

Ablegrange Severn Heights Limited

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Inspection report

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Date of inspection visit:

22 November 2022

23 November 2022

Date of publication:

01 February 2023

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

Ablegrange Severn Heights Limited is a care home providing personal and nursing care to up to 48 people. The service provides support to older people who may live with dementia or physical disabilities. At the time of our inspection there were 29 people using the service. Ablegrange Severn Heights Limited accommodates people in one adapted building.

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

People's medicines and risks were not always safely managed, and improvement was required in the consistency of guidance provided to staff to meet people's safety needs.

Further development of the checks undertaken on the care provided to people and medicines administered, and the safety of the environment, were required. Opportunities for learning had not always been identified, or improvements promptly driven through in people's care to reduce risks to their safety.

People were protected from abuse. Staff were safely recruited and there were enough staff to care for people.

Staff had received training to develop the skills to care for people and people told us staff knew how to care for them.

We have made a recommendation about the training of staff.

People, relatives and staff were involved in assessments and people were supported to see other health and social care professionals when they wanted this. People were supported to have enough to eat and drink so they would remain well.

Staff took time to ensure people were offered choices about their care. 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. A visiting health and social care professional told us staff knew people and their mental capacity support requirements well.

People, relatives and staff told us senior staff and the registered manager were approachable and visible in the home. Staff said they felt supported to provide good care.

Rating at last inspection

The last rating for this service was good, (published 05 December 2018).

Why we inspected

We received concerns in relation to the quality and safety of people's care and how people were supported

to gain health advice. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

The provider began to address these concerns during the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ablegrange Severn Heights Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to how risks to people and their medicines are managed and how the home is run at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Ablegrange Severn Heights Limited

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 Health and Social Care Act 2008.

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 specialist advisor in nursing, at Ablegrange Severn Heights Limited. In addition, a third inspector spoke with relatives on the telephone.

Service and service type

Ablegrange Severn Heights Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ablegrange Severn Heights Limited is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 November 2022 and ended on 11 January 2023. We visited the location's service on 22 November 2022 and 23 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and integrated care board, (NHS Herefordshire and Worcestershire). We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for and spoke with 6 people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with 6 relatives and friends of people living at the home. We spoke with a health and social care professional, to find out what they thought of the care provided.

We spoke with 11 staff who worked at the home, including the registered manager and deputy manager. We spoke with 6 care and nursing staff, including a senior carer, a carer with additional domestic responsibilities, and 3 ancillary staff. The ancillary staff included maintenance, administration and catering staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records, multiple medication records and records showing what action had been taken to support people's clinical needs. We looked at records relating to the safety, quality and management of the service. These included checks undertaken on the premises, infection control, the administration of people's medicines and staff recruitment records. We also reviewed a range of policies and information communicated to staff across shifts.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

- Systems and staff practice used to administer, manage and dispose of people's medicines required improvement. People's medicine administration records had not always been accurately completed to confirm what medicines they received. For example, there were unexplained gaps in people's medicine administration records and there were occasions where people had been administered medicines, but this had not been recorded. These included where people were administered "as required" medicines. This increased risks to people's safety, as it was not always clear what medicines they had received and what further medicines would be safe to administer.
- Checks were not consistently recorded as undertaken for people's glucose levels, required before some people's medicines were administered. This could place people at risk of harm as they may receive too much or too little medicines to maintain their health.
- Some people required support to have their medicines at specific times, so they would remain well. We found staff had varied the times the medicines were administered without evidence of medical agreement to do this.
- Checks to ensure people's medicinal pain-relieving patches remained in place each day were not evidenced as undertaken. In addition, staff had not always been provided with the guidance they needed to ensure the site of the patches were rotated. These factors increased the risk people may not benefit from the therapeutic levels of pain relief they required, or their skin may become irritated. We also found one person's pain-relieving medicine had past the expiry date. Staff took immediate steps to address this.
- We could not be assured people's medicines were always stored at the correct temperature, or people's medicines remained effective to administer. For example, we found temperature sensitive medicines had not been labelled when they were removed from the fridge. Some other people's medicines were not consistently dated on opening, so staff could not be sure if these medicines continued to remain effective.
- People's unwanted medicines were not always promptly and safely disposed of in line with NICE guidance "Managing medicines in care homes."

Assessing risk, safety monitoring and management

- Improvements were required in the way some risks to people were managed, to ensure these were always addressed. This included improvements to the environment, to further reduce risks to people. For example, consistent locking of areas where electrical store and switch unit were housed, and ensuring exposed wires were promptly addressed.
- In addition, people's safety required further promotion by ensuring window restrictors were in place in all first-floor areas of the home and ensuring substances which may be hazardous to people's health were consistently safely stored. Some improvements were also required in relation to the storage of flammable

items in an outside wooden store closely located to the home.

- We found some items of food within the fridge in the kitchen had not been labelled correctly. This increased the risk people may be offered food which was not safe to eat.
- People's risks and care needs had been identified, however; there were inconsistencies in the guidance provided to staff in people's care plans on how to meet people's care and safety needs. This included guidance on the support one person needed to manage their underlying health conditions. We also found an example where the guidance provided to staff to support another person if they became anxious required updating. This increased the risk people's care may not be safely provided.

We found no evidence of harm to people, but the provider had failed to ensure the proper and safe management of risks to people and medication management. 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.

The registered manager and provider started to take immediate action to address the environmental and care planning concerns during the inspection. Assurances were also provided by the registered manager, provider and senior staff that the concerns we found in relation to the management of people's medicines would be addressed.

- People and their relatives were positive about the way their safety needs were met. One relative told us their family member experienced poor skin health. The relative explained the registered manager had ensured appropriate equipment was in place to manage their family member's risk. The relative told us, "Staff keep [person's name] safe, definitely."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us staff were approachable and they would be happy to discuss any concerns they had about their safety and care. One relative told us their family member had lived at the home for over two years and said, "[Person's name] is happy here, they are well looked after and yes, they are safe." Another relative told us, "[Person's name] seems safe and content. We'd know if there was anything wrong."
- Staff had received training and understood how to recognise and respond to any signs of abuse and were confident senior staff would take action to support people, should this be required.
- The provider and manager understood their responsibilities to work with other agencies to protect people, should any safeguarding concerns arise.

Staffing and recruitment

- There were sufficient staff to care for people. One person told us, "There's always enough staff to help." We saw people did not have to wait long if they wanted support from staff.
- Staff were positive about the staffing levels. One staff member said, "There are good levels of staff, people don't have to wait long."
- Staff were recruited safely. Checks had been completed before staff started their employment at the home. These included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of

infection. Some further cleaning was required to a limited number of surfaces, such as windows, sinks and door frames. This was addressed during the inspection.

- 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 responding effectively to risks and signs of infection.
- 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 found the likelihood of the spread of infection could be further reduced through correct disposal of sharp items and by consistently following good infection prevention guidance. For example, when storing mops. Immediate action was taken to address this.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives told us there were no restrictions on visiting.

Learning lessons when things go wrong

- Staff told us where learning was identified this was communicated to them through regular meetings at the start and end of each shift, to further reduce risks to people. This included in relation to people's safety needs and underlying health conditions.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Relatives told us they were involved in key decisions about their family member's care where this was appropriate.
- Senior staff understood which other organisations and individuals should be included in key decisions about care, where people lacked capacity to make all of their own decisions. However, where others had the legal rights to make decisions for some areas of people's care, evidence of this was not always available. The registered manager provided assurances this evidence would be gathered without delay.
- A visiting health and social care professional told us staff knew people and their mental capacity support requirements well.
- Systems were in place to seek DoLS authorisations, so people's rights would be promoted.
- Information to guide staff on approved DoLS authorisations was not always easy for staff to find on their electronic care plans. We also found some staff would benefit from further support to understand how DoLS authorisations supported them to promote people's rights and provide good care. We have made a recommendation in relation to training in this area.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them. One person told us, "They are very nice people [staff] and they know what they are doing."

- Staff gave us examples of training they had undertaken which was linked to the needs of the people living at the home. This included diabetes training, how to support people who may be anxious, or need assistance when they moved around the home. However, we found some staff had not received training linked to some specific care needs people had, such as Parkinson's disease. In addition, some staff would benefit from further support to understand The Mental Capacity Act, (MCA) and Deprivation of Liberty Safeguards, (DoLS).

We recommend the provider ensures all necessary staff are supported to access further training in relation to Parkinson's disease and MCA and DoLS to ensure they deliver effective care.

- New staff were supported through an induction programme, training, and opportunities to work alongside more experienced staff, (shadow shifts). This gave them the chance to get to know people and their care preferences. One staff member told us, "I had lots of shadow shifts. I read through the residents' care plans and I met them. So, I know their stories."
- Some staff had also started to do or completed recognised care qualifications such as the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People and their relatives' views were considered when their support needs were assessed. People's assessments gave staff the guidance they needed to support people as soon as they moved to the home.
- People's assessments were used to inform decisions about the suitability of the home and if staff could meet their needs. One staff member explained there was a focus on considering people's well-being and health needs. The staff member said, "We go for safety, not money."
- One relative told us they had been consulted when their family member's assessments and care plans were updated to reflect their changing preferences and needs. The relative said this had assisted staff to, "Understand their support needs inside out, what care to give them and when to step back. They [staff] do it in a way that they do not feel like they're asking or bothering them."
- Staff gave us examples showing how they had been involved in people's on-going assessments. One staff member said, "When I care for people, I notice changes, such as if it's easy for people to get out of bed. I notice if people aren't walking properly. That's how I know how care needs are changing. I report it to the senior or to the nurse and we change care plans to support them."

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

- People received support to eat and drink enough to maintain their health. People's nutritional and hydration needs were considered when their care was planned. This helped to ensure people remained well.
- Most people and relatives were positive about the food choices and quality of meals and snacks provided. One person told us, "I choose my food, they [staff] get me what I want." A relative told us, "[Person's name] is quite happy with food and it looks nice when we visit."
- Other people and relatives told us they would like to see a wider range of menus for people to enjoy.
- Guidance was available to support staff where people required a specific texture of food and drink to remain safe. One staff member explained they checked if people required a particular texture of food on the electronic care recording system, (PCS). The staff member said, "Everyone is on the PCS and there is a poster in the bedroom to remind us."
- One relative said, "They [staff] noticed [person's name] weight was low. The GP increased a supplement." Records showed us where staff had any concerns about people losing weight this was escalated to their GPs.

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

- People were supported to obtain health advice. Relatives told us the quality of care when their relatives were ill was good. One relative told us their family member had experienced a sudden decline in their health and said, "The nurse called me to ask me to come over, they really looked after them." Another relative said, "The best thing is the care [person's name] receives, it's good." The relative told us because of this, "[Person's name] came bouncing back from their end of life care."
- Staff told us they were guided on how to meet people's health needs through regular visits from the advance nurse practitioners and GPs. Where more specialist health advice was required to ensure people received the care they wanted, this was arranged through people's GP. For example, speech and language therapists. People were also supported to see dentists, opticians, chiropodists and podiatrists to promote their health.
- Where staff had concerns for people's health this was escalated to other health and social care professionals.
- Staff gave us examples of how they worked with other health organisations. This helped to ensure people and their families were treated with sensitivity and people's health needs were met as they became more complex.
- Care plans had been developed to guide staff to provide good care to people when there were concerns for aspects of their health. These included where people were experiencing, or at risk of experiencing, poor skin health or required additional care to maintain their physical health, such as bowel health. These were regularly reviewed by staff.
- We found an instance where information on the health care provided to a person required updating. This was important, so all health professionals would be fully informed of the care they had already received. The registered manager and senior staff took immediate steps to address this.

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

- People were encouraged to personalise their room with photographs and items which mattered to them.
- One relative told us their family member chose to use different areas of the home to meet her needs. This included quieter areas so they could enjoy spending time chatting with new friends they had made at Ablegrange Severn Heights Limited. The relative said because of this, "It's a proper 'home from home', just like her home before."
- A visiting health and social care professional confirmed areas had been made available for their visits, to promote people's privacy.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- Checks undertaken by the registered manager and provider had not identified the concerns we found in respect of medicines management and the management of people's risks. This meant opportunities for learning had not always been identified, or improvements driven through in people's care to reduce risks to their safety.
- Audits of people's wound management were undertaken regularly and reviewed both newly acquired wounds and the progression of older wounds. However, opportunities to identify trends and patterns so these could be fully addressed were missed, as incorrect data was being analysed.
- Checks on the integrity of people's mattress required broadening, to ensure they remained suitable for people to use. We also found examples where mattress audits had only been partially completed.
- There were instances where care had been provided but not consistently recorded across the provider's electronic care records and other documents. For example, the guidance to staff at the start and end of each shift.
- The provider's and registered manager's checks had not identified a concern we found in relation to the accuracy of timings of care entries during one shift. This increased the risk a full and accurate picture of the care provided to people would not be available if they needed to be cared for by other health and social care providers. For example, in the event of an emergency admission to hospital.
- Some improvements were required in the consistency of guidance provided to staff. For example, we found an instance where staff required more guidance to ensure people received the care they wanted. These concerns had not either been promptly identified or addressed through the registered manager's or provider's checks.

We found no evidence that people had been harmed however, the provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfall and to ensure compliance with regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager responded to some elements of these concerns immediately during the inspection. They also provided assurances their checks would be further improved, and actions implemented.

- The provider gave us examples showing how they had used feedback from commissioners of the service

to drive through improvements in the care provided. This included in relation to premises improvements. The provider had also sought the views of external organisations to identify areas for improvement. As a result of this, the provider was further improving their audit processes to benefit people living at the home.

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

- People told us the culture at the home meant Ablegrange Severn Heights Limited was a good place to live because staff were helpful, and they were encouraged to choose what support they wanted and were listened to.
- Most relatives were positive about the level and promptness of communication from staff about their family members care needs. All relatives told us senior staff were visible. One relative said, "They [staff] always pop in to see us when we visit, staff are visible, and you can talk to anyone at any time. I know [registered manager's name] well and see her most weeks, she listens."
- Staff told us they felt supported to provide good care. One staff member told us about an event arranged for staff by the registered manager. The staff member told us this had helped to break down any barriers between more established and newer staff and made them feel valued. The staff member told us this had helped to ensure people continued to benefit from good care through effective teamwork.

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

- People's, visitors and staff views on the care provided were gathered through day to day discussion with staff and surveys. We saw the surveys were positive.
- Relatives told us their views were listened to and acted upon. For example, if they had any suggestion for improving their family member's care further.
- The registered manager knew what important events needed to be notified to The Care Quality Commission. They understood they were required to be open and honest in the event of something going wrong with people's care.

Working in partnership with others

- People and relatives were positive about the opportunities staff had created for them to access support from other organisations, such as faith groups. One relative told us how much their family member enjoyed the visits which had been arranged with other organisations to support visits from pets. This work helped to enhance people's well-being.
- Staff worked with other health and social care professionals, such as social workers and medical professionals, to help to ensure people received the care they wanted, and their rights were promoted.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate people's medicines were effectively managed, and risks to people promptly mitigated through consistent staff practice. This placed people at risk of harm.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems to assess and monitor the quality of the service had not always promptly identified and driven through improvements in the management of people's risks and the premises.</p>