

## Askham Village Community Limited

# Askham Hall

### Inspection report

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#### Ratings

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

#### Overall summary

Askham Hall is a care home registered to provide nursing care and support for up to 26 mainly older people. This inspection took place on 21 and 22 October 2014 and was unannounced. The inspection was carried out by an inspector and a specialist advisor. The specialist advisor was a registered nurse who had experience inspecting care homes that provide nursing care.

The last inspection was carried out on 18 April 2013 when we found the provider was meeting all the regulations we looked at.

At the time of the inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left the service the week before our inspection. The person managing the service told us she had started the process of applying to be the registered manager.

# Summary of findings

People were kept safe because there were enough staff on duty to meet people's individual needs and staff knew how to recognise and report any indications of abuse. Staff underwent a thorough recruitment procedure to make sure they were suitable to work with the people who lived at the service. Medicines were stored correctly and records showed that staff had given people their medicines safely and as prescribed by their GP.

People were offered sufficient amounts of food and drink and were supported to make choices about what and where they ate. People's health was monitored by a range of healthcare professionals who visited Askham Hall when required.

The CQC monitors the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. We found that people's capacity to make decisions for themselves had been assessed by staff trained to do so and the rights of people not able to make their own decisions about aspects of their care were protected. The manager had made appropriate applications to the local authority for a DoLS authorisation to restrict a person's liberty.

People were treated well by a staff team who showed they cared about the people they were looking after. People were comfortable with the staff, who were kind and attentive.

People's individual needs were recorded in their care plans, which were regularly updated to reflect people's changing needs, but people were not actively involved in planning their care. Staff were developing ways to provide activities and entertainments based on people's interests, so that people would have more to do. There were links with the local community.

The service was well led and staff were supported to look after people in a safe and caring way. Staff liked working at Askham Hall, felt they were part of a really good team and were pleased their suggestions for improving the service were listened to by the management team. An effective quality monitoring system was in place.

# 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 safe?

The service was safe.

Staff were trained and knowledgeable about how to recognise and respond to signs of abuse. They were clear about what concerns they would report and to whom, including external agencies involved in safeguarding people.

There were enough staff on duty to meet people's needs and the provider followed robust recruitment procedures to ensure that new staff employed were suitable to provide care to people.

Any potential risks to people were assessed and guidelines put in place so that staff knew how to minimise the risks and protect people from unnecessary harm.

Good



### Is the service effective?

The service was effective.

People were positive about the care and treatment they received from the staff and staff had received training and support, which equipped them to carry out the work they performed.

People's capacity to make decisions about aspects of their care and treatment was assessed by staff and appropriate arrangements made to protect the rights of people who could not make decisions.

People were supported to access a range of healthcare providers so that their health was monitored. People enjoyed their meals and were able to make choices about what they ate and where they ate it.

Good



### Is the service caring?

The service was caring.

People liked the staff and they liked the way staff treated them. Staff encouraged people to be as independent as possible, treated them with respect and upheld their privacy and dignity.

The care provided to people was based on their individual needs and preferences.

Good



### Is the service responsive?

The service was not always responsive.

Care plans gave staff guidance on how to meet people's care and support needs, were reviewed regularly and updated when necessary to reflect people's changing needs. People were not sufficiently involved in planning their care and support.

Requires Improvement



# Summary of findings

A range of activities and entertainments were provided for people but people did not have enough to do. The staff team were developing ideas to offer people activities based on their individual hobbies and interests.

People were not aware of the provider's complaints policy, but they were confident that any concerns they raised would be addressed.

## **Is the service well-led?**

The service was well led.

People were happy with the way the service was managed. Regular meetings were held so that people and their relatives could express their views about the service.

Staff felt supported and were pleased that the management listened to their ideas about improvements that could be made.

Systems were in place to audit and monitor various aspects of the service being provided so that the quality could be improved.

**Good**



# Askham Hall

## Detailed findings

### Background to this inspection

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

This unannounced inspection took place on 21 and 22 October 2014. The inspection was led by an inspector who was accompanied by a specialist advisor.

Before the inspection, we asked the provider to complete and return a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this

information as part of our inspection planning. We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We observed how the staff interacted with people who lived at Askham Hall. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who lived at Askham Hall, one of their relatives, five care staff and two nurses. We looked at four people's care records as well as other records relating to the management of the home, such as staff recruitment files; staff meeting minutes; residents' meeting minutes; the compliments and complaints log; audits; and records relating to health and safety checks. We also spoke with the person who was managing the home and the provider's Operations Director.

# Is the service safe?

## Our findings

People told us they felt safe living at Askham Hall. They had no concerns about the way staff spoke to them or the way staff treated them. One person said, “The staff wouldn’t hurt me, of course they wouldn’t.” Another person told us, “I feel safe. I shut my door and I feel safe.” A relative confirmed that they had no doubts that their family member was safe. They explained, “My [family member] has the right sling for the hoist and staff speak to her nicely. I’ve never heard anything ‘bad’. If I did I would report it to the manager.”

Staff told us, and records confirmed that they had undertaken training in safeguarding adults. They demonstrated that they had a good knowledge and understanding of how to recognise and report abuse and harm. Staff knew about the service’s whistleblowing policy and where to find telephone numbers to report any issues to external agencies should they need to. (Whistleblowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work). Staff told us they had no doubts that any concerns they raised with the manager would be dealt with in confidence. A member of staff said, “People are definitely safe and the smallest concern is taken seriously; nothing gets ‘brushed under the carpet.’”

The manager showed us evidence that some issues about the way staff treated people had recently been raised by a member of staff. This had been discussed with individual staff and at a staff meeting. Staff had recognised that they had, in some instances, slipped into a pattern of not always treating people as professionally as they should have done. We were told by two of the staff we spoke with that the management team had dealt with the matter well and one said it had “made a difference”.

There were posters on notice boards in the corridor and entrance hall, which gave people and their visitors information about abuse and telephone numbers to ring should they have any concerns. This meant that the information was readily available to everyone at Askham Hall.

Records showed that potential risks to people, such as pressure areas, poor nutrition and hydration, mobility and falls had been regularly assessed and actions put in place so that staff knew how to minimise any risks. Staff were

clear about their responsibility to make sure they followed the guidance, for example using the correct hoist sling for each person and treating a person’s leg wound with the prescribed dressings so that the wound would heal. This meant that systems were in place to reduce the risk of people being harmed.

The manager showed us that the service had a ‘business continuity plan’ in place. This included actions that staff were to take to make sure that people living at the service would be kept as safe as possible in the event of any unplanned event, such as flood or fire.

The manager said that she worked out how many staff were needed on each shift by regularly reassessing how much staff time each person needed, based on how dependent on staff support each person was. Vacancies and absences were covered as far as possible by members of the service’s bank staff or by agency staff. In an emergency, staff from one of the other care homes on the site would assist staff at Askham Hall during busy periods.

People told us, and staff agreed that there were enough staff on duty to make sure that people’s needs could be met appropriately and in a timely way. One person’s relative explained that there had been a period of time when their family member had had to wait for assistance from staff. This relative said, “It’s better staffed now. Staff respond more quickly now when my [family member] rings the bell.” A staff member told us, “There are enough staff now. This means there’s time to get the little jobs done, like doing nails and chatting to people.” During the inspection we saw that staff on duty were able to meet people’s needs quickly, had time to stop and chat with people and assisted everyone who needed assistance with their lunch.

We looked at staff recruitment files, including for one recently appointed staff member. We found that all essential checks had been completed, such as two satisfactory written references, a criminal record check and a health declaration. These checks showed that the provider had taken appropriate steps to do all they could to ensure staff were suitable to work with people who lived at Askham Hall.

We observed the nurse on duty giving people their medicines. This was done in line with the provider’s policy and followed current good practice guidelines, which meant that people received their medicines safely and as they had been prescribed by their GP. One person said,

## Is the service safe?

“The nurse does the medicines. I had them this morning; they’re always at the right time.” Another person told us, “Staff give me my medicines; they’re pretty good at getting them to me at the right time.” This person explained that this had helped with their particular medical condition: “...my Parkinson’s seems to have eased off.” We saw that medicines were stored appropriately in trolleys within a

locked cupboard and records showed that appropriate arrangements were in place for the receipt and disposal of medicines. Records of administration of medicines had been completed fully and accurately by the staff, which showed that people were safely supported with their prescribed medicines.

# Is the service effective?

## Our findings

People told us they were happy living at Askham Hall. They said that staff understood what they needed and helped them to retain their independence. One person said, "I'm quite happy here; they look after me well." Another person told us, "They [the staff] know what help I need. They encourage me to be independent and let me do what I want." Staff demonstrated that they had a good knowledge of people's individual care needs. For example, one of the nursing staff told us about one person's needs in relation to a particular type of wound dressing and a member of the care staff told us how one person liked their porridge made in a particular way.

Staff told us, and records confirmed that staff had received an induction when they started working at the service and they had been given opportunities to undertake training in topics relevant to the care they provided. The provider told us that just over 50% of the care staff had been awarded a National Vocational Qualification in Care or a Diploma in Health and Social Care (nationally recognised qualifications for staff in the care sector). One member of care staff told us how pleased they were that they had almost completed a level three Diploma.

The provider had a system in place to record the training that staff had completed. The record showed that almost all the staff were up to date with all of the essential training such as safeguarding, assisting people to move, health and safety, first aid and fire safety awareness. This meant staff had received the training they needed to carry out their role. Staff told us that the training they had undertaken had been beneficial in assisting them to meet people's individual needs. Care staff told us they received supervision from the nursing staff and felt supported to carry out their work effectively.

The manager demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Care records showed that people's capacity to make decisions for themselves had been considered and assessments of their capacity had been carried out by staff who had been trained to do this. The manager showed us that an application to the local authority to restrict one person's liberty had been made

and the authorisation had been granted. A second application was waiting for the local authority's decision. This meant that people's rights had been properly considered and were being upheld.

People were satisfied with the food provided and said they were always offered choices regarding their meals. One person said, "I like a lot of the food. They [staff] bring a menu. There's always two choices and alternatives." Another person stated, "I don't think anyone's got anything to grumble about the food. There's a good choice of food." The manager explained that a new chef, recently appointed, had made a big difference to the quality and variety of meals offered to people. She said that menus were reviewed, with input from people living at Askham Hall, every week. A relative felt that generally the food was satisfactory but that some improvements could be made, especially in the amount of fresh fruit offered to people.

At lunchtime we saw that special diets were provided for people with dietary needs related to specific conditions, such as diabetes or allergies to particular foods. Staff sought advice from a dietician if their assessment of a person's nutritional needs raised any concerns, for example weight loss or loss of appetite. People were offered drinks and snacks throughout the day and jugs of water or juice were available for people who stayed in their bedroom. This meant that staff did as much as possible to make sure that people received sufficient and suitable food and drink to meet their needs.

Our discussions with staff and our review of care records showed that people had access to a range of healthcare professionals. People had contact with their GP whenever needed and one person told us the staff had supported them well to attend hospital appointments. We saw that staff contacted a tissue viability nurse (TVN) as soon as someone had a potential problem with the integrity of their skin. Staff told us, and care records confirmed that the TVN continued to visit the person regularly and the nurses followed the TVN's advice regarding treatment. A community psychiatric nurse (CPN) had worked with the staff team to ensure that one person with mental health problems received the care and support needed to make their life as comfortable as possible. Other healthcare professionals, such as district nurses, social workers, opticians, chiropodists and dentists visited when required to make sure that people's health was monitored.

# Is the service caring?

## Our findings

All the people we spoke with made positive comments about the staff. People told us that they liked the staff and that staff treated them with respect. One person commented, "It's smashing here. The staff are very nice." Another person said, "They're all lovely girls." A relative told us, "The staff have been really good...They've made my [family member] comfortable and she's happier now than she's been since she moved in."

During the inspection we saw that people got on well with the staff. People were comfortable and relaxed with the staff who were supporting them and there was a pleasant atmosphere. We saw that staff treated people with kindness and patience, particularly when they were assisting people to eat. We heard staff laughing and joking with people and the banter was entirely appropriate. People's expressed needs were met in a timely way and personal care was offered discreetly. When people refused staffs' help, such as having their bed made for them or assistance to wash, their decision was respected. Staff described a number of ways in which they upheld people's privacy and dignity, including making sure bathroom doors were kept closed and covering people up as much as possible during personal care.

People told us they could choose how they led their daily lives. One person said, "I choose when I get up and go to bed" and another stated that they can eat all their meals in their own room. One person explained how their choice to have female care staff was upheld, and how this made them feel. She said, "Staff respect me; I have ladies to wash and dress me."

Our discussions with staff confirmed that staff genuinely cared about the people they were looking after. One staff member told us, "We make sure the residents are happy. We go above and beyond to make sure the residents are happy." A member of staff said, "Staff are trying to give people the best experience by making this people's home."

A 'key worker' system was in place. The home's key worker policy described a key worker as 'a member of staff with special responsibilities for the resident's care and social arrangements'. The policy stated that the scheme was designed to 'give job satisfaction to the staff member and comfort to the resident and their family'. Staff told us the scheme meant each staff member could concentrate on making sure all the extra things, such as cutting nails and tidying wardrobes, got done for the two people they were key worker to.

# Is the service responsive?

## Our findings

People told us that the care delivered by the staff met their needs and was delivered in the way they preferred. One member of staff told us, “The level of person-centred care is paramount here and that comes through in the care plans.”

Care plans were comprehensive and included detailed information about the person’s care. This meant that staff could provide the care each person needed and in the way the person wanted. Staff told us that the information in the care plans meant that they could do their job properly. One staff member told us, “Care plans are useful, up to date and interesting.” Another said, “Care plans are very informative. They contain an incredible amount of detailed information and there are links between different aspects of the care plan.” We saw that care plans had been reviewed regularly and updated when the person’s needs changed. Staff also told us they were given a lot of information about people from the handovers held at the start of each shift. This meant that staff knew people well and could respond appropriately to changes in people’s needs.

People could not recall seeing their care plans, and did not think they had been involved in planning the care they needed. One person said, “I have no say in what the staff do.” Nevertheless, people were happy that their needs were being met by the staff, in the way they wanted them met. A relative told us that they had been involved with staff in planning their family member’s care when their family member had moved into Askham Hall. However, that had been a number of years ago and they had not been asked to discuss any care plans since then. The manager told us she planned to talk to people and their relatives about their care and to provide more evidence that people were involved in planning their care.

The manager advised us that there was a team of staff who worked across the four care homes on the site to arrange and oversee activities and entertainment for people. As well as organising group events, the activities team were developing opportunities for each individual, based on their hobbies and interests. We saw that there was a folder in each person’s room, listing their interests, what they wanted to do, what they had been offered and what they had done each day.

A relative told us they had looked at their family member’s folder and found that, “There are plenty of opportunities

for activities but my [family member] chooses not to join in.” However, several people and some of the staff told us that there was little for people to do to keep them occupied. One person said, “I join in the activities. Sometimes it feels a bit lax but I really enjoyed going to the Tower of London to see the poppies.” Another said, “There’s not a lot going on” and staff told us, “There doesn’t seem a massive amount for people to do.” This meant that opportunities for stimulation and for people to pursue their interests required improvement.

The provider told us that the service had developed links with the local community and efforts were being made to develop these further. There was a coffee shop in the entrance foyer of Askham Hall, which was used by people living in all four care homes on the site and their families and friends. A sign on the road advertised the coffee shop’s opening hours and invited passers-by and villagers to come in for a coffee. On the day of the inspection a number of people from Askham Hall were in the coffee shop to join in hymn singing, which was led by local villagers and church members. A Remembrance Day service had been organised with the vicar and local volunteers.

The provider had a complaints policy and procedure, which gave timescales for complaints to be responded to. The procedure formed part of the Service User Guide given to each person when they moved into Askham Hall. However, people we spoke with were unclear about the policy and did not know the procedure to follow should they have wished to complain. People told us that they would be happy to talk to staff or to their relatives if anything was wrong and they felt that issues would be addressed. One person said, “I talk to the care staff if things are not right” and a relative told us, “If I’ve had any concerns the staff have been really good.”

Staff demonstrated that they knew how to respond if a person wanted to raise any concerns. One staff member told us, “No-one has complained to me formally. We deal with ‘niggles’ and pass on the solution to the other staff.” Another said, “We’re close with the residents and they do speak to us if anything’s wrong.” The provider’s record of complaints showed that only one formal complaint had been recorded in the previous 12 months. The complaint had been responded to in line with the provider’s policy. Some improvement was required to make sure that people knew how and to whom to complain.

# Is the service well-led?

## Our findings

People told us they were satisfied with the way the service was managed. One person said, “Nothing could be better”. People told us there were meetings for them and their relatives and one person told us their daughter always attended the meetings. These meetings were held every three months, and one took place on the evening of our inspection. A relative also told us that a newsletter was sent to everyone. This meant that people were kept up to date with what was going on in the service and were encouraged to express their views about how the service was managed.

At the time of this inspection there was no registered manager at the service. The registered manager had left the week before our inspection. However, a manager had been appointed and had worked for several weeks alongside the outgoing manager to ‘learn the ropes’. The manager told us she was about to start the process of applying to the CQC for registration. People were happy with the service and with the way the service was run. A relative said, “I’ve no complaints about the management and generally I’m satisfied.”

Records we held about the service, records we looked at during the inspection and our discussions with the manager confirmed that notifications had been sent to us as required. A notification is information about important events that the provider is required by law to report to the CQC.

The manager was supported by the provider’s Operations Director and another Director of the company, both of whom spent time in Askham Hall each week. The provider told us that the two directors were available for people, visitors and staff to speak to and they walked around the service to “identify any quality concerns that need to be raised.” The Operations Director told us that they carried out regular audits to ensure the service being delivered was of high quality.

Staff told us they had opportunities to express their views about the service in a number of ways. Staff meetings were held regularly and all staff received supervision and

appraisal, both of which they said helped them in their development. The provider had an anonymous system in place to capture staff comments about what was good and what required improvement. Details of these were analysed and publicised for all staff to see. One of the staff said, “It’s nice that we’re listened to now more by management.” A member of staff commented, “The ethos here is that everyone has an important role to play in people’s care and everyone’s opinion is equally important.”

The provider told us that a quality survey was sent to ‘residents, relatives, professional colleagues and staff’ twice a year. However, none of the people or staff we spoke with could remember completing a written survey.

The provider had systems in place to monitor the quality of the service being provided to people living at Askham Hall. A number of audits of different aspects of the service were carried out regularly. Any actions required were logged and signed off when the actions had been completed. The manager completed a monthly report for the board of directors, which included any requests for additional expenditure and any suggestions for improvement of the service. A matrix of all the training undertaken by staff was kept and monitored by the manager to ensure that all staff were up to date with their training and any additional training needed could be booked. The manager told us she regularly worked a shift ‘on the floor’ so that she could work alongside staff to make sure that training was being put into practice and that staff were delivering high quality care to people. This showed us that the manager kept an awareness of the day to day culture that existed for staff working at the service.

Staff were complimentary about each other and told us how they worked well as a team. One member of staff told us, “I really love it here. We work closely together as a team and we’ve got good relationships with management.” Another said, “The team is brilliant, the care team is so good” and a third informed us that, “Staff work so well together; it’s a really good team.” We saw this in practice and noted that the teamwork had a positive effect on people who lived at Askham Hall.