

Ashdown Care Limited

# Ashdowne Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Ashdowne Care Centre is registered to provide accommodation with nursing or personal care, for up to 60 people. There were 51 people using the service on the first day of our inspection, two of these people were staying at the home for a respite stay.

The service is in the town of Tiverton. It comprises of two detached, two storey buildings linked by a corridor. The home is divided into two units, one in each building, Ashdowne and Pinnexmoor. The Ashdowne unit is primarily used for people with physical disability and the Pinnexmoor unit is for people with dementia or a mental health need. Each of these units has its own staff team, communal spaces and secure outside garden for people to use as they choose.

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

The service has had a new registered manager since our last inspection. They have a dual registration with one of the providers other homes. They had a good understanding of the provider's processes and systems and were working well with the provider to implement changes at the home. Quality assurance processes remained in place which included regular audits undertaken by the management team and the provider's operations manager. Where concerns were identified action was taken to try and resolve.

Staff spoke positively about the new registered manager and said they felt supported. Two staff members comments reflected all spoken with. One said "I trust our manager; he is very approachable. He is one of best managers I've ever had. I feel confident that he will take appropriate actions and make sure that every possible issue that may arise, will be dealt with professionally and in a timely manner." The other said, "He has changed so much since he has been here. If we need something done, he will sort it... he is trying to change bad habits."

Improvements had been made and action was being taken to ensure there were enough staff on duty at all times to keep people safe and meet their needs. Staff sickness levels had improved since our last inspection and action was being taken by the registered manager to improve it further as there were still shortfalls. The provider had put in place an additional role of team leaders on the Ashdowne unit to ensure a good skill mix was deployed on each shift. The recruitment process at the service continued to be robust.

Medicines continued to be safely managed and the environment and equipment continued to be safe and well maintained.

The registered manager understood their responsibilities and had made appropriate referrals to the local authority safeguarding team and followed their guidance.

Accident and incident reporting continued to be thorough. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes. We found that staff were following up to date infection prevention and control guidance to help people to stay safe. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires improvement. (report published July 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as requires improvement overall.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service in July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to ensure there were enough staff deployed to meet people's needs. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashdowne Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Ashdowne Care Centre

## 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 as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ashdowne Care Centre 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.

Since the last inspection the service had a new manager registered with the Care Quality Commission. They have a dual registration as they are also registered to manage one of the providers other homes. A registered manager 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 announced. We announced the inspection 48 hours before we visited to discuss the safety of people, staff and inspectors with reference to Covid 19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked the registered manager to send us staff rota's, their infection control policy, the most recent infection control audit, the providers last

quality monitoring audit and information about people at the service and their support needs. We were also sent Healthwatch Devon Enter and view report from their visit on 5th March 2020. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We walked around and chatted with people the service supported in communal areas. We spoke in depth with four people who could tell us about their experiences of care. We spoke with the registered manager, a head of unit, a nurse, a team leader, four care staff, an activity co-ordinator and the administrator.

We reviewed medication administration records, audits, meeting minutes, a recruitment folder, falls analysis, assessment of staff contracted hours and two people's care records.

After the inspection visit.

We contacted 46 staff via email to ask their views about the service and received a response from nine. We spoke with the nominated individual and operations manager on the telephone.

# 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 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.

### Staffing and recruitment

At our last inspection the provider was not ensuring that adequate staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made and action was being taken to ensure there were enough staff on duty at all times to keep people safe and meet their needs. At our previous two inspections there had been a recurring problem of staff sickness which had impacted on people. At this inspection we found the staff sickness levels had improved and action was being taken by the registered manager to improve it further. The registered manager said they had a full staff team recruited and were looking to recruit further staff to cover absence.
- To manage staff sickness staff were required to inform the registered manager or unit leads personally of sickness absences and return to work interviews were being carried out. One staff member told us "It is better now; the rota is already out for next week." They went on to say it helped staff arrange their personal lives as they knew when they were required to work.
- The registered manager had implemented an electronic signing in system which they could access remotely so were aware of staff levels even when not at the home. Staff also used this system to book annual leave or request days off. This meant the registered manager could approve manageable leave requests and ensure there were staff to cover duties. Staff said it was a better system as leave requests were responded to promptly so they could plan their leave.
- Walkie talkies had been introduced, so staff could request assistance if required. This meant they did not spend time looking for staff to come and assist them, so people received support more promptly.
- People said there were usually enough staff on the Ashdowne unit to meet their needs and their call bells were responded to within a reasonable time. One person said, "The most I have had to wait is ten minutes." Another said, "I am quite independent but if I ring my bell they are usually here quite quickly." However, one person said sometimes staff would respond to their bell and they had to wait for a second staff member to be available to support them.
- Staff confirmed the staffing levels had been more consistent on the Ashdowne unit since the last inspection but there was still room for improvement. They said staff were usually in place for planned absences like annual leave and long-term sickness but not always for last minute sickness absences. They said they had confidence this was being addressed by the registered manager. Comments included, "It is

not as bad as it used to be, we have our days. (Registered manager) is trying to sort it out. ... he has brought in new staff, we are all part of a team now", "A few staff don't ring in,(registered manager) is on top of this" and "I feel there is still a large amount of sickness at the moment however it is being covered more effectively now and we very rarely work short on a shift now. Additionally, we have had quite a few inductions over the last few weeks which means we will be having more staff starting soon."

- Since the last inspection and introduction of the new registered manager, the provider had put in place an additional role of team leaders on the Ashdowne unit. The team leaders supported the nurse on duty and coordinated the care provision and ensured there was a good skill mix on each shift.
- The registered manager had met with the three new team leaders to discuss their role and how they planned to manage staff sickness. Minutes of this meeting showed that staff sickness was on the agenda for the next 'general staff meeting' on the 20th August 2020. Staff were very positive about this new role and the impact in relation to being better organised and informed. One staff member said, "It is better, they make sure we know what we are doing...give you a form every day to say what needs doing."
- The recruitment process at the service continued to be robust. Background checks were made on all staff before they began work and new staff completed an induction working alongside experienced staff. Recruitment folders had a checklist in place which the registered manager signed when they were satisfied the providers recruitment process had been completed.

### Using medicines safely

- Medicines continued to be safely managed. The new unit lead had taken on the responsibility of medicine management on the Ashdowne unit.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Where people had medicines prescribed as needed, (known as PRN), there were protocols in place for when and how they should be used, which is good practice.
- Medicine audits were completed in line with the provider's annual timetable. Where concerns were found action was taken. For example, a memo was sent to the nurses to inform them to record the effectiveness of when PRN medicines were administered.

### Preventing and controlling infection

- The home was clean with no unpleasant odours. We observed housekeeping staff being very thorough wiping down surfaces and following the providers cleaning schedules.
- People were well protected by the prevention and control of 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.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities and had made appropriate referrals to the local authority safeguarding team and followed their guidance.
- Staff had completed training and understood safeguarding issues. They said they had confidence in the registered manager to deal with any safeguarding concerns. This was confirmed by a person using the service who had raised a concern and told us how the registered manager had listened to them and taken action.

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

- The environment and equipment continued to be safe and well maintained. The provider had an experienced maintenance person who reviewed maintenance issues at the home. Checks and audits had continued to be completed to protect people from the risks of unsafe and unsuitable premises. For example, water temperatures, testing of portable electrical appliances and window restrictor checks.
- Accident and incident reporting continued to be thorough. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- The registered manager had a clear oversight of all accidents and incidents and the actions taken and looked for patterns and trends.
- The staff reviewed risk assessments and care plans following accidents or incidents to mitigate the risks of it occurring again and informed people's families.

# 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 now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a new manager registered with the Care Quality Commission (CQC). They were also the registered manager of one of the providers other homes, 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.
- The registered manager had a good understanding of the provider's processes and systems and were working well with the provider to implement changes at the home. This included a strategy about how to improve staff sickness and the introduction of team leaders to ensure there was a good skill mix on each shift.
- People said they knew who the registered manager was. They did say they would usually approach the nurses if they had a concern, but they were confident they would inform the registered manager. One person said, how the registered manager had come to speak with them and knelt down next to their bed to speak with them, they really appreciated this personal touch.
- Staff spoke very positively about the new registered manager and about the changes they had implemented. Staff comments included, "Management change has helped with more direction, now in the right direction... morale is better, it makes a lot of difference", "At first there were so many improvements, his general organisation is better, and his vision is better. He changed the format of the charts which was a big improvement, strongly implemented rules that were in place and staff are taking notes of the rule" and "100% I feel I can approach the manager... I have felt very confident in going to him for support and advice and feel he has taken everything I have said into account, and when necessary action has been taken."
- Since the last inspection a new unit lead had been appointed on the Ashdowne unit as well as three team leaders a new role to the unit. They had been well supported by the registered manager and operations manager and were clear about their roles and responsibilities.
- Staff said they felt listened to. One said they had raised an issue with the registered manager about hoist batteries not having a permanent base and going flat. They said within a couple of hours this had been addressed. This meant the batteries no longer go flat, so staff were not searching around to find a charged battery, so people were not kept waiting.
- Healthwatch Devon had visited the home in March 2020 and had recorded in their report, "The arrival of a new manager appears to have made a big difference over the last three months in the way the home is run and the range of activities available..."

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 registered manager was very open and honest during the inspection and receptive to our feedback. They recognised that although they had made improvements there was more to do. They had a clear strategy about how they were going to continue to improve the home.

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

- People had opportunities to share their views of the service and make suggestions about what they felt could be done better. The provider used satisfaction surveys to obtain people's views as well as occasional meetings.
- Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.

Continuous learning and improving care

- The provider continued to have quality assurance processes in place. The registered manager ensured regular audits were undertaken by the management team. Each month information was collected and analysed regarding people's weight loss, skin integrity, infections, falls, hospital admissions and bedrails. This gave the registered manager and provider a clear oversight to ensure people's needs were being met.
- Prior to our visit the provider's operations manager had been at the home supporting the registered manager in their new role for a couple of months. While at the home they completed their usual quality audit.

Working in partnership with others

- Staff worked in partnership with health and social care professionals such as community nurses, mental health team, IMCA (Independent Mental Capacity Advocacy who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them) and GPs.
- The community nurses had delegated some responsibilities to the nurses at the home to minimise the risk of taking covid 19 into the home. Where needed, GPs had visited the home or if appropriate, they had undertaken their consultation on a web call.