

Sheval Limited

# Asheborough House Care Centre - Saltash

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Asheborough House Care Centre - Saltash is a residential care home providing personal and nursing care to up to 31 people. The service provides support to older people and people with physical disabilities. At the time of our inspection there were 20 people using the service.

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

At our last inspection the service had experienced low staffing levels. The registered manager had been required to work many shifts, including night shifts, to cover the rota. This meant they had less time to spend on management tasks. This had led to lapsed staff training and supervision. The service had been at a tipping point with all contingency plans exhausted.

At this inspection we found some improvements had taken place. There were sufficient staff on shift to support people at the time of this inspection. Recruitment had been successful. However, the service was still using some regular agency staff to support some shifts.

Staff support, such as supervision and training provision, had improved. Some staff remained overdue for some training; however, we were assured that the registered manager was closely monitoring the situation and supporting specific staff to update training. Staff had not yet received an annual appraisal but this was planned as staffing stabilised.

Oversight and governance by the registered manager was improved. They did spot checks on the service along with a regular programme of audits. The registered manager told us, "No one knows when I might appear. I arrived here at 3.30am this morning just to support the night staff and do some checks."

At this inspection staff morale was good. Staff told us, "I like it here, it's a good place to work" and "The registered manager really looks after us all."

People's care and support needs were assessed before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet. When needed, people were having their food and drink intake recorded and were regularly weighed.

People received their medicines in a safe way as prescribed for them. However, there were improvements needed to some aspects of the way medicines were managed.

Some care plans did not contain specific guidance for staff to guide them on how to support some people. However, we saw and were told by staff that appropriate care was being provided and this was recorded in the daily notes. The registered manager addressed this during the inspection.

Mental capacity assessments had been carried out where it was indicated. Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for appropriately. Six authorisations for restrictive care plans, were in place at the time of this inspection. We confirmed this with the local authority.

Recruitment procedures were robust.

People told us they felt safe with staff. There were systems to help protect people from abuse. Staff had received training on how to recognise abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's preferences and choices had been recorded.

At our last inspection the service was noted to be in need of renovation. At this inspection we found the broken windows, seen at the last inspection, had been replaced. However, the service was still in need of re-decoration and updating in places.

Staff understood the importance of respecting people's diverse needs and promoting independence. People told us they liked living at Asheborough and that the staff were caring and responded when they called. One person told us, "It is a good place to live and the staff are lovely."

People and staff were asked for their views by the registered manager through a survey and responses had been audited. Relatives told us, "They (Asheborough care staff) are very responsive and communicative. They share information with us and have been very amenable around timing of our visits. They seem genuinely concerned for (Person's name) well-being. (Person's name) is very happy there and he always seems to have something to do" and "The staff are lovely and they look after (Person's name) well."

Staff meetings had been held to seek the views of staff and share information.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (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 (published 23 December 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Asheborough House Care Centre - Saltash

## **Detailed findings**

### Background to this inspection

#### Inspection team

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.

#### Inspection team

The inspection was carried out by one inspector and an inspector from the medicines team.

#### Service and service type

Asheborough is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return

(PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed three people's care plans and risk assessments in detail and two further were partially reviewed. We looked at two staff files in relation to recruitment. We reviewed staff training and supervision. We checked 10 people's medicines records. We also reviewed other records relating to the management of the service, including complaints and compliments received. We spoke with two people, seven staff including the registered manager and the nurse.

We spoke on the phone with three relatives of people living at Asheborough, about their experience of the care provided.

# 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 requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection the service had been affected by low staffing levels for many months. The registered manager had been required to work many shifts, including night shifts, to cover the rota. Many agency staff were being used; many were not consistent, which meant they did not have the opportunity to get to know people well. The service almost de-registered for nursing care as could not recruit nurses.
- At this inspection we found staffing levels had improved. The service had continued as a nursing home with new nurses appointed. The registered manager had covered some staff planned leave recently but this was not a regular requirement. This meant they had more time to spend on management tasks and oversight. Some agency staff were still being used but they were regular and very familiar with the people living at the service.
- Staff were relaxed, the atmosphere was calm, and morale was good. Staff told us, "I was nearly at the point of leaving last year, it was so hard. We are now getting back on our feet. I am glad I stayed as I love it here" and "It is so lovely here. Everyone is lovely and welcoming and helpful."
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. Induction records were not found in the personnel files we reviewed.

### Assessing risk, safety monitoring and management

- At our last inspection we found half of the people living at the service required two staff for all their care and support. Some staff had been injured by people living at the service as they exhibited distressed behavior.
- At this inspection we found the dependency of the people living at Asheborough had remained high. 15 people required two staff for all care and support. We saw no one exhibit any distressed behaviour during our inspection and staff had not been injured like we saw at the previous inspection. We were told about one person who had injured staff sometimes during the provision of personal care. However, staff had been provided with appropriate guidance and equipment to help protect them from being injured. The registered manager told us they had struggled to find the right type of face to face training for their staff, but confirmed that bespoke face to face training had been arranged to take place for small groups of staff through October and November 2022. This training would help staff, using real scenarios based on the people in the service, to support people with dementia who exhibited distressed behaviour.
- Some people required specific equipment to protect their skin from pressure damage. Pressure relieving mattresses were in place for people who had been assessed as needing them. Most were set correctly for the person using them. Staff did check these mattresses regularly, however, there was no process in place to

prompt staff to record the check of each device regularly. This was put in place during the inspection.

- Risks associated with people's care needs were identified, assessed, recorded and regularly reviewed.
- At our last inspection we found the service was in need of renovation. At this inspection we found some repairs had taken place, however the environment was in need of redecoration and updating in some areas. Equipment and utilities were checked to ensure they were safe to use and remained in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

#### Using medicines safely

- People received their medicines safely, as prescribed for them.
- There were suitable arrangements for ordering, administration and disposal of medicines. However, there were gaps in daily recording of temperatures in the medicine's refrigerator. The temperatures appeared stable and suitable, however the maximum and minimum range was not recorded. This would provide assurance that medicines were always stored correctly.
- When medicines were given covertly (disguised in food or drink without people's knowledge) then we saw that people's mental capacity was assessed and a best interest decision taken. We saw that pharmacy advice was taken on how to administer these medicines safely.
- When people were prescribed medicines 'when required' then guidance was available for staff to ensure doses were given appropriately.
- Staff were trained in safe handling of medicines, and had checks to make sure they gave medicines safely.
- Regular medicines audits were completed, and some actions needed had been noted. However, the room temperature issue had not been identified, and although the gaps in fridge temperature records had been identified in a recent audit, there had not been any effective action. We discussed this with the registered manager and were assured this would be acted upon immediately.

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

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe at Asheborough House. One person told us, "It is a good place to live and the staff are lovely."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

#### Preventing and controlling 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 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 somewhat assured that the provider was using PPE effectively and safely. Some new staff did not have correctly fitting face masks and were repeatedly adjusting their masks with their hands. The registered manager ordered alternative sized masks for some staff.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.



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

#### Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they responded in a timely manner to any concerns or complaints raised. There were no outstanding complaints at this time.

# 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 requires improvement. At this inspection we have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection we found the premises were in need of renovation and re-decoration in places. Windows were broken and some linen and towels needed replacing.
- At this inspection we found the windows had been repaired. The linen and towels seen were in a reasonable condition. However, the building continued to be in need of redecoration and updating in some areas. The registered manager had a proposal that was being put to the provider for this work to be commenced in stages.
- People's needs were assessed before people moved into Asheborough, to ensure their needs could be met by the service. The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.
- There was a maintenance person in post to address any reported faults, and maintained equipment such as wheelchairs, bed rails and fire equipment.
- There was some dementia signage in place which helped support people to be as independent as possible and orientate them around the building.
- The grounds offered pleasant secure outside space which had outside seating. Relatives confirmed that people used the outside space.

Staff support: induction, training, skills and experience

- At our last inspection we found staff had not received recent supervision or training updates. This was due to the low staffing levels at that time.
- At this inspection we saw that most staff had received supervision at least once so far this year with further dates scheduled. There was a matrix showing staff supervision and training requirements. Training was being monitored by the registered manager and specific staff who were overdue for some required training were being supported to complete this in the days following this inspection. No appraisals had taken place due to the challenging staffing issues. We were assured this would be planned in the near future.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- One new member of staff told us about their induction. They said, "It was really good, I did lots of e-learning and did first aid face to face."
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.

- Staff meetings took place which provided an opportunity for staff to voice their views and share information.

#### 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.

- At our last inspection we found that the records held by the service relating to the applications made to the DoLS team for restricted care plans to be authorised, were not accurate and did not tally with the local authority.
- At this inspection we found clear records were held regarding all applications and authorisations for DoLS. We confirmed this with the local authority.
- Some people had appointed Lasting Power of Attorneys (LPA). There were records to clearly show who had been appointed to act on behalf of people living at Asheborough, and what powers they held.
- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives. Where appropriate capacity assessments and best interest meetings had been carried out.
- People told us staff consulted them and asked for their consent before providing care and support. We heard staff saying, "Would you mind if I cleaned your table top?" and "Would you like to go to the lounge for a while?"
- Staff received training in the MCA and during the inspection we heard people being asked for their consent to being supported.

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

- At our last inspection everyone living at Asheborough were having their food and drink intake monitored and recorded. This was discussed with the registered manager and they agreed some people did not require this monitoring and some records would be stopped.
- At this inspection we found 14 of the 20 people living at the service were having their intake monitored and recorded. Staff told us that many people fluctuated in what they chose to eat and drink and their weights were checked regularly. If people ceased to lose weight or stabilised, records would be stopped.
- People had their weight regularly monitored and appropriate action was taken to access advice and guidance where concerns were identified. Some people were prescribed food supplements to help them to gain or maintain a healthy weight.
- People were supported with their dietary needs where this was part of their plan of care. We saw staff sitting with people to support them to eat and drink.
- People's preferences dietary requirements were recorded in their care plan. Staff knew people's needs well.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with the local authority and the NHS when offering vacant rooms to people, to help ensure people who were admitted were suitable for the service.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their oral care needs where this was part of their plan of care.
- Staff monitored people if their needs changes and healthcare professionals were contacted where appropriate.
- There were records which evidenced people were seen by external healthcare professionals when required.

# 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 requires improvement. At this inspection we have rated this key question 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

- At our last inspection we found staff had been put at risk of injury from some people living at the service. Staff had not been provided with the knowledge and skills to help ensure they did not get injured whilst supporting some people. The registered manager assured us action would be taken.
- At this inspection we found the incidence of people injuring staff had reduced greatly. One person was sometimes resisting personal care and staff had been provided with protective equipment and guidance on how to support the person safely when necessary. The registered manager confirmed that bespoke face to face training had been arranged to take place for small groups of staff through October and November 2022. This training would specifically help staff to support people with dementia who exhibited distressed behaviour.
- Auditing and monitoring processes were in place at the time of this inspection. Most regular audits were taking place. However, we did identify a medicines audit which had highlighted an issue with gaps in the medicine refrigerator temperatures recorded, yet no action had been taken. We were assured by the registered manager that this would take place immediately.  
There was increased oversight by the registered manager who now had more time to attend to such tasks.
- The registered manager did spot checks on the service. The registered manager told us, "No one knows when I might appear. I arrived here at 3.30am this morning just to support the night staff and do some checks."
- There were clear records held regarding DoLS applications and authorisations.
- The regular review of care records and monitoring charts was taking place. One care plan did not contain some specific guidance for staff to support a person. However, we saw and were told by staff that appropriate care was being provided and this was recorded in the daily notes. The registered manager addressed this during the inspection.
- The service had a manager registered with CQC.

Continuous learning and improving care

- At the last inspection we were assured that the registered manager was very supportive of her team of staff during the low staffing and COVID-19 period. Staff told us they felt very well supported.
- At this inspection all staff confirmed again how very supportive and caring the registered manager was of their staff. Morale was good and staff were very positive about working at Asheborough.

- At the last inspection we found plans to improve the service had been put on hold due to the staffing pressures. The service was so short of nurses they approached CQC to de-register for nursing care.
- At this inspection new nurses had been appointed and there was an action plan in place which was being followed. The main focus of recruitment had been successful in increasing the number of staff at the service. Increased staff meetings had improved communication. More in-house training had been arranged as the registered manager felt this was more effective than e-learning. They told us, "I really feel that small face to face groups being provided with real home based scenarios during training is so much more effective. People learn so much more in that type of situation."
- The registered manager recognised that many of the staff were young and relatively inexperienced. So, they increased the number of senior care staff on duty on every shift so that support could be provided to all staff. Staff told us, "We have a lot more staff now, we did not always have seniors, now we have four seniors which is really helpful, it is good" and "It is a nice place to work."

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

- People and relatives were complimentary about the service received at Asheborough.
- The culture of the service was open and transparent. Any issues identified at the inspection were immediately accepted and addressed.
- The registered manager was very committed to providing the best care to people. They had worked extremely hard to keep the service going through a very challenging period with very low staffing levels. They had carried their staff team with them and supported them well.
- We saw from the nursing records that they were effective in promoting the healing of any areas of broken or damaged skin that was identified.

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 understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- The registered manager had notified CQC or any incident in line with the regulations.

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

- People and staff had been asked for their views on the service. Feedback was positive.
- Relatives told us, "They (Asheborough care staff) are very responsive and communicative. They share information with us and have been very amenable around timing of our visits. They seem genuinely concerned for (Person's name) well-being. (Person's name) is very happy there and he always seems to have something to do" and "The staff are lovely and they look after (Person's name) well."
- Staff told us that they felt valued and supported by the management team. They told us they enjoyed working at the service. Staff comments included, "The registered manager really looks after us all."

Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.