partnership in how people were supported and risks were escalated to specialists.