Askham Care Homes Limited  
Askham House

<table>
<thead>
<tr>
<th>Region:</th>
<th>East</th>
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<tbody>
<tr>
<td>Location address:</td>
<td>13 Benwick Road, Doddington, March, Cambridgeshire, PE15 0TG</td>
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<tr>
<td>Type of service:</td>
<td>Care home service with nursing</td>
</tr>
<tr>
<td>Date of Publication:</td>
<td>December 2011</td>
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<tr>
<td>Overview of the service:</td>
<td>Askham House is located on one site in close proximity to three other care homes also operated by the same company and has a separate garden space. Askham House is registered to provide three regulated activities: 'Accommodation for persons requiring nursing or personal care', 'Treatment of disease, disorder or injury' and 'Diagnostics and screening.' The home</td>
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can accommodate up to 27 older people. There is a registered manager in post.
Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Askham House was not meeting one or more essential standards.
Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 October 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with a number of people and noted that interactions with staff throughout the day were helpful and respectful. People made positive comments about the care and support they received from staff. One person told us, "You won't find a better place than here." They said that staff understood their needs and dealt with them quickly. Another person said that staff demonstrated that they were concerned about meeting their needs. We spoke with another person with communication difficulties and his relative said that staff were able to understand their needs and they had a good relationship with staff.

One person told us about the independence they had gained since being at the home, which had been encouraged by staff, however they did advise us that when they needed assistance they had to wait because there was not enough staff of duty.

What we found about the standards we reviewed and how well Askham House was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People cannot be assured that their health and welfare needs will be adequately met. Care plans and care records kept do not adequately demonstrate the current care needs of people living at the home. Care plans had not been regularly reviewed and some that had been updated were not being followed.

Outcome 05: Food and drink should meet people's individual dietary needs
People cannot be assured that they will receive support to maintain adequate nutrition and fluid intake. Whilst some people were well supported at meal times, some people who were at risk were not being identified, supported and encouraged to consume appropriate amounts of food and fluid.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

There are systems in place to ensure that people are safeguarded from the risk of abuse. However the provider had not ensured that behaviour which posed immediate risks to people's safety and well being was clearly documented and guidelines put in place to ensure staff worked consistently.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People are provided with a warm, comfortable home, however people can not always be assured that they are protected by adequate management of health and safety issues.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff are trained and supervised to ensure that people using the service have their needs to be met by competent and well trained staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Whilst there is a quality assessing and monitoring system in place it needs to be further developed to ensure that it is effective in respect of the oversight of risk management, record keeping and evidence monitoring relating to the care provided to people who use the service.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<tr>
<th>Our judgement</th>
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<tr>
<td>There are moderate concerns with Outcome 04: Care and welfare of people who use services</td>
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<tr>
<th>Our findings</th>
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<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>People we spoke with told us that social activities were provided regularly and they enjoyed them. Examples of activities they enjoyed included quizzes and listening to music; visits had been arranged from the group Pets As Therapy, when a dog and their handler spent some time in the home.</td>
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People advised us that their care needs were met and described the staff as good but always very busy.

We spoke with a relative, who stated that staff knew their relatives needs well and said that all their care needs were met.

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<th>Other evidence</th>
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<tr>
<td>We examined three care plans and noted that they did not include sufficient detail about how to meet people’s health and welfare needs. We saw examples of poor pre-admission assessments that had failed to fully identify all known needs. Assessments did not show that other people/or family members had been asked to comment on the person's care needs. There were limited details of people's physical needs and contradictory information about people's mental health and behaviour. Care plans did not accurately describe people’s health and physical care needs, and preferred routines. Care plans had not been regularly reviewed. In some instances new care plans had been implemented, but old information had not removed so care plans contained old and outdated information that was potentially confusing for staff.</td>
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There was limited evidence that people had been referred to appropriate health care services, and information in care plans was not explicit about how their care needs were to be met and staff practice varied.

The lack of explicit guidance in care plans impacted on the care that people at risk of pressure related issues was receiving. Charts available indicated that people were turned at intervals of between two to five hours. In respect of individuals, some staff advised that were to be supported to change their position two hourly and other staff advised that the intervals were three to four hourly. One person was left sleeping in the same position for four hours. Staff made no attempt to wake them up to assist them to change position or offer them any food or drink. When we asked staff about this person's needs they stated they were often awake through the night and therefore tended to sleep during the day, there was nothing in the care plan to indicate that this person had additional needs at night or how their needs were being addressed.

One person had a pressure sore acquired at the home, pressure relieving equipment was supplied and they were being treated by the tissue viability nurses. There was information about wound care but this was recorded in several places making it difficult to follow.

Staff stated they did not refer to the care plans to see if people's needs had changed but relied on the hand over of information shared between shifts. Care staff said they are not asked to write or review care plans, or write daily notes; advising that this was done by the nurse on duty.

Where people had been unable to contribute to their care plans, and been unable to make decisions or influence how their support and care needs were to be met, there was no evidence of how the provider had ensured that best interest meetings or discussions had been held to inform the care plan process.

We met with the activities coordinator who had a wealth of experience and a good understanding of dementia care. They produced a newsletter every month so people using the service and their families know what social events are scheduled.

Our judgement
People cannot be assured that their health and welfare needs will be adequately met. Care plans and care records kept do not adequately demonstrate the current care needs of people living at the home. Care plans had not been regularly reviewed and some that had been updated were not being followed.
Outcome 05: Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement
There are moderate concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People told us that received enough to eat and drink, and comments about the food provided varied. Whilst one person told us that the food did not always suit their taste, another person said that they enjoyed all their meals.

Other evidence
We observed the lunchtime activity and menus were displayed in the kitchen and in the hall. A number of people required assistance with feeding and this was provided in a timely, sensitive way. People were asked if they wanted gravy, and condiments and we noted that individual food preferences were recorded in the care plans, but information was very limited.

We looked at fluid chart records and noted that people were offered fluids at frequent intervals throughout the day, but this information had not been evaluated to ensure people were receiving an adequate fluid intake. Records of individual's weights were maintained monthly from admission and we noted that one person had lost small amounts of weight since admission and still was identified as low risk despite concerns expressed by family about their dietary intake and lack of interest in food. We did not see evidence of how their food and fluid intake was monitored.

Our judgement
People cannot be assured that they will receive support to maintain adequate nutrition and fluid intake. Whilst some people were well supported at meal times, some people who were at risk were not being identified, supported and encouraged to consume appropriate amounts of food and fluid.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We did not discuss issues regarding safeguarding with people using the service.

Other evidence
Staff we spoke with confirmed that they had recently completed safeguarding training, provided by Cambridgeshire County Council. They were familiar with safeguarding procedures of the provider and the local authority and the manager confirmed that they had copies of both available in the home.

One safeguarding concern noted by the home had been documented and referred appropriately.

The management of people with difficult behaviour was not explicitly recorded in the care plans and staff had adopted different approaches to managing difficult behaviour. There was no risk assessment in place for a person who exhibited behaviour which potentially could put them and other people in the home at risk; this concern had also been highlighted by other statutory agencies.

Our judgement
There are systems in place to ensure that people are safeguarded from the risk of abuse. However the provider had not ensured that behaviour which posed immediate risks to people's safety and well being was clearly documented and guidelines put in place to ensure staff worked consistently.
Outcome 10: Safety and suitability of premises

What the outcome says
This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

<table>
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<tr>
<th>Our judgement</th>
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<tbody>
<tr>
<td>There are moderate concerns with Outcome 10: Safety and suitability of premises</td>
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<tbody>
<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
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<tr>
<td>We did not discuss issues regarding the premises with people using the service.</td>
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<tr>
<td><strong>Other evidence</strong></td>
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<tr>
<td>The provider has identified a designated person responsible for health and safety and another person as the lead staff member responsible for infection control. Both staff members had both received additional training to fulfil this role. Measures to prevent the spread of infection were in place such as: gloves, aprons and hand gel; and staff showed a good understanding of effective hand washing and infection control.</td>
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<tr>
<td>The home was warm, comfortable and well maintained. However; some areas of the home were showing signs of deterioration. The safe storage of cleaning products which may be hazardous to peoples' health was noted to be inadequate; they were in an open and unlocked room.</td>
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<tr>
<td>There was a small, well designed courtyard garden with a pond and we were advised that people only had access to the garden if they were escorted. Doors leading from one of the corridors were ajar giving open access to the garden and we noted that a number of people were observed smoking in the corridor that leads to the garden area. There was no designated room for smokers and we did not see evidence that the risks from the open door and pond had been assessed.</td>
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<tr>
<td><strong>Our judgement</strong></td>
</tr>
<tr>
<td>People are provided with a warm, comfortable home, however people can not always be assured that they are protected by adequate management of health and safety</td>
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issues.
Outcome 14: Supporting staff

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

<table>
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<tr>
<th>Our judgement</th>
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<tr>
<td>The provider is compliant with Outcome 14: Supporting staff</td>
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What people who use the service experienced and told us
We did not discuss issues regarding supporting staff with people using the service.

Other evidence
Staff we spoke with were experienced carers with a good understanding of people's needs. They all had a national vocational qualification at level 2 and, or 3. Staff had completed the necessary mandatory training and we saw evidence of training undertaken and accompanying certificates. We asked staff about additional training particularly about managing dementia and communication; staff advised that they had started, but not yet completed, a distance learning course for dementia care. The registered manager had completed dementia care mapping at Bradford University but there was no evidence of how this had been used to influence the care provided.

Some staff showed a poor understanding of the function or purpose of supervision; we saw evidence that staff supervisions are held. One staff member said there are observations of their practice, but did not know where this was recorded; other staff members were not clear about the purpose of supervision sessions held. The recorded information from observations of staff practice was used as part of the manager’s fortnightly meetings where practices are evaluated and improvements identified. Staff advised that appraisals were being held and the registered manager confirmed that these would all be completed for all staff by November 2011 and staff would have them twice a year.

Our judgement
Staff are trained and supervised to ensure that people using the service have their...
needs to be met by competent and well trained staff.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement
There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We asked people about their experiences of living at the home. People told us, they were able to maintain their independence. Staff were friendly and helpful and people were comfortable living at the home.

Other evidence
Evidence of the quality assurance system used in the home was accessed and some elements of it that were not available at the home were sent following the visit. The quality monitoring system included: minutes of staff meetings, relative and resident meetings, and fortnightly management meetings. Feedback from these meetings included direct observation of staff's practices and staff's performance.

We were advised that surveys were sent out to staff in January 2011 and surveys have been sent out to relatives. Feedback has been given to people either individually or as part of the relative and residents meetings. Concerns raised about food and maintenance have been raised directly with staff responsible for these areas. A monthly newsletter is produced keeping people informed of events that have taken place or are planned in the home.

Evidence that care records are regularly audited was inadequate and failed to indicate that risks or omissions in the care provided to people had been identified, managed and used to inform improvements and changes that had been deemed necessary.

Our judgement
Whilst there is a quality assessing and monitoring system in place it needs to be further developed to ensure that it is effective in respect of the oversight of risk management, record keeping and evidence monitoring relating to the care provided to people who use the service.
Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 04: Care and welfare of people who use services</td>
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<tr>
<td></td>
<td>How the regulation is not being met:</td>
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<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 05: Meeting nutritional needs</td>
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<td>How the regulation is not being met:</td>
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<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td></td>
<td>How the regulation is not being met:</td>
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</table>
There are systems in place to ensure that people are safeguarded from the risk of abuse. However the provider had not ensured that behaviour which posed immediate risks to people’s safety and well being was clearly documented and guidelines put in place to ensure staff worked consistently.

<table>
<thead>
<tr>
<th>Accommodation for persons who require nursing or personal care</th>
<th>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</th>
<th>Outcome 10: Safety and suitability of premises</th>
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<tbody>
<tr>
<td><strong>How the regulation is not being met:</strong> People are provided with a warm, comfortable home, however people can not always be assured that they are protected by adequate management of health and safety issues.</td>
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<tr>
<th>Accommodation for persons who require nursing or personal care</th>
<th>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</th>
<th>Outcome 16: Assessing and monitoring the quality of service provision</th>
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</thead>
<tbody>
<tr>
<td><strong>How the regulation is not being met:</strong> Whilst there is a quality assessing and monitoring system in place it needs to be further developed to ensure that it is effective in respect of oversight of risk management, records and evidence relating to care provided to people who use the service.</td>
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
### Information for the reader

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<tr>
<td>Audience</td>
<td>The general public</td>
</tr>
<tr>
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### Care Quality Commission

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<tr>
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<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
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<tbody>
<tr>
<td>Telephone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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</tbody>
</table>
| Postal address   | Care Quality Commission  
|                  | Citygate  
|                  | Gallowgate  
|                  | Newcastle upon Tyne  
|                  | NE1 4PA |