Askham Village Community Limited

Askham House

Inspection report

13 Benwick Road
Doddington
March
Cambridgeshire
PE15 0TX

Tel: 01354740269
Website: www.askhamcarehomes.com

Date of inspection visit:
26 January 2016

Date of publication:
01 April 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Askham House is registered to provide accommodation and care, with nursing, for up to 27 people. It is part of the Askham Village Community, which comprises of four care homes, each catering for a different client group, built around a central courtyard garden. Askham Village Community is situated on the outskirts of the village of Doddington in Cambridgeshire.

Askham House is an extended period property and offers accommodation on two floors. There was one large lounge/dining room and several other areas where people could spend their day or eat their meals. There were 23 bedrooms, four of which were double bedrooms; bathrooms; and toilets. The main reception area of Askham Village Community had shared facilities, including a café, which was open to the general public.

This comprehensive inspection took place on 26 January 2016 and was unannounced. There were 22 people in residence.

There was no registered manager in place at the time of the inspection. The previous registered manager had left in October 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The person managing the service at the time of the inspection (referred to throughout this report as 'the manager') had taken up their post in November 2015. They were in the process of applying to CQC to be registered.

People and their relatives were happy with the care being provided at Askham House and told us they felt safe. They were generally satisfied with the management of the home and with the staff. People who lived at the home and the staff got on well together and were comfortable in each other's company.

Staff had undertaken training and were able to recognise and report any incidents of harm or abuse. Potential risks to people were assessed, recorded and managed so that people were kept as safe as possible. There were sufficient numbers of staff on duty to meet people's needs in an unhurried way. Staff recruitment had been undertaken in a way that ensured that only staff suitable to work in a care environment had been employed.

Overall, the management of people's medicines was satisfactory, which meant that people could be confident they were receiving their medicines safely and as they had been prescribed.

Staff had undergone an induction and further training to make sure they were equipped to do their job. People received an adequate amount of suitable food and drink and people who required special diets were provided with these. A range of healthcare professionals were involved in monitoring people's health so that people were supported to maintain good health and well-being.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. Some applications for authorisation to restrict people's liberty had been submitted to the relevant authority. Not all staff were aware of the principles and application of the MCA.

Many of the staff showed they genuinely cared for the people they supported and were excellent in their approach. Generally people were enabled to make choices about their daily lives but there were times when staff acted from habit instead of asking people what they wanted. Most of the time staff supported people to maintain their dignity. Some language used and written by staff was not respectful and people's confidential personal information was not always kept securely.

Care plans were in place to give staff guidance on the way people wanted to be cared for. Work was being carried out to ensure that care plans were personalized and contained sufficient detail to ensure that staff had the information they needed to provide consistent care.

A wide range of activities were offered to people and entertainments and outings were arranged. People knew how to complain and concerns and complaints were responded to in a timely way.

People and their relatives described the management team as approachable and accessible. People, their relatives and the staff were given a number of ways in which they could put forward their views about the service. Checks on the quality of various aspects of the service were carried out.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had undertaken training in safeguarding and knew how to keep people safe from harm. Potential risks to people were identified, assessed and managed so that the risks were minimised.

There was a sufficient number of staff on duty to make sure that people's assessed needs were met. Staff recruitment had been done in a way that made sure that only staff suitable to work in a care home were employed.

The management of medicines was satisfactory.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff were aware of their responsibility to ensure that the rights of people who lacked capacity to make their own decisions were protected.

Staff had received training and support to enable them to carry out their role.

People's healthcare needs were monitored and met. People received suitable food and drink in adequate amounts so that their nutritional needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

Most of the time people were treated with respect and staff supported people to maintain their dignity. People were not always asked to make choices about some aspects of their daily lives.

People's confidentiality was not always preserved as some personal information was not kept securely.

Many of the staff were kind and caring in their interactions with people who lived at the home.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and staff were aware of people's individual needs.

A range of activities, outings and entertainment was provided to keep people occupied.

People knew how to complain and their complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in post. However, a manager had been appointed.

The management team were approachable and people, their relatives and the staff were encouraged to give their views about the service they received.

Quality assurance checks on various aspects of the service were carried out.

Askham House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by two 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. Their area of expertise was in caring for older people including older people living with dementia.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time in the lounges and dining areas where we observed how the staff interacted with people who lived at Askham House. We used the Short Observational Framework for Inspection (SOFI) in the main lounge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at the home, five relatives, six care workers, one nurse, a kitchen assistant, two healthcare professionals and the manager. We looked at four people's care records and medicine administration records as well as some other records relating to the management of the home. These included some of the quality assurance audits that had been carried out.

Good

Is the service safe?

Our findings

People told us that they felt safe at Askham House, including in their bedrooms, both during the day and at night. One person said, "I'm safe enough. I like it here." A relative told us, "[Our family member] is much safer here than when she was in hospital." People told us that they felt their belongings were safe in their rooms. They said that at night staff checked on each person who wanted them to, to make sure they were safe and comfortable. No-one could recall any untoward behaviour by another person or any intrusion into their room.

People and their relatives told us they were happy with the way people were treated by the staff and had no concerns about their safety. Staff told us they had undertaken training in safeguarding adults from abuse and harm. They demonstrated that they understood what constituted abuse, that they would recognise any instances of abuse or harm to people and that they knew to report to the nurse in charge or the management team. Some staff, but not all, knew that they could also report to external agencies such as the local safeguarding team.

We saw that there were systems in place to reduce risks to people. Care records included assessments of potential risks to each person, which showed that risks had been identified, assessed and regularly reviewed. These included risks involved with falls, nutrition, pressure areas and moving and handling. Actions and guidance for staff had been put in place so that any potential risks were minimised. For example, equipment such as air mattresses and cushions was in use where people had been assessed as being at risk from developing pressure ulcers. Staff were aware of the risks and the guidance for the people they were supporting. People were regularly repositioned in their bed or chair to minimise the risks. We saw that people were assisted safely when they transferred, for example from their wheelchair to an armchair. Staff used the correct equipment identified in the risk assessment, such as a hoist or a handling belt.

We asked people and their relatives whether they felt there were enough staff on duty. Responses were mixed but on the whole people were satisfied that their needs were met. One person told us, "There's plenty of them around really." Another said, "That's difficult [to say if there were enough [staff] as sometimes I see them, but not always." A relative said, "When I'm visiting in her room there's often someone walking past or who'll pop their head round to check we're OK." On the day of the inspection staff told us that two care staff and one of the nurses had phoned in sick that morning. The manager said that staff from the other homes on site had been called in to help. We saw that although staff were busy they also had time to spend with people and did not seem rushed. People's needs were met.

Staff told us that there were enough staff. One member of staff said, "Predominantly we have enough staff and shifts are usually covered." They added, "We just adapt to cover and meet people's needs." Another member of staff told us that in the afternoons staff had time to spend chatting to people.

This meant that the provider had arrangements in place to make sure there was a sufficient number of staff in the home.

The provider had a robust recruitment procedure in place to make sure that only staff suitable to work in a care home were employed. Staff told us that after they had completed an application form they had attended for interview. They said that their previous employers were contacted for references and a criminal record check was carried out before they were allowed to start work. Once employed, they had undergone two full days of induction, which included moving and handling and first aid training. One care worker said, "We couldn't do anything before this." This member of staff confirmed that a care worker recently employed had undergone the same checks before starting work.

We found that mostly the building and equipment were managed well so that people were safe. However, there was a portable heater in one of the lounges, which was extremely hot to touch. We saw one person, living with dementia, confirm how hot it was when they touched it. The staff switched the heater off and the manager later confirmed that all portable heaters had been removed. We also found that a cupboard containing a range of containers of chemical cleaning products had been left unlocked. Staff agreed it should have been locked but said the lock had broken that morning. We noted that the broken padlock had been repaired by lunchtime.

We checked how medicines were managed and found that people could be confident that they were receiving their medicines safely and as they were prescribed. People told us they were happy with the way staff managed their medicines. One person told us, "Yes, it's all done OK for me by the nurse." Another said, "They give it to me twice a day with a drink. I'm happy with it." A relative said, "The nurse seems to know all about it." We saw the nurse on duty giving people their medicines at lunchtime. This was done in a safe way and so that people received the medicines they had been prescribed. However, we saw that people were interrupted to receive their medicines while they were eating. This was not good practice in the care of people who were living with dementia. Distraction could cause people to not want to continue with their meal, which would put people at risk of malnutrition.

Ordering, disposal and storage of medicines was generally satisfactory, except that insulin pens in current use were being stored in the fridge, which was not in line with storage advice for this medicine. Although we found a few anomalies, most of the records we looked at relating to medicines were completed to the required standard. The nurse on duty told us they had completed a written test relating to the administration of medicines.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us they had received training about the MCA and DoLS. Some staff, but not all, demonstrated a sufficient knowledge of the principles of the MCA. For example, one staff member had no recall of the MCA and told us, "If people don't have capacity we can decide for them," which was not within the principles of the MCA. In one person's care records it was stated, '[Name] does not have capacity to make any decisions as he is not able to communicate due to his disease condition.' There was no evidence in the assessment of the person's capacity that any attempts had been made to find alternative methods to communicate with this person.

This meant that the provider did not have sufficiently robust procedures in place to ensure that staffs' knowledge and application of the MCA enabled people to be cared for in a lawful way. People who lacked capacity to make their own decisions did not always have their rights protected.

This was a breach of Regulation 11(1), (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that since taking up her post she had been in contact with the local authority regarding applications for authorisation to deprive people of their liberty submitted by the previous manager. She had recently been made aware that some of the applications had been incorrectly completed. She was working with the local authority to ensure that a correct application was completed for each person who was being deprived of their liberty. In one person's care records we saw that a standard authorisation had been granted by the local authority. This had been in place for nearly 12 months so was due to be renewed. The manager had already sent the request to the local authority.

People told us that they felt the staff had the skills to care for them. When we asked people if they thought the staff knew what they were doing, they made comments including, "They do well"; "I'm sure they're good enough"; "Most of them are fine"; and "Oh yes, nothing's too much trouble for them." A healthcare professional who responded to our questions wrote, "Generally yes the staff do understand the needs, and do appear to have the right skills from my perspective."

Staff told us they had received an induction when they started working at the home. They were then

"buddied up" with a more experienced member of staff who they shadowed and to whom they could turn if they needed advice. Since their induction they had undertaken a range of training courses, which meant they had the knowledge to carry out their different roles. We learnt that kitchen and housekeeping staff had undertaken the same training as care staff so that they could carry out care duties when required. Refresher training was made available to all staff so that their knowledge was kept up to date.

All the staff we spoke with told us they felt supported by the management team. One member of staff told us, "I feel supported. We often get asked by the nurses and managers if we are okay." Some staff had received regular supervision with their line manager, although one member of staff said they had not had supervision for about a year. Most staff had also received an annual appraisal. Staff told us the supervision sessions gave them the opportunity to say how they felt they were getting on and to receive comments on their performance. One member of staff said, "Seeing if I'm getting on with staff, the residents and just the job in general. I get told if I'm doing things right or if there are issues I need to correct." Any required training or training undertaken since the previous supervision was also discussed.

This meant that the provider had taken appropriate steps to ensure that staff had the knowledge, skills and support to provide effective care to the people who lived at Askham House.

People's nutritional and hydration needs had been assessed and recorded and people were supported to have enough to eat and drink. Records showed that charts were put in place to record everything that had been eaten and drunk by the person if they had been assessed as being at risk. A relative told us that the previous week staff had identified that their family member was not having enough to drink. They increased the person's fluid intake and monitored it. People's weight was monitored by staff and action taken if the person had lost weight.

Generally the comments we received from people about the food were favourable. One person said, "It's lovely. I enjoy my food and eat it all." Another person said, "It's not bad, but not super-duper." A relative told us, "They [staff] will get [name] what [they] want. [They've] put on weight in the short time here so we know [they] eat well." Relatives of a person who had died explained that staff had tried to tempt their family member with a very wide range of foods. They said that staff "always tried to offer foods. They never gave up trying."

People told us that they had a choice of what they wanted to eat at breakfast, lunch and tea and they could choose where they ate their meals. One person said, "Most of it I like, we get good choices." Another person told us, "I like to eat in my room as I can watch TV." Special diets were catered for and staff knew who needed a soft or pureed diet. One person told us, "Oh it's [the food] marvellous. I have mine mashed up." However, we noted that one person, whose care plan stated that they needed a soft diet, had been given sandwiches several times for their tea. This put the person at risk of choking.

People's healthcare needs were met by the involvement of a range of healthcare professionals. People told us that they had access to their GP when they were not well and that an optician and chiropodist visited the home regularly. There was a physiotherapist employed by the provider. One person told us they had been doing the exercises they had been advised to do during the morning. Care records showed that people were supported to attend hospital appointments. Other health services, such as a dietician or dentist, were called in when required. We spoke with a healthcare professional who told us, "I feel that the staff understand people's health needs." Another healthcare professional wrote, "I have found that advice is generally followed." This meant that people were supported to maintain their health.

Requires Improvement

Is the service caring?

Our findings

People were mostly complimentary about the caring attitude of the staff. One person said, "They're not bad. I've never felt sorry about my care. We have a lot of the same staff here for ages." Another person told us, "I've always found them helpful." A third said, "Some can be a bit abrupt but most are nice." A relative said, "They [the staff] do a fantastic job, with a smile on their faces" and "[Our family member] definitely had the best care possible."

We saw an example of the caring attitude in practice when two afternoon staff came on duty. They made a point of going to the lounge and they had a cheery hello with individual people. They held people's hands and asked each person how they were feeling. They made each person feel they mattered, by being attentive and listening to their response. Staff showed they knew about each individual. One person said, "I think they know me – we have a bit of a banter."

We found many of the staff to be genuinely caring and excellent in their approach to people and their work. For example, at lunchtime we saw one member of staff sitting with a person who, we were told, was always reluctant to eat. The member of staff explained in a lovely way what was on the plate, and on each spoonful. They chatted to the person while assisting them with their meal. The member of staff demonstrated that they knew the person well including their likes and dislikes, and managed to bring out the person's sense of humour, as well as ensuring that they ate almost all their meal. In the main dining area we saw that one care worker had excellent interaction with the person they were assisting with their meal. There was merry banter between people and between the staff, but always involving the people they were assisting. One particular care worker was described by relatives and other staff as "a breath of fresh air." We saw that everyone seemed to cheer up when this member of staff came on duty.

Relatives of a person who had recently died were effusive about how good the home and the staff had been. Their family member had been admitted for end-of-life care, which they described as "fabulous, fantastic" and "everything we asked for." They said it had been "wonderful" for their family member to have been at the home. "He was happy. He loved the girls and they loved him. The girls have been marvellous."

People told us that the staff encouraged them to make choices about their care and encouraged them to remain as independent as possible. One person said, "I look after myself a lot of the time as I can still do things like getting up and dressed". Another person told us, "They get me ready for bed then I can sit and watch TV and they'll say 'let us know when you want to settle down' as I'm a bit of a night owl." A third person, who needed a lot of assistance with their activities of daily living, was very appreciative that staff "let me wear what I want." However, there were times when staff seemed to do things 'from habit' rather than giving people choices. At lunchtime, people in wheelchairs were placed at tables without being asked where they would like to sit. Staff told us that people were usually put in the same place "out of habit". When the drinks trolley went round, people were given a drink without being asked to make a choice. One member of staff told us that they had "memorised the list" so gave each person their preferred drink. They thought people would tell them if they wanted something different.

We saw that people who lived at the home and the staff got on well together and were comfortable in each other's company. Interactions between them were warm and friendly. We saw staff working in a respectful way and maintaining people's dignity. For example, one member of staff moved a person away from the dining table and quietly offered to adjust their clothing to preserve their dignity. Later, the same care worker was very supportive when they assisted someone to access the toilet.

People told us they felt they were treated with dignity and respect. They said, and we saw, that staff knocked on the door and waited before entering. People told us that staff kept doors shut and closed the curtains before they started assisting people with personal care. One person told us, "Yes, they're very good and polite. I can dress myself so I open my curtains when I'm ready." Another person said, "Oh yes, they're very good. And they cover me up when I need it in case the door opens."

However, during the day we noted that on several occasions, and for long periods of time, staff ignored a person whose dignity and privacy were being compromised. The person was in bed in a room off the main corridor where a lot of people, staff and visitors walked up and down. The bedroom door was left open, enabling those walking past to see that the person was in a dishevelled, undignified state. This meant that staff did not always support people to maintain their dignity.

Care plans contained some inappropriate language. For example, we saw phrases such as 'wanders around', 'will try to escape' and 'make sure all the outside doors are locked to restrict [the person] from escaping'. Some staff used language that was neither respectful nor dignified. For example, we heard one member of staff talk about "the transfers" when referring to people who needed assistance to transfer from their chair to a wheelchair. This meant that staff did not always write or speak about people in a respectful way.

People's confidentiality was not always respected and maintained. Although most care records were kept in the office, daily notes and charts recording personal information, such as bowel movements and food/fluid intake, were found in the quiet lounge and in the corridor outside people's bedrooms. This put people's personal information at risk of being disclosed to other people and visitors who had no right to see it.

People's relatives were welcomed and encouraged to visit whenever they wanted to. Relatives were encouraged to join in any activities or outings. They could also join their family member for a meal, either with private dining as a family or in the main dining area. One group of relatives were very pleased with the welcome they received every time they visited. They added, "Always cups of tea and coffee and biscuits for us."

The manager told us that Independent Mental Capacity Advocates (IMCAs) had been involved for people who needed their support. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options. An IMCA had been appointed in cases where people did not have a relative or friend to act on their behalf. There was no information available for people who had capacity to make their own decisions about advocacy services should they have needed an independent person to act on their behalf. The manager stated that people currently living at the home had relatives or friends to act on their behalf when needed. The manager agreed to find out about any advocacy services in the area and make sure people were aware of them.

Good

Is the service responsive?

Our findings

People's needs were assessed before they were admitted to Askham House and the assessment used to develop a care plan.

People's care records showed that care plans were in place, which gave staff some information and guidance on how to meet people's needs. However, the information was not personalised and not in sufficient detail. For example, in one person's care plan staff had written, "For bath they need three care assistants as [name] will be aggressive". The guidance available was 'provide reassurance and support'. This was not sufficiently detailed for staff to be able to consistently provide personalised care and support to the person. In another person's care plan there was nothing to describe how the person's dementia/mental health actually affected their life on a day-to-day basis.

The manager said there was "a lot of verbal handover" so they felt that staff knew more about each person than was written down. The manager volunteered that the documentation needed to be improved. The manager told us that the provider had "employed a registered nurse as a Quality Champion who is working with all levels of staff to improve the care plans making them person centred in order to further improve the standard of care throughout the home." A healthcare professional who was visiting the home to carry out a review of one person's care told us that the member of staff they spoke with knew the person well. They said the member of staff was able to talk at length about the person, their care needs and how those needs had changed.

Relatives told us how pleased they were that their family members' needs were being met. They said their family members were clean, had been assisted to shave and were well dressed. One relative explained that their family member had always worn a shirt and tie, whatever they were doing, so appreciated staff assistance to keep neat and tidy. Another relative said their family member had always worn after-shave and they reported that staff had ensured this had continued. They told us, "It isn't about the surroundings; it's the care that's important. Every day [our family member] was washed, shaved, clean clothes and smelt nice."

People told us that staff checked on them during the night and ensured they had everything they needed if they were awake. One person said, "If I'm awake and say I'm hungry they'll bring me some biscuits in the night." Staff told us that one person living with dementia had one-to-one care, which meant that a member of staff was always with the person, or nearby. This was to make sure the person did not harm themselves or upset other people. This meant that the staff team provided people with care that responded to their needs.

The provider employed a team of staff to lead on activities across the site. There was a planned activity schedule, which was organised by the activity team based on what people had expressed an interest in. One person told us, "I like the bingo. And we had Burns night with a singer and piano and some really sweet cake." We saw a number of activities being provided for people by the activities team, with members of the care team joining in whenever they could. The activities team facilitated some group activities in the lounge, including a 'historical headlines' reminiscence session with topics familiar to people taking part. All 10

people sitting in the room were encouraged to share their memories on the topics, with subtle prompts from the staff to keep the conversation flowing. There was excellent interaction. We also saw activities being provided for individuals. Staff showed that they knew individuals well, including their life histories, and used this knowledge when interacting with people and devising activities to engage them.

People told us they enjoyed the entertainment sessions that were arranged in the large function room on the Askham Village Community site and the outings they had been on. One person said, "We had some singers come in who were good." Another person told us, "There's lots goes on…. It happens in the lounge usually. I like the bingo once or twice a week. A Sister comes in and sings hymns too. The day soon goes by. And I went on an outing at Christmas to Tesco and somewhere in the summer." A third person explained, "I'm on the list for an outing but have to wait my turn as I haven't been here that long." This meant that the provider had arrangements in place to offer people a range of activities, entertainment and outings, based on their interests and what they told staff they enjoyed.

The provider had a complaints policy and procedure in place. People said they knew how to complain if anything was not right. One person said, "I haven't had to complain so far." Another person described an instance when a member of staff had refused to help them access the toilet during the night. They had reported the incident to the nurse and they had not been treated in this way again. Relatives told us, "They never ignored anything that we asked for. We can't fault it; there's nothing bad." The provider had a 'smiles and frowns' box so that anyone (people who lived at the home, relatives, visitors and staff) could make suggestions for improvements or comment on something that had gone well. These suggestions could be made anonymously and were published, with a response from the provider.

Good

Is the service well-led?

Our findings

People told us they were happy living at Askham House and could not think of anything to improve on the care provided. One person said, "I'm happy with everything as it is." Another person told us, "You couldn't live better if you was the Queen!" Relatives were appreciative of the care being provided to their family members by the staff. One relative told us, "Nothing has been too much trouble here. [Our family member] seems really happy." Another relative said, "We would highly recommend Askham. We were told it was a lovely home: a friend's relative was here and he couldn't fault it."

There was no registered manager in post as the previous registered manager had left in October 2015. The person managing the home had taken up her post in November 2015. Relatives reported that the lead nurse was "really good. Always had time for us and explained everything." They also said that the managers were "very approachable. They listen to you." People living at the home were unsure about who the manager was. The manager agreed that since taking up her post, she had had to spend a lot of time 'in the office'. She said she had already started trying to get round and talking to people more often. One person said, "I'm not sure who it [the manager] is. But any of the staff or nurses are approachable and I could talk [to them]."

Askham House, as part of Askham Village Community, had links with the local community. People met people who were living in the other three units when they joined in entertainments in the function room or went to the café. The café was open to the general public. Local school children came to the home to visit and entertain people and a Pets As Therapy (PAT) dog visited regularly. A local church held a service at the home.

People were given a range of opportunities to give their views about the service. When she took up her post the new manager wrote to all relatives to introduce herself and offer an individual meeting with anyone who wanted to meet her. She said her "door is always open". A 'residents' and relatives' meeting' was planned for two days after our inspection. One person told us, "We've not had a meeting just lately, but we used to." A relative knew about the meeting and said, "It's the first we'll have been to. They said we could bring our own food in if we want so we're going to bring fish and chips for [our family member] and us, so that'll be nice." However, other people could not recall having been asked for comments or suggestions about the home, although one person said, "They used to have a suggestion box downstairs." This was referring to the 'smiles and frowns' box that was available in the reception area.

Staff meetings, for staff teams, were held every four to six weeks and a full staff meeting took place each year. The manager felt that staff knew they could "always come and find me." Staff confirmed that they received regular supervision sessions and told us they felt "listened to." Staff told us they worked well as a team. One member of staff said, "We all sort of work together a lot, help each other out. I feel confident that the jobs are getting done and we can rely on other [staff]." A student nurse who had been on a placement at the home, sent the staff a thank you cared. They wrote, "You are all very special people and have my first experience of nursing a valuable and enjoyable one."

Staff we spoke with knew about the provider's whistleblowing policy. They were confident the managers

would listen, would act appropriately to address the issue and there would be no recriminations. One member of staff told us, "It [the whistleblowing policy] protects you."

The provider had a system in place to check on the quality of the service being provided. The manager completed a written quality assurance report weekly, which they fed back to the provider at a weekly management meeting. Action plans were produced and the provider's Quality and Operations Manager checked that the actions had been completed.

Although we noted that the quality checks had not always identified the issues we found during the inspection, the manager told us that she was aware of most of the issues. For example, she knew that documentation was an area that "needs work." Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People who used the service were not protected against the risk of their care being delivered without valid and lawful consent. Regulation 11 (1), (2) and (3)