

Silverdale Care Homes Limited

Ashbourne House Nursing Home

Inspection report

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Middleton
Greater Manchester
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Date of inspection visit:
21 June 2016

Date of publication:
20 July 2016

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This was an unannounced inspection, which took place on the 21 June 2016. We last inspected Ashbourne House on the 15 and 17 February 2016. At that inspection we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to good governance, inaccurate or incomplete records, the management of people's prescribed medicines and environmental risks. We asked the provider to send us an action plan telling us what action they had taken to meet the regulation. An action plan was sent to us however not within the timeframe specified. During this inspection we checked to see if the breaches in regulation had now been met. We found the provider and registered manager had not taken the necessary action and therefore continue to be in breach of the regulations.

Ashbourne House Nursing Home is based in Middleton and is registered to provide care and accommodation and nursing care for up to 29 older people. Accommodation is provided on two floors, accessible by a passenger lift. The home is on a main road, close to public transport and the motorway network. There is a small parking area to the front of the property or on road parking. At the time of the inspection there were 16 people living at the home.

The service has a registered manager however they were not in day to day responsibility for the home. We had been informed the registered manager had transferred to another service owned by the provider. 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 2008 and associated Regulations about how the service is run.

During this inspection we identified further breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Following the conclusion of a local authority safeguarding investigation allegations of organisational abuse and neglect had been upheld. A second investigation involving the police had yet to conclude. We found people were not protected against the risk of abuse as effective as systems and process to guide staff were not in place.

The provider and registered manager had again failed to implement effective systems to continually monitor and improve the service so people experienced good quality care, which met their individual needs.

We found the system for managing and recording the administration of medicines was not safe. This placed the health and welfare of people at risk of harm. Stocks of prescribed medicines were not always available, a prescribed medicine was given to two people it was not prescribed for and one person was not given their medicine as prescribed. It was not always possible to ascertain if people were having their prescribed creams applied where and when they should.

People's personal care was not delivered in a thorough and dignified way. We evidenced institutional practice of staff routines in getting people ready for bed in their night clothes early evening regardless of their wishes, poor personal care routines in that some people did not receive sufficient bathing or daily washing, some people did not receive basic care such as teeth being cleaned, hair washed, and a daily shave.

Care records showed that risks to people's health and well-being had been identified and plans to reduce or eliminate the risk were put into place. It was not possible however, due to the incomplete or inaccurate records in relation to the administration of prescribed thickeners, to see if staff had followed the guidance and the action required to prevent people from choking.

At our last inspection the provider could not demonstrate that appropriate action had been taken to address the work required to the main electric circuits. Further requests for this information were made however no evidence was provided to show the system was now safe and people were protected from harm or injury.

Recruitment checks were made when appointing new staff. However we again found the provider and registered manager had not gathered robust information to check the suitability of applicants as outlined in the internal policy and procedure. A recommendation made at our last inspection had not been acted upon.

Arrangements were in place for the recording and responding to people's complaints and concerns. However visitors told us they had not always felt their concerns were listened to and acted upon. People had also approached CQC and the media to raise concerns, which suggested they were not confident the provider and registered manager would listen and respond appropriately.

Appropriate arrangements were in place for those people being deprived of the liberty ensuring their rights were protected. Staff told us they had yet to complete training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) to help develop their knowledge and understanding so that people's rights were promoted.

We found staff had not received all the necessary training and opportunities for development essential to their role to help ensure the current and changing needs of people could be met in a safe and consistent way.

The programme of redecoration and refurbishment had yet to be completed. Fabrics, such as bedding were worn and in need of replacing.

We again found that activities offering stimulation and variety to people's day were poor. There was no

evidence to show that work to improve opportunities for people, as recommended at our last inspection, had been considered or acted upon.

People's care plans contained enough information to guide staff on the care and support required and reflected people's preferences. Whilst people's records were stored securely they were not easily accessible to care staff delivering people's care.

Systems were in place for the management of cross infection. Sufficient supplies of personal protective clothing and cleaning aids were available in all areas where personal care was provided.

Suitable arrangements were in place to meet the nutritional needs of people living at the home. Where people's needs had changed we found that advice and support had been sought from relevant health care professionals.

Sufficient numbers of staff were available to meet the current needs of people. Staff shifts were being reviewed so that staff were available at those times when additional support was required. The manager was also actively recruiting new staff to fill current vacancies.

Staff and visitors told us they were happy with the new management arrangements and felt their views were listened to. We were told that opportunities for people, their visitors and staff to comment about the service were to be developed by the new management team.

Staff were described as caring and made visitors feel welcome. Staff were seen to speak with people in a friendly and kind manner and were quick to respond to people's needs and requests.

The overall rating for this provider was 'Inadequate'. This meant that it was placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use of enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Following conclusion of a local authority safeguarding investigation allegations of organisational abuse and neglect had been upheld. People were not protected against the risk of abuse as effective as systems and process to guide staff were not in place.

People's health and welfare was placed at risk as the management and recording of medicines was not safe. Areas of risk to people's health had been identified and planned for. However due to incomplete or inaccurate records it was unclear if appropriate action had been taken for those people at risk of choking.

Evidence to demonstrate work required to make safe the mains electric circuit remained outstanding. We saw other checks to the premises and equipment had been completed and suitable arrangements were in place with regards to infection control.

Sufficient numbers of staff were available to meet the needs of people living at the home. We found recruitment checks were completed however the provider and registered manager had not followed their internal policies and procedures when determining the suitability of candidates.

Inadequate ●

Is the service effective?

The service was not effective.

Staff did not receive adequate training and opportunities for development to help them improve their knowledge and skills so that the individual needs of people were fully met.

Appropriate arrangements were in place for those people being deprived of the liberty ensuring their rights were protected. Staff had yet to complete training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This training should help staff understand how to promote and protect the rights of people.

Requires Improvement ●

The programme of redecoration and refurbishment had yet to be completed. Fabrics, such as bedding were worn and in need of replacing.

Suitable arrangements were in place to meet the nutritional needs of people living at the home. Where people's needs had changed we found that advice and support had been sought from relevant health care professionals.

Is the service caring?

The service was not always caring.

People's personal care was not delivered in a thorough and dignified way.

Whilst people's records were stored securely they were not easily accessible to those staff delivering people's care.

Staff were described as caring and friendly and visitors said they were made to feel welcome.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

Opportunities offering stimulation and variety to people's day were poor. A recommendation made at our last inspection with regards to the improvements needed had not been acted upon.

Arrangements were in place for the recording and responding to people's complaints and concerns. However people had also approached CQC and the media to raise concerns, which suggested they were not confident the provider and registered manager would listen and respond appropriately.

People's care plans contained enough information to guide staff on the care and support required.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The registered manager had recently transferred to another care home operated by the provider. Many of the shortfalls and continued breaches identified are attributed to her time at the home as the registered manager.

The provider and registered manager had failed to address

Inadequate ●

previous breaches in regulation identified at our last inspection. Further breaches in the regulations were also identified at this inspection.

We again found the provider and registered manager did not have effective systems in place to continually monitor and improve the service provided to ensure people received safe and effective care.

Ashbourne House Nursing Home

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.

Before our last inspection in February 2016, we had been made aware of two safeguarding investigations, which were of concern to ourselves, partner agencies, and relatives. Prior to this inspection we were aware that one of the investigations had concluded. Allegations of organisational abuse and neglect had been upheld. The second investigation had yet to conclude. Prior to this inspection further information was also received from a whistle blower, again raising concerns about the management and conduct of the service.

As part of this inspection we contacted the local authority adult social care team, local authority commissioners and the clinical commissioning group (CCG). We were aware the CCG have concerns around the provision of nursing care within the home and are currently not commissioning nursing beds. We also considered information we held about the service, such as notifications received from the registered manager and information from a whistle blower.

This inspection took place on the 21 June 2016 and was unannounced. The inspection team comprised of two adult social care 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.

During the inspection we spent time speaking with three people who used the service, two visiting relatives, an agency nurse, six care staff, the chef and domestic worker. We also spoke with the new manager and team leader who had been in post approximately 3 weeks.

As most people living at Ashbourne House Nursing Home were not able to clearly tell us about their experiences, the expert by experience spent some observing interactions and support from staff to help us understand the experience of people who could not talk with us.

We looked at the environment and the standard of accommodation offered to people as well as two care records, four medication administration records (MARs), 13 personal care monitoring charts, three staff recruitment files and training records as well as information about the management and conduct of the service.

A completed PIR was provided prior to our inspection in July 2015. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. These are requested on an annual basis. Therefore at the time of this inspection we had not asked the provider to complete a further PIR prior to this inspection.



Our findings

We asked people if they felt safe living at Ashbourne House. One person told us they were "Generally quite happy living here, not a bad place". Other comments included; "I'd tell staff if I am not happy with something", adding "They put things right".

The relative of one person told us they had considered moving their relative to another home. They said they did not think their relative was safe before January 2016 of this year but said "It is better now."

Before our last inspection in February 2016, we had been made aware of two safeguarding investigations, which were of concern to ourselves, partner agencies, and relatives. Prior to this inspection we were aware that one of the investigations completed by the local authority had concluded. Allegations of organisational abuse and neglect had been upheld. The second investigation has yet to conclude.

We looked at what systems were in place to safeguard people from abuse. All the staff we spoke with during the inspection confirmed they had completed safeguarding training either at Ashbourne House or with their previous employers. Each were able to demonstrate an understanding and said they would raise any issues or concerns with the manager if they witnessed or suspected abuse. We saw the service also had a whistle blowing procedure for staff to refer to. Since our last inspection we have been in receipt of comments from a whistle blower. One staff member said they knew they could contact outside agencies in confidence if they had any concerns.

We reviewed the training records to see if staff had received safeguarding training. We were told this was provided through the e-learning programme facilitated by the registered manager. Information showed that 13 existing staff members and all new staff had yet to complete this training. Following recent safeguarding concerns about the care and treatment of people and an allegation of organisation abuse and neglect being upheld, we would have expected the provider and registered manager to have provided updates for all staff in this area. This training is essential so that staff understand areas of poor practice which constitute abuse and must be reported so that people are protected.

We saw that information was available to guide staff. The manager had requested a copy of the new multi-agency procedure from the local authority and was share this with all staff. This is important so that staff have accurate up to date information to inform and guide them about safeguarding people from abuse so that where necessary appropriate and timely action is taken to keep people safe.

This was a breach of Regulation 13(1)(2) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 as systems and process did not ensure that people were protected against the risk of abuse.

The manager told us they had recently joined the safeguarding forum held with the local authority and CCG. They said this was to help them in their role as well as update their knowledge around good practice. The manager said that a recent 'safeguarding and mental capacity act audit' had been completed at the home by the CCG and areas of improvement had been identified, which the manager was to respond to.

At our inspection visit of 17 February 2016 we found that medicines were not managed safely. This placed the health and welfare of people at risk of harm. As this was a breach of Regulation 12 (2) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 we made a requirement action. During this inspection we found the action required had not been complied with and improvements had not been made.

At the last inspection we found that prescribed skin creams were not always administered in accordance with the prescribed instructions. This placed the health and welfare of people at risk of harm as they were not getting their medicines when they should.

During this inspection we looked at the medication administration records (MARs) of four people who were prescribed skin creams. One of the MARs showed that two types of cream were prescribed for the person. There were no instructions on where and how often the creams were to be applied. The letter 'C' was documented on the MAR four times each day at the specific times of 8am, 2pm, 6pm and 10pm. The code on the bottom of the MAR identified this meant 'carers notes'. We discussed this with the agency registered nurse who told us this meant a care assistant would have applied the creams and this would be recorded by the care assistant on a 'topical cream chart'.

We looked for this person's topical cream chart in the central file that was in use but could see no topical cream chart for them. We then asked two of the care assistants if we could look at this person's topical cream chart. We were told they did not have one but they did have their creams applied by care assistants. We asked one of the care assistants if they knew where to apply the creams and we were told, "A nurse has told me". Both care assistants told us they did not document when they had applied the creams for this person.

The MAR of the other person who used the service showed they were prescribed a cream, 'as directed'. There were no further instructions in relation to how often and to where the cream was to be applied. The letter 'C' was documented on the MAR four times each day; the actual times were not documented. A discussion with two care assistants identified that care assistants did apply the prescribed cream to this person but there was no topical cream chart in place for them to document when they had done so.

The MARs of the two other people who used the service showed they were both prescribed creams to be applied 'when required'. There were no directions on the MARs as to where the creams were to be applied. The letter 'C' was documented on both of the MAR's four times each day. We saw that both of the people had a topical cream chart that directed the cream to be applied twice a day. We saw there were several occasions when, for both people, the cream was applied only once a day.

The records indicated that the directions for applying the prescribed creams that were in place were not always followed. It was also not always possible to ascertain where the prescribed creams were to be applied and if people were having their prescribed creams applied when they should. We found the

recording of the application of prescribed creams was inaccurate. Without accurate records, the health and welfare of people who use the service was placed at risk of harm as it was not possible to know if people were receiving their medications as prescribed. This placed the health and welfare of people at risk of harm.

This was a breach of Regulation 17(1) (2) (c) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

At the last inspection we saw that some people who used the service were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing. They may help to prevent a person from choking. We found there was no accurate recording of when the thickeners were being given. It is important that staff record when a thickener is given to ensure that people are given their medicines consistently and as prescribed.

During this inspection we found there continued to be no accurate recording of when the thickeners were being given. The agency registered nurse on duty told us that three of the people who used the service were prescribed thickeners. We looked at the MAR's for two of the people. One showed the person was prescribed a different thickener than the two other people. It was documented on the MAR that this thickener had been given twice that morning. We questioned how this could be accurate recording as a care assistant had told us they had used somebody else's different thickener because there was none in stock for this person. Giving a person a medicine that was not prescribed for them placed the person's health and welfare at risk of harm.

The second MAR we looked at did not show that a thickener had been prescribed for the person. The agency registered nurse told us that the person had been prescribed thickener and later in the day produced a MAR that showed four containers of thickener had been dispensed six days previously. There was however no stock of this person's thickener in place. We discussed the possible reasons for this happening with the RN. The RN stated that the person may have had a lot of drinks over the last six days but then concluded that this person's prescribed thickener had very probably been used for the other two people who were also prescribed thickeners.

We found staff were using one person's prescribed thickener for the two other people who were also prescribed thickeners. Staff told us this was because they had 'run out' of the other people's thickeners.

We found that one person who used the service was not being given their thickener as prescribed. A discussion with one of the care staff showed that not enough thickener was being added to their drinks. This placed the person at risk of choking.

At the last inspection we saw the controlled drug key (marked CD) was kept separately from the medicine keys in a key box in the medicine room. Controlled drugs, (CD's) are very strong medicines that may be misused and as such there is legislation in place which governs how they should be stored and recorded.. The Nursing and Midwifery (NMC) Standards for Medicine Management state that the registered nurse should know at all times the whereabouts of the CD keys. This is not possible if they are not on their person. This was explained to the registered nurse on duty and to the registered manager at that time. In our presence the registered nurse attached the CD key to the main bunch of medicine keys. . It was concerning to us that neither the registered nurse or the manager were aware of their responsibilities regarding controlled drugs.

During this inspection visit we found the CD key was not attached to the main bunch of medicine keys and the agency registered nurse and the deputy manager did not know where the key was. The key was

eventually found in the key box in the medicine room. Again, we are concerned that the nurse and the manager were unaware of their responsibilities in respect of controlled drugs.

At the last inspection visit we also saw that money was being stored in the CD cupboard. The NMC Standards for Medicine Management state that the CD cupboard must be dedicated to the storage of controlled drugs. No other medicines or items may be stored in the controlled drug cupboard. During this inspection we found that money continued to be stored in the CD cupboard.

This demonstrates that the provider and registered manager had disregarded the discussion held with inspectors at the last inspection and had not ensured NMC Standards for Medicine Management, were being adhered to by those staff responsible for the safe management of medicines.

We found there was a continued breach of Regulation 12(2) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked at people's care records to see how identified risks to the health and well-being were managed. We looked at the care records for two of the people who had been prescribed 'thickeners'. This was to see if they had risk assessments in place to deal with the possibility of them choking. We saw that risk assessments were in place and staff had written down what action they would need to take to reduce or eliminate the risk of choking. We found however that it was not possible to see if staff had followed the guidance and the action required to prevent the people from choking. This was because the records in relation to the administration of the prescribed thickeners were either incomplete or inaccurate.

We saw that risk assessments were in place for other aspects of their care; such as a need for support with moving and handling, being at risk of developing pressure ulcers and poor nutrition.

At our last inspection we identified that the 5 year mains electric circuit check completed in July 2015 was 'unsatisfactory' and action was required. We asked the registered manager for evidence that this had been addressed. We were provided with copies of quotes received to address some areas of work required, however we did not receive evidence that work had been completed and the system was now safe.

During this inspection we again ask to see an updated report to show the circuits were now assessed as 'satisfactory'. We were told by the manager and the company administrator that work had been completed and invoices had been paid. We asked for evidence of this however this was not available at the time of our inspection. We asked if this could be provided immediately following our inspection. We also spoke with the provider the day after the inspection, who advised us that this information would be provided without delay. At the time of completing this report we had not received confirmation that a satisfactory check was now in place. This potentially places the health and welfare of people at risk of harm. This meant there was a continued breach in Regulation 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks to show the equipment and services within the home were examined and maintained in accordance with the manufacturers' instructions were in place. These included; portable appliance, hoisting equipment and the fire alarm and equipment.

During our last inspection we looked at what systems the provider had in place to safely recruit people to work at Ashbourne House. We found that relevant checks had been completed such as a completed application form, copies of the person's identification and written references. Checks were also completed with regards to the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from

working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The company administrator also carried out checks of all the nurses' registration with the Nursing and Midwifery Council (NMC) twice a year to ensure they remained authorised to work as a registered nurse.

However we noted that interview records were not available. This did not comply with the home's policy and procedure, which outlined the completion of interview and assessment records. These records help to demonstrate that those people appointed to work at the home have been assessed as having the qualities and skills required for the role. We recommended the service considers current good practice guidance in relation to robust recruitment practice so that only suitable candidates are appointed to work at the service.

During this inspection we again looked at the recruitment procedures in place. We examined the files for three people employed since our last inspection in February 2016. We were advised by the manager that these appointments had been made prior to her commencing employment and had been dealt with by the provider and registered manager. We saw that personnel files contained an application form, copies of identification, written references and a DBS disclosure.

We were told by a new member of staff they had been dismissed from their previous employment. They said they had spoken with the registered manager about this at interview. On examination of their records we found no evidence of this. We again found the provider and registered manager had not followed the home's policy and procedure with regards to determining the suitability of staff. There were no records to demonstrate applicants had been interviewed and an assessment of their knowledge and experience had been completed to show they had the skills required for the role. The recommendation made at our last inspection with regards to the development of more robust systems had been disregarded.

This does not demonstrate that robust recruitment procedures are in place to ensure that those people employed are of a good character and have the qualifications, competence, skills and experience to work at the home. This meant there was a breach in Regulation 19(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection we saw the manager interviewing for care staff. They told us and we saw information to show that an interview record had been devised so that they could record the details of the interview and any decision made. One of the visitors we spoke with had been asked by the manager to take part in the interviews for new staff that day. They said they had enjoyed the experience and would do it again if asked.

At our last inspection we found that sufficient numbers of staff were available to meet the needs of people living at Ashbourne House. During this inspection we reviewed the arrangements in place. When asked about staffing, one visitor told us they thought there was enough staff; adding "There are always a lot of staff bobbing about".

We were told that following assessment by the CCG it had been determined that additional staff support was required for three people on a one to one basis. Two people were supported on an individual basis throughout the day time, whilst one person had one to one support on a 24 hour basis. Staff providing one to one were identified on the allocation list showing who they were to support and at what times.

We were told that due to some turnover in staff and the additional support required for some people, the service was utilising agency nurses and care staff to cover some of the shifts. We were told and information showed that the same agency staff had been requested so that continuity could be offered to people. The

manager said they were actively recruiting for new staff and said a new nurse had been appointed and was due to commence that week. A team leader had also been appointed. They had been in post approximately three weeks and their role was to support the manager in their role.

A discussion with the manager and an examination of staff rotas showed that in addition to the manager and team leader, a nurse and six care staff were available throughout the day with additional support from kitchen, laundry and domestic staff. Night time support comprised of a nurse and 3 care workers. Staff spoken with confirmed what we had been told with regards to staffing levels in place. None of staff raised any issues or concerns about the arrangements in place.

However we saw information recorded on the night staff meeting minutes where staff had stated that they struggled to support everybody with personal care in the mornings, due to people rising early, the one to one support required and the moving and handling tasks that required two staff. Staff said they would benefit from an extra staff member starting shift at 6am to support with personal care. We discussed this with the manager who said that sufficient staff were available to meet current needs. They told us they were currently seeking clarification in relation to staff contractual hours as this was unclear and that a new shift pattern was being considered so that more flexibility in support could be offered at those times when more support was required.

Staff spoken with were happy in their work. One care worker said, "We've got a good team, help each other out with shifts". Another said their, "First month has gone well" and "Staff are friendly and I have been made welcome from the first day". They also said, "I hope to be here for some time."

We looked at how hygiene standards were maintained within the home. We saw that sufficient supplies of protective clothing such as aprons and gloves were available. Where personal care was provided sinks for hand washing had liquid soap and paper towels and red and yellow bags, used for the management of soiled or clinical waste were available. We saw that designated staff were identified on the rota to carry out laundry and domestic duties. We were told and saw records to show the programme of cleaning carried out within the home.

Prior to this inspection we had received information of concern which suggested that sufficient supplies of toilet roll and body wipes were not available when providing care for people. It was also alleged that there was often no clothing or underwear available for people because the washer and dryer were 'always broken'. We were told that equipment had previously broken down, about 6 months ago, however new items had been purchased. Whilst looking around the home we found that people had adequate clothing and underwear available to them in their rooms and sufficient supplies of toilet paper and wipes were available in areas where personal care was provided.

Further allegations had been made suggesting people were left 'sat in their own mess' and had dirty clothes on a daily basis. We saw no evidence of people left in wet or soiled clothing. One visitor told us their relative "use to have food down their clothes, for example porridge, but this is not happening now" and "The laundry has completely changed since having a designated person to do the laundry" and "Clothes are now ironed".

We looked at what training was provided for staff with regards to infection control. The domestic we spoke with said they had previously completed a national vocational course at level 2 in housekeeping. This was not evidenced on the training records we examined however records did show they had recently completed e-learning in infection control, health and safety and COSHH (control of substances hazardous to health). Training records stated that these areas of training were to be completed by all staff on an annual basis. However we found high numbers of staff and those newly appointed had yet to complete the training.

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 so that they can 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. We saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). These had been made for all the people living at Ashbourne House. The manager told us that this information would be incorporated in more detail in the new care plans.

Most of the staff we spoke with confirmed they had yet to complete training in MCA and DoLS and had little understanding of the procedures. A review of training records also showed 21 of the 34 staff listed were up to date with their training. This did not include those staff that had recently been employed and were not listed on the training record. We were told and saw information to show that the manager had discussed this in a night staff meeting, advising that 'all staff were to be fully trained' in the procedures. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

We looked at how staff were supported to develop their knowledge and skills. We looked at the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff to understand what is expected of them and what needs to be done to ensure the safety of the staff and the people using the service.

We spoke with a member of staff who had been employed since our last inspection. They told us their induction involved shadowing an existing member of staff and fire training. They said the registered manager was to provide them with an induction pack however this had not been done.

An examination of training records showed that some staff had commenced the Care Certificate. The Care

Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and should be covered as part of the induction training of new care workers. However we found no evidence these had been completed. The manager told us this method of induction was not currently used.

At the last inspection we identified that handovers at each shift change were completed by nursing and care staff. During this inspection we were told that these continued to take place and a brief record was made about people's well-being, general observations or changes. The manager told us that these records were to be expanded upon so that more detailed information could be recorded. A communication diary had also been introduced so that any areas that needed to be followed up, such as appointments were clearly recorded and communicated.

During our discussion with the team leader we were told during handovers "Staff are vocal and say what they feel, it's restoring moral". The team leader said there was a "Good relationship between care staff and nurses and that nurses will explain things if asked". The agency nurse we spoke with confirmed that handovers were completed on starting shift. They said "I quite like the home, communication is good and there's a good rapport with families" and "Staff are good with the residents".

We looked at other systems in place to support staff. We asked the manager if there was a programme of staff supervisions meetings. We were told they intended to share this responsibility with the team leader however meetings had not yet been arranged. A review of the supervision records showed that meetings had taken place up to April. One staff member said they had received "4 over the past 14 months". Supervision meetings help staff discuss their progress and any learning and development needs they may have.

We also discussed with the manager arrangements in relation to the clinical supervision of nursing staff. We were told that this had previously been done by the registered manager with support from the clinical lead. We looked at the notes for two of the nursing staff. We saw that supervision meetings had been held however these did not explore areas of clinical practice and learning. The manager was unable to locate the records for the clinical lead. This did not demonstrate nursing staff were up to date in current areas of good practice guidance to promote good standards of care.

At our last inspection we identified there was a programme of e-learning training which was facilitated by the registered manager. We noted that systems to monitor the completion of training by staff were not as effective as they should have been as some staff had not completed annual updates in training as set out by the provider.

During this inspection we reviewed training information, spoke with staff and the manager to establish what training had been provided.

One staff member we spoke with said they had completed training in safeguarding, moving and handling and MCA & DoLS with their previous employer, which were 'still in date'. Another staff member said they had completed e-learning training in fire safety, pressure care, diabetes, health and safety, moving and handling and infection control. Both staff said they had also completed a national vocational course in health and social care at either level 2 or 3 with their previous employers. A third member of staff said they had completed 'face to face' training in moving and handling and fire safety. They had also completed e-learning in diabetes, health and safety, infection control and COSHH.

A review of the staff training records did not include those staff newly employed. Information showed areas

of training were required for all staff with significant gaps in training for night staff. These included areas such as; safeguarding, moving and handling, infection control, falls, pressure care and MCA and DoLS. None of the nursing or care staff had completed training in continence care, yet all the people living at the home required support in this area. We discussed our findings with the manager. They told us they had identified areas of training required and were sourcing external training providers who could facilitate quality training for staff.

We also looked at the clinical training undertaken by nursing staff. Of the five nurses listed, one had since left employment and another worked infrequently as a 'bank worker'. Records showed training needed updating or had not been completed in areas such as pressure care prevention and tissue viability and nutrition and MUST screening (malnutrition universal screening tool). There was no evidence to show nurses had completed training in other areas of clinical practice such as first aid, catheter care or palliative care. This is essential to ensure that practice is safe and reflects good practice guidance so that the current and changing needs can be met effectively.

The lack of training, development and support for staff did not ensure people were cared for by staff that had the knowledge and skills needed to meet their individual needs safely and effectively. This meant there was a breach in Regulation 12(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at what arrangements were in place should people need to attend appointments or an emergency arose. One staff member told us that care staff would provide an escort where necessary, alternatively people would be supported their relatives. The manager also told us that as part of the care plan review, information required when people attend or were admitted to hospital would be provided. This helps to ensure the needs of people are communicated to other agencies so that continuity of care can be provided.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. Two people we spoke with said the food was "Not bad" and "You get a good amount of food".

We spoke with the chef who was clearly aware of people's dietary needs. They said that several people required pureed meals due to dysphasia. They said "If someone is on a modified diet it should be as near to and as appetising as a proper meal". They also told us, "As much as possible everything is homemade".

We were told that the main meal was served in the evening with a lighter meal at lunchtime. People were asked or shown the meal options available so they could choose. Alternatives were available if someone did not want what was on the menu. The chef said that menus were revised twice a year, summer and winter, and people's views were sought. The chef told us "I consult with people about new menus and speak to families" and "People are pretty vocal if not happy and will speak up".

During the inspection we saw that a delivery food delivery being made. Sufficient stocks of fresh, frozen, dried and tinned food were available. We saw kitchen staff maintained records with regards to temperature checks to food, fridges and freezers as well as daily and weekly cleaning schedules.

Ashbourne House comprises of 29 en-suite bedrooms on two floors. On the ground floor people had access to a large lounge, conservatory and two separate dining rooms. Some bedrooms had been personalised with pictures of families and people had their own televisions and toiletries.

We had previously been shown a plan of redecoration and refurbishment exploring all areas of the home. We saw that hallways had been repainted and carpets replaced. During this inspection the flooring in one person's room was being replaced. However we found that some of the bedrooms still needed attention. We were told and information showed that any general repairs were recorded in a book for the handyman and then signed to say when they had been completed.

Information of concern received prior to this inspection suggested that bedding was 'minimal' and that quilts were full of holes. Whilst looking round the home we saw two of the bedrooms which were currently unoccupied had been arranged with ornaments and had coordinated bedding and curtains. We were told that some people did not want a duvet, preferring blankets instead, which was their choice. However this was not reflective of all the bedrooms we looked at. We found bedding was old, worn and thin and on one person's bed a tear in the duvet cover had been repaired. This meant there was a breach in Regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not provided with bedding suitable for the purpose for which they are being used providing warmth, protection and comfort.

Our findings

At the last inspection we found that several of the care monitoring charts were not accurate and we found this was a breach of Regulation 17 (1)(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following conclusion of a recent local authority case conference it was also identified that poor standards of personal care were provided and care records did not accurately reflect the care and support received by people who used the service.

During this inspection visit we looked at 13 of the 16 care monitoring charts in place. The care monitoring charts consisted of records in relation to the intake of food and drink, positional changes for pressure relief and personal care charts. We saw that staff regularly recorded when food and drink had been given and when positional changes had been undertaken.

We examined the personal care charts from 1 June 2016 up to the 21 June 2016. The personal care charts documented when people had received care such as; showers, immersion baths, bed baths, teeth/ denture, hair and finger/ toe nail care. We found there was no documentation to show that any of the 13 people had received an immersion bath since the 1 June 2016. The records showed that two people had not received a shower at all since 1 June 2016 and the majority of people had received either one or two showers in the previous three weeks. We asked one of the care assistants to tell us how they determined who was to have a shower or a bath. We were informed that the previous manager had told them they had to do, "three a day". We were told, "Sometimes it depends on need".

The personal care records showed that all 13 people had received a daily bed bath. We checked to see what equipment was in place in the bedrooms to enable a bed bath to be given. Most of the bedrooms had an ensuite toilet and hand wash basin. These were situated a distance from the bed. Apart from one bedroom, there were no wash bowls in place to enable staff to wash people at the bedside. A review of the night staff meeting minutes showed that this had been raised by a staff member. Staff said they had previously requested the purchase of bowls however this had not been addressed. The manager stated they would request that bowls were purchased. We asked the manager what the procedure was for bed bathing people who used the service. We expressed a view that people could not possibly be washed and rinsed properly and be able to soak their hands and feet, if staff had to walk backwards and forwards from a sink with a face cloth. The manager told us, "That was probably what happened".

This is not quality care and does not protect people's dignity.

The personal care charts showed that all 13 people had received daily dental care since 1 June 2016 up to 21 June 2106. In several of the bedrooms we found there was either toothpaste but no toothbrush, toothbrushes still in their original packaging, or toothbrushes that were very dry; indicating they had not been used. The manager told us they had also identified that some people were not fully supported in meeting their personal care needs, for example, had not been shaved nor had their hair washed. This had been discussed at the recent night staff meeting where staff were advised that people should receive full personal care before they leave their rooms. The manager was monitoring this through the 'daily walk arounds' carried out day.

When we walked into the lounge at 6.30pm we saw one of the people who used the service was sat in the lounge, dressed in their nightclothes. We asked one of the care assistants if it was normal practice to get people ready for bed, in their night clothes and then sit them in the lounge. We were told that it was normal practice to sit people in their nightclothes so they could have their supper and then be taken to bed later on. We were told that it was not always based on people's needs or wishes. The practice of people being left in their nightclothes in communal areas does not promote their privacy and dignity. This is not quality care nor is it treating each person as an individual. This practice is institutional and undertaken for the benefit of staff routines without regard for the person.

One visitor told us they had previously complained about their mother's clothes being on the floor of their wardrobe. However they said this no longer happened. We did not find this was the same for other people living at the home. We saw that people's wardrobes were untidy with unfolded clothes left on shelves or on the floor of their wardrobes. This had previously been identified at our inspection in July 2015 and whilst this had improved when we visited in February 2016, standards had not been maintained. This did not demonstrate people's personal items were respected and cared for properly.

We found all the above was a breach of Regulation 10 (1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

A further issue raised within the whistle blower information suggested that people did not have enough clothing or underwear due to the laundry arrangements. One visitor told us; "The laundry has completely changed since having a designated person to do the laundry, clothes are now ironed" and "We are now being told when [relative] needs something new, such as new underwear". Whilst looking at people's rooms we found they had sufficient clothing available to them.

One person we spoke with said they were able to dress themselves. They looked clean and were nicely dressed. They told us they liked to have a lie in in the mornings and this was respected by staff. Another person when asked if staff cared for them, responded 'yes'. We observed staff speak with people in a friendly and caring manner. Staff were quick to respond to people's needs and requests and people were supported in a kind manner. One visitor told us; "Staff are caring" and "We're always welcomed. Staff always ask how we are" and "I feel [relative] is now being well looked after".

Occupancy levels at the home are low. We were told that all the people living at the home were accommodated on the ground floor close to communal areas and bathrooms. Sufficient aids and adaptations were fitted throughout to the communal areas of the home including handrails, assisted bathing, raised toilet seats and grab rails. This helped to promote people's independence and keep them safe.

We saw information about people who used the service was kept confidential however not easily accessible to all staff. Care records had previously been kept in a filing cabinet at the nurse's desk so that staff could refer to them when needed, particularly agency staff who have little knowledge about people. However we were told these had been removed as the cabinet did not lock and were now kept in the treatment room, which was only accessible to nursing staff. Care staff need to be able to access information as much as nursing staff so that they are aware of the support people require and their needs are met appropriately. We spoke with the manager about this who acknowledged these arrangements were not suitable. We were told that a lockable cupboard was to be provided close to the lounge so that information would be accessible to all staff.



Our findings

At our last inspection we made a recommendation that the service considered current good practice guidance in relation to the choice of activities offered to help promote the well-being of people living with dementia, promoting their involvement and enabling them to retain their independence.

Prior to this inspection we had received information of concern suggesting people living at the home went 'days without daylight or going outside' and that activities were minimal. We found that whilst some people, depending on their needs, did have access to an enclosed court yard, people did not routinely go out into the community.

We were told that the activity worker had left employment and that a new person had been appointed and were due to commence the week following the inspection. In the interim period any activities provided were being facilitated by care staff. There was an 'activity file' where staff had recorded any activities that had taken place and the names of those people who had taken part. We saw that activities comprised of dancing, hand and foot massage and sitting in the garden and involved the same few people. We also saw an activities board in the main hallway, which displayed a range of activities offered. The manager acknowledged this did not reflect the opportunities provided. From our observations throughout the inspection we saw no activities taking place.

We again found that activities offering stimulation and variety to people's day were poor. There was no evidence to show that work to improve opportunities for people had been considered or acted upon by the provider and registered manager. This meant there was a breach in Regulation 10 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our findings with the manager. They recognised that a programme of activities based on individual preferences and hobbies needed to be implemented. They said they had discussed this with the new activity worker and would explore this further using people's individual profiles, which explored their hobbies and interests.

We had previously identified that care plans contained enough information to show how the people were to be cared for. We saw that people's preferred routines and their likes and dislikes were recorded. Records also showed that where appropriate, people's families had been contacted and consulted with about the care of their relative.

The manager told us they were planning to review and update all the care plan documentation. They intended to archive old information so that only relevant and current information was available for staff. The manager showed us the new care plan format to be used. This was in an easy read format covering all areas of people's social, emotional and physical needs. Information would detail the support people wanted and needed, any potential risks to consider and how staff were to deliver the care and support identified.

We looked at how the provider handled people's complaints and concerns. Information about how to make a complaint was displayed in the home. We asked people's visitors if they knew what to do if they had any issues or concerns. One visitor told us; "Everything seems fine, there was a time when there were a lot of complaints". Another visitor told us they were always complaining but felt they were "not listened to". They said this had improved and action was now taken, adding "Its tons better".

We asked to look at the complaints log to see how complaints were handled when received. Since our last inspection in February 2016 only one complaint was recorded, which had been sent to the registered manager by CQC. Information included the initial concerns and the response sent to us by the registered manager. We did not see any evidence to show issues or concerns raised by people or their visitors had recorded and responded to. People had also approached CQC and the media to raise their concerns.

This did not demonstrate people were confident their concerns would be taken seriously and acted upon by the provider and registered manager or that an accurate record had been maintained where issues had been brought to their attention. This meant there was a breach of Regulation 16(1)(2) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.



Our findings

The service had a manager who, since August 2014 has been registered with the CQC. The registered manager was not currently in day to day responsibility for the home. 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 2008 and associated regulations about how the service is run.

We had been informed by the provider that the registered manager had moved to another home operated by them and that a new manager had been appointed to work at Ashbourne House. The new manager had been in post three weeks prior to this inspection.

At our last inspection we identified four breaches in the regulations. The provider was required to submit an action plan detailing what steps had been taken to demonstrate they were now meeting the regulations. An action plan was received however not within the timeframe specified. During this inspection we checked to see if the breaches in regulation had now been met. We found the provider and the registered manager remained in breach of the regulations and further breaches have been identified. Breaches in regulation and concerns about poor care detailed within the report are evidence relating to the period when the registered manager worked at the home.

At the inspection in February 2016 we identified that effective management systems were not in place to monitor the service ensuring people received safe care and treatment, which met their individual needs. We found little evidence in this inspection that effective management systems were in place. During this inspection we saw audits had been completed in areas such as care plans and medication, up to May 2016 and checks carried out by the maintenance, domestic and kitchen staff were also recorded on a daily and weekly basis. However these did not explore all areas of the service.

At the last inspection we found the monitoring sheets detailing the care and support people received were inaccurate or incomplete. Whilst improvements had been made to the positional charts and food and fluid intake charts, we again found personal care records did not accurately reflect the care and support people received. We also found that the records in relation to the administration of prescribed medicines were inaccurate and incomplete. Without accurate records it was not possible to know if people were receiving their medications consistently and as prescribed.

We discussed our findings with the manager. We were told and saw information to show they had

introduced a 'daily walk around' sheet which was completed twice a day and explored areas such as care and dignity as well as the environment. They said they during these 'walk arounds' they too had identified occasions when people's personal care needs had not been fully met. This had been discussed with staff however they acknowledge there were no systems in place to ensure that people received quality personal care that protected their dignity.

During the last inspection we requested confirmation that work required to make safe the mains electric circuits had been completed. This too remained outstanding.

Furthermore we found that items prescribed for people, such as topical creams and thickeners were not managed safely. A further review of these items showed people were still at risk of not receiving their medicines as prescribed.

During this inspection we found further breaches in the Regulation in addition to the outstanding breaches. The provider and registered manager had failed to assess, monitor and improve the service, mitigating the risks to people ensuring their health and well-being was maintained. This meant there was a continued breach in Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we had received further whistle blower information, again raising concerns about the management and standard of care offered. Due to the outcome of the local authority case conference, which upheld organisational abuse and neglect and the on-going concerns held by CQC about the management and conduct of the service, we met with the provider and registered manager on the 5 May 2016. The purpose of the meeting was to discuss the areas of concern around the management of the home and how they intended to make improvements so that outcomes for people were safe.

At this inspection we spent some time talking with the new manager who had been in post approximately three weeks. During that time they had received a handover from the registered manager and spent some time reviewing documentation such as care records, medication and staff training and development as well as observing staff practice and getting to know the people who used the service. The new manager acknowledged that improvements were needed and recognised that the systems in place were not well organised or robust enough to demonstrate people were receiving a good quality service.

The new manager told us they intended to improve care records so that information was more personalised, implement quality staff training so that staff skills were appropriately assessed and that a meeting had been scheduled with the supplying pharmacist to review the management of people's medicines. The manager acknowledged that other areas of the service required improvement however had identified these areas as a priority. We asked the manager if this information had been collated into an improvement plan to clearly show what was a priority, to evidence the work required, to show action taken and when. The manager stated this had not been done.

We looked at what opportunities had been provided for people's visitors and staff to feedback on the service provided. All the people we spoke with were complementary about the new manager and team leader. One visitor told us they had also recently received a questionnaire asking them for their views about the service, which they were planning to complete and return. They told us, "Staff are caring" and "They are friendly now and everything is ok".

Staff spoken with felt their views were taken into consideration by the manager. One staff member said, "[manager] is always asking staff's opinion, as she said we are on the front line and know the residents".

Another staff member said they were "listen to" and managers acted on what they said; any issues which had arisen had been resolved.

Staff also told us "The managers are a lot more approachable; I don't feel I'm going to get shouted at" and "They try to sort things out as soon as possible". Other comments included; "The new managers are very understanding in all areas, including personal issues", "Things are a lot better than they used to be, the atmosphere is good and even visitors say how much better it is", "It's more open, everyone's friendly" and "Much improved".

We saw information to show that the manager had met with night staff to discuss routines within the home and areas of training, which had been identified. The manager acknowledged they had not yet formally met with people who used the service, their families and day staff. We were told that meetings would be arranged.

Due to current issues we were aware that the local authority adult care team and the commissioning team were making regular monitoring visits to the home to review the action plan in place as part of the local authorities quality monitoring.

A recent safeguarding audit had also been completed by the CCG. The manager told us that action had been identified, which they were addressing. At the time of this inspection the CCG were not making any nursing placements at Ashbourne House.

Prior to this inspection we reviewed our records and saw that reportable events, which as required by legislation should be reported to CQC, had been made. We discussed this with the manager and clarified which incidents/events should be reported. This information is essential to help us monitor event with the home and whether appropriate and timely action has been taken to ensure the well-being of people is maintained.