

Benridge Care Homes Limited

Asmall Hall

Inspection report

Asmall Lane
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Ormskirk
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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

Asmall Hall is a care home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. The service can support up to 56 people. The home is divided into two units, one unit specialises in supporting people living with dementia, this is called the Mulberry Unit.

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

People's medicines were not always managed in a safe and effective way. Staff did not always ensure people were accurately risk assessed and we found examples where staff failed to suitably record changes in people's needs. The provider deployed suitable numbers of trained and competent staff. There were robust safeguarding procedures in place and improvements had been made in the way accidents and incidents were investigated and acted on. We made a recommendation about management oversight of safe staff recruitment. There had been significant investment throughout the environment and there was a good standard of cleanliness.

People were not consistently supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support best practice. People received nutritious meals and snacks however, staff did not always sufficiently risk assess when people had lost weight, this placed them at risk of avoidable harm. Staff received a good standard of training and told us they were encouraged to develop their professional skills. Staff felt supported and listened to. People had access to a wide range of external health care professionals and staff supported them to attend appointments. People were assessed before admission to determine if the service could meet their needs and expectations.

People received kind and compassionate support from staff they had built trusting relationships with. People and relatives told us they were happy with the standard of support provided. Staff promoted people's independence and respected their background and culture. Staff demonstrated very good knowledge of how to support people living with dementia and how to de-escalate people when they became distressed by using a person-centred approach.

Staff did not always ensure people's care plans contained person-centred information. This meant information to guide staff on how to support people was not always up to date and accurate. Staff demonstrated good understanding of people's needs and preferences and had taken time to read about their past hobbies, interests and family connections. There was an activity co-ordinator and people told us they were encouraged to maintain links with the local community. People and visitors had access to the complaints procedure and told us they felt confident to raise any concerns.

The registered manager was transparent throughout the inspection process. We discussed the ongoing pressures of them managing three services and they confirmed plans were in place to ensure Asmall Hall was run by a full-time registered manager. We have made a recommendation about management oversight

at the service. The provider had implemented a new IT system for quality assurance and this continued to be developed. Staff, people and relatives told us they felt involved in the running of the service and confident in the management team.

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 27 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections, prior to that the service under the previous provider was in special measures and rated inadequate. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we have identified breaches in relation to safe care and treatment, medicines management, person-centred care and consent.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Asmall Hall

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

This inspection was carried out by three 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

Asmall Hall 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 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 first day of the inspection was unannounced. We told the registered manager that we would return on the second day of the inspection to ensure they were available to receive feedback.

What we did before the inspection

We reviewed all the information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought information from the local authority's contract monitoring team and other visiting professionals. We used our planning tool to collate and analyse the information before we inspected. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We

used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived in the home, six relatives, eleven members of staff and the registered manager. We looked the care records of eight people who used the service, checked the environment and observed staff interactions with people. We also examined a sample of records in relation to medicines, staff recruitment and training, quality assurance checks and accidents and incidents.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff did not always update people's care plans and risk assessments after their needs had changed to ensure correct information was available to guide staff supporting them. For example, one person lost a significant amount of weight and their care plan and risk assessments had not been updated to show how this would be managed or monitored. Staff also failed to complete risk assessments and care plans in a timely way for a person recently admitted.
- The registered manager did not always ensure effective oversight of people's changing health and social care needs and this meant lessons were not always learnt.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager had improved the way accidents and incidents were reported and monitored. Records showed clear analysis of incidents and discussions with the staff team to ensure risk was mitigated and lessons learnt in relation to falls and service user altercations.

Using medicines safely

- The provider failed to ensure people's medicines were consistently managed in a safe and effective way because record keeping for the administration of medicines was not always robust. For example, staff did not always record the administration of thickening powder to drinks, for people who have difficulty swallowing. Records to show topical preparations such as creams were being applied were not always completed therefore, we were not assured people's skin was cared for properly.
- Records for the authorisation to administer medicines covertly, hidden in food or drink, were not always in place.

We found no evidence that people had been harmed however, systems were not robust enough to ensure safe and effective management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment records were not always easy for administration staff to locate and oversight of such documents was inconsistent. The registered manager acted on our feedback and sourced relevant documents during the inspection.

We recommend the provider considers ways to improve and sustain oversight of recruitment processes.

- The registered manager ensured sufficient numbers of suitably trained staff were deployed. Staff consistently told us they felt staffing numbers were sufficient to provide safe and effective support. We received mixed feedback from people's relatives in relation to staffing levels. We discussed this with the registered manager who agreed to review how staff were deployed to ensure timely responses to people's requests for support.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the risk of abuse. Staff received annual training and demonstrated good understanding of what constitutes to abuse.
- The provider was committed to sustaining effective safeguarding systems, key members of staff attended safeguarding champion meetings with the local authority. This was a learning forum to ensure effective information sharing about best practice in safeguarding adults.

Preventing and controlling infection

- The environment was clean and well maintained. The provider had significantly invested in the environment and modernisation of the building enabled more effective cleaning.
- Staff followed safe infection control processes and understood how to protect people from the risk of cross-contamination of infectious disease.

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

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 provider failed to ensure people were always assessed in line with principles of the MCA before best interest decisions were made on their behalf. There was a system in place to assess a person's mental capacity before asking them to consent to care and treatment however, this was inconsistently used. For example, some people were deprived of their liberty without prior assessment of their mental capacity.

We found no evidence that people had been harmed however, systems were not robust enough to ensure compliance with principles of the MCA and associated DoLS. This placed people at risk of receiving unfair treatment. This was a breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider failed to ensure systems in place to monitor people's weight were consistently followed. For example, one person lost a significant amount of weight and their care plan had not been updated to show the associated risk and action plan. The registered manager was not aware senior staff had failed to act on people's weight loss. They took immediate action during the inspection to ensure improvements were made.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk associated with nutrition were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act

- Staff ensured people had access to healthy and nutritional meals. People told us they were satisfied with the food and provided with choice and control at meal times. Staff supported people in a dignified and person-centred way at meal times.
- The registered manager had successfully implemented a dementia meal assessment tool. This had proven positive outcomes for people including improved independence at meal times.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs and choices were assessed before admission. The registered manager and senior nursing staff undertook assessments to ensure they were compatible and able to support them in a person-centred way.
- Staff engaged with external health and social care professionals to ensure people received person-centred support. For example, people were referred to professionals for support around swallowing and podiatry.
- The provider deployed staff with expertise to support people with complex physical and mental health needs. Care plans showed ongoing assessment of people's needs and assessments were undertaken by staff with the knowledge and skills to do so.
- Staff told us they worked together and had effective systems to promote good communication. We observed staff share information in a professional way. People told us they had access to healthcare services and staff would support them to attend appointments.

Staff support: induction, training, skills and experience

- The provider had sustained effective systems to ensure staff were sufficiently supported and trained.
- Staff underwent a thorough induction programme which included training in important subjects to help keep people safe. For example, safeguarding, moving and handling and fire safety.
- The registered manager ensured staff were skilled and experienced to support people living with complex physical and mental health needs. Staff told us they were satisfied with the training provided to help them maintain their clinical skills.

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

- The environment had been significantly improved. The registered manager told us final areas within the building for refurbishment were scheduled to be completed early 2020.
- The environment had been adapted and designed to meet the needs of people living with dementia and visual impairment. Signage and accessible information to help people orientate to time and place promoted independence.

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; Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. People told us they had built trusting relationships with staff. A relative told us, "Staff treat [name] as a friend not a resident."
- Staff spoke positively about people they supported. Comments included, "I love working here, it is a great atmosphere" and "We have a very strong and passionate team. We care for residents like our own family."
- There was a positive culture and staff understood the importance of respecting people's life choices and promoting inclusivity. We saw staff supported people in a dignified way and respected their privacy.
- The provider complied with the Equality Act 2010 and ensured people were protected from discrimination. Our observations throughout the inspection demonstrated staff understood the importance of equality and what this means when meeting people's individual needs. Care records held information about people's individual, religious and cultural needs.

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

- Staff supported people to be involved and make decisions about all aspects of their care. The registered manager encouraged stakeholders to provide feedback and express their opinions.
- People and their relatives told us they were involved in the care planning process and informed of any changes to the person's health and wellbeing.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to consistently update people's care records when their needs and preferences changed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been sustained at this inspection and the provider was still in breach of regulation 9.

- Staff failed to consistently ensure people's care records were reflective of their current needs. We could see some improvements had been made since the last inspection however, not always sustained. The registered manager told us this was due to changes in senior staffing.
- Staff did not always make sure people's risk assessments were in date or accurate, this meant the related care plans were not always a correct guide for staff to follow and this placed people at risk of avoidable harm.

This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they were supported by staff who understood their needs and preferences. One person told us, "The staff are absolutely brilliant, they have the personal touch".
- Staff demonstrated good understanding of the needs and preferences of people they supported. Staff approached people in a personalised way and had conversations with them about their families and interests. People's care records contained information about their past lives, hobbies and interests. Staff told us they respected the importance of understanding people's lives and what is important to them now.

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.

- The registered manager had developed documents to ensure people had access to information in the right format for them. For example, the service user guide and complaints procedure.
- People's care records included information about their communication needs and preferences. People

were regularly reviewed by sight and hearing specialists as needed, and we saw staff had supported people to wear their communication aids.

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 provider ensured people were supported to maintain their interests and employed an activity co-ordinator to facilitate group activities, parties and outings. People and relatives told us staff supported people to avoid social isolation and there was an open visiting policy.
- During the inspection we saw staff welcome visitors and provide refreshments.
- Care records included good information about people's interests and family connections. We observed staff on the Mulberry Unit use social activities to stimulate people, distract them when they felt distressed and to prevent boredom.
- Staff had successfully implemented an assessment tool to enable monitoring and facilitation of people's social interest. This allowed people to access a person-centred approach to activities and social inclusion.

Improving care quality in response to complaints or concerns

- The complaints procedure was accessible to all stake holders. The registered manager maintained robust records of complaint management and encouraged people to share their concerns.
- People and relatives told us they felt confident to raise their concerns. The registered manager issued stake holder surveys and acted on people's comments.

End of life care and support

- People received a good standard of end of life support. The provider had robust systems in place to ensure people's preferences and wishes were adhered to.
- Staff told us they felt confident to support people at the end of their life and had been trained in palliative care. We received positive feedback from a visiting professional about the high standard of end of life care provided by the service and work undertaken by staff to explore people's wishes and preferences in an anticipatory way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Since the last inspection the registered manager had made improvements to quality assurance systems however, the system had not highlighted all shortfalls found during the inspection. The registered manager told us about further improvements which were being developed by an IT specialist to enable closer remote oversight and monitoring of the service.
- There was a positive and inclusive culture and staff told us morale was good.
- Since the last inspection no changes had been made to the registered managers position. The registered manager continued to have oversight of three services and this prevented sustainability of some improvements made. There was a new care manager employed and two clinical leads to have oversight of the service when the registered manager was not on site. The registered manager told us about plans for a full-time registered manager to be employed.

We recommend the provider considers ways to ensure continuity in management oversight at the service.

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

- The registered manager and senior staff worked in an open and transparent way with stake holders and visiting professionals. Senior staff had improved the standard of record keeping for accident and incident investigations and this demonstrated understanding of their responsibility to act on their legal responsibilities and duty of candour.
- The registered manager notified us about changes to the service and reportable incidents.
- Staff told us there were clear lines of accountability and responsibility. Communication between the staff team, people and relatives was effective.

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

- People and relatives told us they were confident in the management of the service and felt involved. Resident and relative meetings were held regularly.
- The registered manager encouraged staff to be involved in planning and making decisions about how the service was run.

- We received positive feedback from visiting professionals who told us the registered manager engaged with their services and welcomes feedback.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider failed to ensure people received consistent person-centred care because care plans were not always up to date and accurate. Regulation 9

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider failed to ensure principles of the MCA were followed before depriving people of their liberty. Systems for assessment of a person's mental capacity were not always followed. Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure people's medicines were consistently managed in a safe way. People's care records were not always up to date and reflective of their current needs and this placed them at risk of avoidable harm. Regulation 12

