

Ashdown Care Limited

# Ashdownne Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service effective?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 February and 6 March 2015. During that inspection, four breaches of legal requirements were found. This was because people's rights were not being protected because appropriate assessments of mental capacity were not being undertaken. People were not receiving the care and treatment appropriate to their needs and were not being able to participate in making decisions regarding their care or treatment. Staff had not received appropriate support and training. The provider did not have systems in place to ensure the safe management of the service. They had not ensured records were promptly accessible and people's care records did not accurately reflect the care people received.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 7 August 2015 to check that they had followed their action plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ashdownne Care Centre' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Ashdownne Care Centre is registered to provide accommodation with nursing or personal care, for up to 60 people. The service is intended for older people, who

# Summary of findings

may have needs due to dementia or other mental health needs. The home is divided into two units, Ashdowne and Pinnexmoor, with each area having its own staff team. The two units are joined by a link corridor. There were 49 people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

At our focused inspection on the 7 August 2015, we found that the provider had followed their action plan which they had told us would be completed by the 30 June 2015. There had been significant improvements to the overall management of the home. All legal requirements had been met. There were still areas that needed to improve further. However the provider and the registered manager had plans in place to address these.

Staff were ensuring care and treatment was appropriate to meet people's needs. Assessments and reviews of people's care needs were being undertaken and care plans reflected those needs. The staff were ensuring people were able to participate in making decisions regarding their care or treatment. People were being given the opportunity to use the communal areas rather than stay in their rooms. Plans were in place for people's individual reviews with families where appropriate for September 2015. The district nurse team confirmed they had a good working relationship with the service. They were receiving referrals from the service promptly and appropriately and their advice was being followed.

Staff were acting in accordance with the Mental Capacity Act (MCA) 2005. People rights were being protected by

appropriate assessments of capacity being undertaken. Staff were gaining appropriate consent to provide people's care and treatment and best interest decisions were being made in accordance with the MCA.

The provider was seeking feedback from people who used the service and staff to continually evaluate and improve the service. They had undertaken surveys and residents meetings, feedback had been collated and actions taken in response. .

There were improved quality assurance systems in place to monitor, identify and manage the quality of the service. However, these processes needed to be embedded and sustained to help ensure people experienced a consistently high standard of care. A programme of auditing was in place which the registered manager had undertaken and actions had been put in place to address any concerns found. The registered manager was responsive to the changing needs of the service and was challenging poor practice and guiding staff appropriately.

Records were easily accessible and accurate in relation to people at the home and for managing the regulated activity. The service's training guide had been updated and accurately reflected the training which had been provided. The registered manager had an overall view of the training needs of the staff and was monitoring the training provided at the service. They recognised some staff had not completed the provider's mandatory training and had plans in place to address this.

Staff were receiving appropriate support and professional development, supervision and appraisal. New staff were having a more robust induction and the service had started to use the new care certificate from Skills for Care. There were staff meetings, where staff had been informed of the actions being taken in relation to the CQC report. Staff were also asked their views about how to continually improve the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff had undergone training and were working towards having the knowledge and skills they needed to support people's care and treatment needs.

There was a supervision and appraisal programme in place. All staff had received either a supervision or appraisal and had the opportunity to discuss their development and training needs.

New staff had received effective inductions which had been clearly documented.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People living at the home had prompt access to healthcare services.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires improvement



### Is the service responsive?

We found that action had been taken to improve the responsiveness to people's needs at the service.

People's care needs were regularly reviewed, assessed and recorded. People's care needs were recognised promptly and they received care when they needed it.

This meant that the provider was now meeting legal requirements.

Good



### Is the service well-led?

We found improvements had been made to the way the service was run and managed.

More robust systems had been put into place to audit the quality of care. The registered manager was supported by unit leads and was being responsive and challenging poor practice.

People and staff were actively being involved in developing the service.

Good



# Summary of findings

Care records were accurate and reflected people's care need. Records regarding the managing of the service were easily accessible and accurate.

This meant that the provider was now meeting legal requirements.

# Ashdowne Care Centre

## 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 was 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.

We undertook a focused inspection of Ashdowne Care Centre on 7 August 2015. This inspection was completed to check the provider had made improvements to meet legal requirements following our comprehensive inspection 26 February and 6 March 2015. We inspected the service against three of the five questions we ask about services: is the service effective, is the service responsive and is the service well led. This is because previously the service was not meeting legal requirements in relation to these questions. The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the local authority commissioning team and the district nursing team. At the inspection we spoke with a visiting district nurse to ask their views about the service.

We met 22 of the people who lived at the service and received feedback from three people who were able to tell us about their experiences and one visitor.

We spoke with 7 staff, which included nurses, care and support staff and the registered manager.

We looked at the care provided to three people which included looking at their care records and at the care they received at the service. We looked at the provider's training guide. We looked at a range of records related to the running of the service. These included staff supervision and training records, meetings held at the service and quality monitoring audits and surveys.

# Is the service effective?

## Our findings

When we inspected the service in February and March 2015 there were breaches in regulations related to staff training, supervision, induction and the requirements of the Mental Capacity Act (MCA) 2005. There were also concerns that staff had not always referred people who were under the direct care of the district nurse team for their nursing requirements promptly when their needs changed. At this inspection, improvements had been made and all these regulations were now being met.

New staff who had been employed at the service had undergone an induction which had been clearly documented with the new staff member's involvement. The services induction form demonstrated staff had been trained in manual handling and fire safety. They had also been informed and guided regarding the services policies, communication, people's care needs, control of infection and privacy and dignity. The registered manager showed us the new documentation they were implementing of the Skills for Care, new care certificate for the most recent recruit. The registered manager said that new staff were allocated to work with a senior care worker and would not work alone until they had completed their induction satisfactorily.

The services training record confirmed staff had completed the majority of the provider's mandatory training. The registered manager was aware there were still training gaps which needed to be completed and these were in hand. Staff had also undergone additional training in pressure ulcer prevention and medical emergencies.

The clinical skills of the nurses had been assessed and further training implemented to ensure they had the required skills to meet the needs of people living at the home. These included training in catheterisation, death verification and the use of syringe drivers, equipment which can be used to keep people comfortable and pain free. The registered manager was also working with the local authority nurse educator regarding further training they could provide. This meant staff were increasing the knowledge and skills they required to carry out their roles.

The registered manager had put into place a schedule for themselves and the unit leads to undertake all staff supervisions and appraisals. The registered manager had undertaken appraisals for the nurses and support staff at

the service. The new unit leads had undertaken supervisions for care staff and appraisals for the care staff had been scheduled with the registered manager. Staff had been able to discuss their training needs, anxieties and performance. Staff said they felt supported and had found the introduction of the unit leads a positive change at the service.

The provider was meeting the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and associated Codes of practice. Staff demonstrated an understanding of the principles of the MCA and DoLS. The registered manager was ensuring all relevant staff undertook e-learning training in MCA, 23 staff had already completed this and other staff in the process of completing it.

The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. Improvement had been made at the service and people who lacked mental capacity to take particular decisions were protected. Where staff had considered a person did not have capacity they had completed a mental capacity assessment and best interest decisions had been made in accordance with the Act. For example, a best interest decision had been completed regarding a person needing to stay in bed. The person's husband had been involved; however the staff had not included the person's GP in the discussion. The registered manager was able to tell us about GP involvement for this person in the past. There had been discussions with the GP about the person needing to be nursed in bed and the person's medicines had been reviewed as an outcome of the discussion. The registered manager said they would contact the GP for their current views. Where people were assessed that they lacked the capacity to consent to care the care they received the relevant decision making had taken place. This ensured people's rights were upheld.

Improvements had been made to the pre- assessment process used to assess people before they were admitted to the service. Staff had checked and recorded whether they had doubt regarding a person's capacity and whether a mental capacity assessment may be required. They had recorded whether a best interest decision may be required if the person lacked capacity regarding going in to the service to receive care.

## Is the service effective?

The service supported some people without a nursing need and these people's health needs were overseen by the local district nurse team. Improvements had been made to ensure the nurse's at the service had a clear understanding of their role with regard to these people and referrals to health professionals were made in a timely way. Each unit had a list which showed which people at the service received support from the district nurse team. During our visit, the nurse on duty identified they needed

to call the district nurse team to request a visit. The district nurse said she was happy the referral had been made appropriately and in a reasonable time. Feedback from the district nurse team representative said there was better communication with the service. The nurses had a better understanding of their clinical responsibilities for the people receiving residential care. They said the service had recently dealt with a lady with complex needs very well.

# Is the service responsive?

## Our findings

When we inspected in February and March 2015 there were breaches in regulation connected to people at the service not being protected from the risks of social isolation and loneliness. We found at this inspection that improvements had been made and these regulations were now being met.

After the CQC inspection in February and March 2015, the registered manager undertook a review of people being cared for in their rooms. This was to ascertain if people had made the choice to remain in their bed, had a health need that required them to stay in bed or if staff had made the decision to nurse them in bed without a clear reason. The registered manager sent the CQC the actions taken following the review. This showed people had been asked their preference and where they were unable to make their views known; a best interest decision had been taken. Where it was found a person had a health need which made it difficult to be nursed out of bed, the service had requested an assessment be undertaken by health professionals.

During this inspection there were less people being cared for in bed and more people using the main communal areas. Where people were being nursed in bed, the

appropriate care planning and decision making had been undertaken. Staff said they gave people the choice about where they wanted to spend their day. Two staff said “It is much better now that people can have the choice to come downstairs if they want.” The registered manager gave us three examples of changes to people’s preferred getting up times and routines, as an outcome of people being asked their preferences. The provider had asked people in a survey in May 2015, regarding getting up and going to bed and where they wanted to spend their day. Out of 24 responses, 23 people said yes.

Improvements had been made to people’s care plans. Staff had archived people’s care records which were no longer relevant which ensured only current relevant information was in people’s care folders. Staff had reviewed people’s assessments and updated their care plans. The care plans accurately reflected the care that people had received. For example, one person had been seen by the speech and language team (SALT). There was a care plan in place guiding staff to monitor the person and the food consistency they required to keep them safe. The registered manager said they had scheduled formal reviews of care plans with people and their families where appropriate to start in September 2015. People and visitors said they were happy they were kept informed of any changes and asked for their views.

# Is the service well-led?

## Our findings

When we inspected in February and March 2015 there were breaches in regulation connected to the effectiveness of quality assurance systems in the home and the accessibility and accuracy of records. We found at this inspection that improvements had been made and these regulations were now being met.

At this inspection a unit lead had been appointed for each unit. Their role was to support the registered manager, undertake staff supervisions/appraisals and oversee and monitor the care and care planning for their designated unit. The registered manager said the provider's operations manager had spent a lot of time at the service assisting them to implement the actions in the action plan. The registered manager said they had still needed to undertake nursing shifts to cover absences and holiday cover and had one nurse vacancy at the service. However they had changed their way of working and were being more responsive to situations which occurred. They said, "I now work cleverer and smarter, I want the home to run well. I am smarter with my time, while I am on shift I look at client's records and sign to say I have checked them." They gave an example of where they had needed to step in and challenge a staff member about the actions they were taking. One staff member said, "The communication here has got so much better, we get told things and can go to (unit lead) to ask anything." The district nurse team feedback that the nurses at the service were approachable and very amenable and they had no concerns.

The provider had put in place a new role of a service manager. The registered manager said the service manager would help with the day to day running of the service. For example, they would oversee the ancillary staff, undertake audits, do room checks and ensure there were adequate gloves and chemicals available. A candidate had been selected and was waiting to start work, subject to employment checks being completed. The registered manager said the additional support would be a great help.

People and staff were actively involved in developing the service. The provider had asked 24 people at the service to complete a questionnaire in May 2015 in relation to the service they received. A designated staff member had assisted them where required and people who could had signed the document as an accurate account of their discussion. When asked if they were satisfied with the care

they received and whether they were treated with respect everyone had responded, 'Yes'. People had also been asked to complete a survey in April 2015 regarding their views about the food provision at the service. Where people had raised concerns the registered manager had met with them to find ways to address their worries. For example, where people had ticked they were not able to dine in their room, it was made clear to them they could choose where they wished to dine. As a result people had also been involved in the development of a summer menu for the service.

People and relatives had been given the opportunity to attend meetings to be informed about the service and activities available as well as being able to feedback their views. For example a relatives meeting in March 2015 discussed the possibility of a sandpit and gardening activities.

Staff meetings were being held regularly for different staff groups, for example, the nurses and care staff, housekeeping and catering staff. Staff had attended a meeting in June 2015, where they had been made aware of the Care Quality Commission (CQC) inspection report. They had looked at each point on the action plan to address the concerns found. This included, care plans being more organised, the importance of monitoring charts being completed accurately, supervisions and appraisals to be undertaken.

A nurse meeting held in March 2015 also looked at the CQC report and the actions being taken. Changes that were implemented included the nurses overseeing people's drinking and fluid monitoring charts being added up at midnight to check each person drank enough each day to keep them healthy. The nurses were reminded of the importance of care records being accurate and of the need to record that people had been given choices.

A staff survey had been completed in May 2015, out of 60 surveys issued, only six had been returned. The responses had been collated and actions had been taken to address the concerns raised. For example, the registered manager was looking at the house keeping at the service.

The registered manager followed the provider's quality assurance and internal audit programme. This gave them a structure of audits and meetings they needed to carry out annually. These included meetings three times a year for staff, residents and relatives, along with infection control audits, medicine audits and visual premises checks.

## Is the service well-led?

Records confirmed the scheduled programme had been completed since our last inspection in March 2015. For example, an infection control audit had been undertaken in May 2015 and a premises visual check had been completed in July 2015. A new staff member's induction record demonstrated all of the checks for their induction had been completed. These checks were reported monthly to the provider.

The registered manager had worked with the administrator to implement a training guide that reflected the training staff had received and showed where training was required. The provider used a workbook style of training along with practical sessions and e-learning on the computer. When staff had not completed the allocated training in the time scale the registered manager had sent them a letter to make them aware they would take disciplinary action if the

training was not completed within a month. The registered manager confirmed they had not needed to take any further action as staff had completed the required training. This meant the registered manager was following the provider's policy with regards to training requirements.

Improvements had been made to the accessibility of records relating to the running of the service. When we requested records, they were accessed quickly and were up to date and accurate. Monitoring charts in people's rooms had been completed and reflected the checks needed had been undertaken as required. The registered manager said they were still working to improve the completion of people's prescribed cream charts. The system they had trialled had not been successful. They were now trialling a new system which they were monitoring.