Askham Care Homes Limited
Askham House

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<th>Region:</th>
<th>East</th>
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<td>Location address:</td>
<td>13 Benwick Road</td>
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<td>Doddington</td>
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<td>Cambridgeshire</td>
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<td>PE15 0TG</td>
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<tr>
<td>Type of service:</td>
<td>Care home service with nursing</td>
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<tr>
<td>Date of Publication:</td>
<td>August 2012</td>
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<td>Overview of the service:</td>
<td>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 can accommodate up to 27 people.</td>
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Our current overall judgement

Askham House was not meeting one or more essential standards. Action is 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 11 July 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with 14 people during our visit on 11 July 2012 and were given positive comments by everybody we spoke with about their care and treatment. People eagerly expressed their satisfaction both for the personal care and of the conduct of staff. One person said, "They get top marks". Another person said, "It's lovely here. I think we are all looked after very well".

People told us they liked the food and meals provided and said their accommodation was satisfactory and that they were kept warm and comfortable.

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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
The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

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

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Care records were not accurate. They were not always legible and did not include suitable details of the food and fluid people consumed and did not include the plans in place to reposition people who required this support.

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

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spoke with 14 people during our visit on 11 July 2012. They told us about their care and support and they each offered positive comments about how they were supported by care staff. People eagerly expressed their satisfaction both for the personal care and of the conduct of staff. One person said, "They get top marks". Another person said, "It's lovely here. I think we are all looked after very well". Another person said, "I think everything is alright here. I am very pleased with my care. I have lived in another care home and this is better." Another person commented, "I was given a choice of which bedroom I could have."

We spoke to five visiting relatives who gave positive comments the care of their family member, although one relative said, "Sometimes people are left unattended and have to wait for assistance", but chose not to elaborate on this or to any specific event. However, other evidence we found did not support this view.

Another relative, who said they visited the home a few times each week, told us their relative was being provided with the support they needed. They said, "It is absolutely brilliant here. The staff are nice and always talk to people and are very attentive." Another relative said, "If they do anything to change the care arrangements, they always tell me straight away."

One relative who was an advocate for one person told us they had not been informed about the changes to their relative's care that had recently occurred. During our visit we noted the manager discussed these changes with the relatives so that they were
included in the care making decisions about their family member.

**Other evidence**
At the last inspection in October 2011 we identified moderate concerns relating to care plans that had not been reviewed and as a result we issued a compliance action.

During our visit on 11 July 2012 we read five people's care plans that had been written with appropriate and informative details of the care people required to meet their needs. There were past histories of people lives and next of kin detail and risk assessments for different elements of their care, such as the risk of falling, skin integrity and nutritional and dietary needs. The care plans indicated that some people were at risk of poor nutrition and weight loss and contained appropriate plans to reduce these risks.

Overall, there was clear information about how staff should provide support. The provider may wish to note that although care was being provided to a number of people to relieve pressure on skin and to ensure fluid and food was being monitored, it was not clear in a one person's care plans what was the routine and timing for repositioning them to relieve pressure build up on their skin. We were satisfied that pressure relief was being appropriately provided to people when staff demonstrated they knew the details of the care and support that should be provided. The five staff we spoke with explained in detail the care and treatment that was being provided to the care of people whose care plans we looked at and to other people whom we spoke to staff about.

We noted that appropriate referrals to the tissue viability nurses and dieticians had been made when they had been necessary for them to be involved. However, the provider may wish to note that in one person's care plan who had been identified to be at risk of weight loss and poor nutrition and pressure ulcers, it was not indicated what action to take should weight loss be noticed.

**Our judgement**
The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.
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
The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People told us they enjoyed their food. One person said, 'We have a choice of meals decided the day before. I like the food and have enough to eat and drink.' Seven people confirmed that they had been provided with adequate amounts of food that was to their liking and that they had enough to drink between mealtimes.

One relative said, "Staff understand what my relative likes and dislikes about food and they seem to give her the food that she wants".

Other evidence
At the last inspection in October 2011 we identified moderate concerns relating to how people were supported at meal times and to ensuring that people received adequate nutrition. As a result we issued a compliance action.

During our visit on 11 July 2012 we observed a lunchtime meal being served. We noted that the food was plentiful and was a nutritious balance of vegetables and meat and that a suitable alternative choice was offered. Some people who required assistance were suitably supported to eat their food, whilst others managed their food independently. The provider may wish to note that mealtime may not always be an equal communal experience for people when we observed that one person who required assistance to eat was not offered their food until after everybody had been provided with their meal and consequently had to eat part of their meal alone after most people had eaten their food.
People who had been assessed and were in need of an adequate intake of fluids and food had a care plan that indicated these needs and which guided staff about providing appropriate care for people.

**Our judgement**
The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.
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

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<th>Our judgement</th>
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The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

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<th>Our findings</th>
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What people who use the service experienced and told us
People we spoke with told us they felt safe living at Askham House. One person said, "I would say something to the staff if I felt unsafe".

When we spoke with relatives who said they felt that people were safe at Askham House, although they had not been made aware by the home of any of the safeguarding arrangements the home had in place.

Other evidence
At the last inspection in October 2011 we identified moderate concerns relating to safeguarding people. As a result we issued a compliance action.

During our visit on 11 July 2012 we spoke to five care staff who told us they would immediately report a concern or an allegation of abuse to the manager. Two care staff told us they knew how to report a safeguarding concern directly to the Local Authority safeguarding team, should they need to. The provider may wish to know that not all the staff we spoke to were aware of how to report an allegation directly to the Local Authority, should they need to protect people by this direct action at any time.

All staff had received training in this matter and we saw the training records for further refresher and other developmental training for key staff in this subject, thus ensuring that staff could satisfactorily protect people from harm.

We read a safeguarding policy and guidance from the Local Authority kept at the home.
The manager had maintained a record of any concerns known to the home and showed us the safeguarding publications the home was preparing to give to people and visitors to the home. The provider may wish to note that there was not any information or published guidance for people or visitors to the home to learn how the home was protecting vulnerable people from harm.

**Our judgement**
The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
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

Our judgement
The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People we spoke with told us their accommodation was satisfactory and that they were kept warm and comfortable.

Other evidence
At the last inspection in October 2011 we identified moderate concerns in relation to this standard and as a result we issued a compliance action.

During our visit on the 11 July 2012 we found the home was warm, comfortable and clean.

The home employs a maintenance person to carry out any maintenance work that is required and can be achieved on a daily basis. We read the longer term plans to redecorate the home and to repaint and redecorate several areas of the home where the paintwork was worn or had been repeatedly scuffed and dented by wheelchairs.

The provider may wish to note that the three rooms used as the nurse’s office, the laundry room and the manager’s office did not have fire alarm activated closure fitted and two of these doors did not have a self- closing devise to ensure the door remained closed. We noted that two of these doors were propped open during our visit and as such constituted a fire hazard to people living and working at Askham House. We discussed this matter with the manger during our visit who assured us they would not prevent the doors closing and either connect the doors to a fire activated alarm, or would ensure they remained closed.
The provider may wish to note that the call alarms that are fitted in people's bedrooms for them to summon staff to assist them, were sometimes not in a convenient place for them to be reached. For instance one person could not reach their alarm cord from their bed. In addition, the alarm calls were a pull mechanism design and are not suitable for people who may not be able to pull hard enough to activate the call mechanism and as such may be a risk of being unattended.

**Our judgement**
The provider was meeting this standard. People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.
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

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<th>Our judgement</th>
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<tr>
<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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<th>Our findings</th>
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What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
At the last inspection in October 2011 we identified moderate concerns with monitoring arrangements of the quality of care provided by care staff.

There were systems in place to demonstrate that staff and the manager were suitably trained and competent in carrying out the care and support they provide to meet people’s needs. There was a staff training plan to demonstrate there was a system to ensure staff had received suitable training to support that supported the homes policy to train staff.

During this inspection we found that the home was monitoring key areas of care provided by care staff. Mechanisms were in place to ensure that staff were given their main tasks for the day and for which people they were responsible for providing care for.

Fire safety checks and fire alarm audits and checks had been regularly carried out. People’s views had been sought through ‘residents meetings’ forums and a record of any ensuing action that had been taken had been recorded.

We read a maintenance plan to redecorate the home and to attend to the regular upkeep of the safety of the building.
We read a record of the system in place to supervise staff. Which showed they had been supported to provide suitable care to people.

**Our judgement**
The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.
Outcome 21:  
Records

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

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
We reviewed this standard because of the following concerns relating to care records that we found when we visited on 11July 2012.

In the charts maintained to monitor one person's care relating to their nutrition and their food and fluid consumption there was a lack of a record of the food they had eaten. The same person's records of their fluid did not show when, or if they had been offered drinks and the records did not show whether the person was in the home when it had been recorded they had 'None' recorded in their fluid monitoring chart. This meant that it was not possible to know the accuracy of the records of their food or fluid.

There were two records maintained entitled, the 'Daily Care Given' and the 'Daily Log Report'. The Daily log had been completed by the qualified nurses and there was written guidance about completing this log and what aspects of care should have been reported each day. These directions to record specific aspects of people's care had not been followed and only minimal information had been completed in these records. In addition, the hand written notes that had been made in this record was in some cases mostly illegible. These concerns were shown to the manager and given as feedback during our visit.
Some aspects of people's care had been identified in their care plan to be recording by care staff as part of the care records related to the monitoring of skin integrity and pressure ulcer prevention and for nutritional and dietary needs. One person's care record in the 'Daily Care Given' log showed written entries for their food and fluid intake as, 'good' and 'fair', but without an explanation of the amount, or the type or the quantity of food consumed and if it had been offered. This meant it was unclear what food and drink had been provide to people. The same records were used for all people and the same type of entries had been made, which meant that there was an incomplete record of their care.

In one person’s case where a 'high calorie' diet had been directed by a dietician, it had not been recorded in their care plan or in their daily records how, or when this was being provided and as such there was not a complete and accurate record of their care.

**Our judgement**

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Care records were not accurate. They were not always legible and did not include suitable details of the food and fluid people consumed and did not include the plans in place to reposition people who required this support.
## 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.

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<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 21: Records</td>
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<td><strong>How the regulation is not being met:</strong></td>
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<td>required this support.</td>
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<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 21: Records</td>
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suitable details of the food and fluid people consumed and did not include the plans in place to reposition people who required this support.

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 14 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. 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>
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<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td><strong>Author</strong></td>
<td>Care Quality Commission</td>
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<td>The general public</td>
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