

Ablegrange Severn Heights Limited

# Ablegrange Severn Heights Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ablegrange Severn Heights Limited is a care home providing personal and nursing care to up to 48 people. The service provides support to older people who may live with dementia or physical disabilities. At the time of our inspection there were 16 people using the service.

### People's experience of using this service and what we found

Some improvements identified at our last inspection had been made, however further improvements were needed. People's medicines were not always managed and administered safely and as prescribed.

Environmental risks had not always been identified and addressed to ensure people's safety. The provider's audit and oversight systems to monitor the safety and quality of the service required further development.

Staff were recruited safely, and enough staff were employed to meet people's needs. Staff understood and followed infection control measures, and when things went wrong, the provider had learned lessons and developed improved systems.

A positive person-centred culture was promoted, and the manager promoted learning and development. The manager and staff were caring and respectful of people which ensured a person-centred approach to the people living in the home. People's views were sought with equality, privacy and dignity promoted.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 02 February 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made, however the provider remained in breach of regulations.

### Why we inspected

We received concerns in relation to health monitoring. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ablegrange Severn Heights on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to management of medicines, risks to people and oversight of service delivery at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ablegrange Severn Heights Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector, 1 CQC specialist advisor and 1 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.

#### Service and service type

Ablegrange Severn Heights is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ablegrange Severn Heights is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had been recruited and was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spent time with people in the communal areas of the home and saw how staff supported people they cared for. We spoke with 2 people who lived at the home and 8 people's relatives. We also spoke with 8 members of staff including the manager, clinical lead, nurse, maintenance manager, head cook and 3 healthcare assistants. 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 looked at the care records for 5 people and multiple medicines records for people living in the home. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits, and recruitment checks carried out within service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

Our last inspection found the provider had failed to ensure the proper and safe management of risks to people and medication management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Our last inspection found systems and staff practice used to administer and manage people's medicines required improvement. This inspection found some areas of medicines management had improved, however some areas required further improvement.
- People did not always receive their medicines as prescribed. For example, bowel management medicines had not always been administered twice per day as prescribed. This placed people at risk of harm from poorly managed health conditions. The manager took immediate action to report errors and prevent further occurrences.
- Changes made to people's prescribing instructions on the medicine administration record (MAR) were not always legible and were not always signed in line with the provider's medicine administration policy and procedure. This placed people at risk of being given the wrong dose of medicine at the wrong time. The manager took immediate action to ensure changes to MARs were legible and signed.
- The provider did not always report when people consistently refused a prescribed medicine to the general practitioner (GP) for review. Therefore, the provider could not be assured people always received the medication they required. The manager immediately arranged for consistent medicine refusals to be reviewed.
- The provider could not always be sure of the reason why some medicines had not been administered. The MAR coding system to be used when medicines were not administered was not being used consistently. This meant information about people's medicines may not be reviewed accurately if the records showed a person's medicine was 'refused' rather than 'not required'. The manager took immediate action to ensure codes used on MARs were used consistently going forward.
- The provider could not always be assured topical medicines were administered as prescribed. Body maps to communicate to staff where gels were to be applied were not always completed. Therefore, people were at risk of having their prescribed topical medicines administered incorrectly. The manager ensured body maps were completed with required information immediately.

- The provider could not always be sure of the exact dose administered for medicines with variable doses. For example, medicines prescribed for asthma and chronic obstructive pulmonary disease with the directive of 1 or 2 puffs up to 4 times per day did not always record the number of doses administered. The manager implemented a recording system during the inspection.
- Our last inspection identified the need for window restrictors to ensure the environment was safe for people. We found large opening windows in people's bedrooms and communal rooms across both floors of the home, did not have sufficient window restrictors fitted to maintain people's safety. The manager immediately arranged for window restrictors to be ordered and installed. These were installed a few days after our inspection.
- Cleaning equipment and chemicals were not always used safely. For example, a domestic trolley containing cleaning equipment and chemicals was left unattended in the corridor and a mop bucket containing water and chemical mix was also left unattended during the inspection. This placed people at risk from trips and falls as well as the risk of ingestion of chemicals. The manager took immediate action to ensure cleaning equipment and chemicals were not left unattended.

The provider had failed to ensure safe management and administration of prescribed medicines and management of risks to people. This placed people at risk of harm. This was a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to the returns and disposal of unwanted medicines to ensure procedures were in line with NICE guidance 'Managing medicines in care homes.'
- Storage of medicines had improved since our last inspection. We found people's medicines were always stored at the correct temperature, to ensure they remained effective to administer.
- Checks to ensure people's medicinal pain-relieving patches had remained in place were carried out each day and patches were replaced when they had come unstuck.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had a good rapport with staff. One person told us, "The home is very good the staff are very good. They (staff) listen to us."
- Relatives we spoke with told us they felt their loved ones were safe and happy in the home. A relative told us, "Yes it's safe, I never have any concerns." Another family member said, "My [relative] says it has been a lot better since we had the new manager."
- The provider had clear safeguarding and whistleblowing systems in which staff had received training and knew how to effectively use. Staff understood how to spot the signs of abuse and the steps they would take to safeguard people.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal



authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- The manager used a dependency tool to identify the homes staffing requirement. We found there were sufficient staff on duty to meet people's individual needs.
- People and their relatives told us there were enough staff to meet their needs and keep them safe. One person told us, "Yes I should think so, they check on me regularly." A relative said, "From what I have observed I would say there are sufficient staff."
- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- In line with current government guidance there were no restrictions placed on visiting and visitors could access the home freely.

#### Learning lessons when things go wrong

- The provider had a system to record incidents and accidents which occurred in the home.
- Incidents and accidents were reviewed for trends and the outcomes informed updates to care plans and risk assessments to reduce the likelihood of reoccurrence. These were then shared to the team through team meetings.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

Our last inspection found the provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfall and to ensure compliance with regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- Following our inspection at Ablegrange Severn Heights in November 2022 the provider had failed to establish and operate effective systems or processes to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and associated legislation. Effective systems were not always in place to assess, monitor and improve the quality and safety of the service provided. These continued failings demonstrate lessons had not been learnt.
- The provider had failed to make adequate, timely progress in oversight of the service and in some instances, their governance systems and checks were not robust enough to identify issues that we found during this inspection, including those relating to environmental risk and medicines management. This resulted in continued poor practice that put people at risk of harm and meant opportunities to drive forward improvement had been missed.
- The provider did not have effective systems to record the delivery of new medicines to the home. New medicines were not recorded on people's MARs and existing medicines in the home had been recorded as carried over to the next cycle on people's MARs. This meant the provider did not have clear oversight of the medicines in stock to ensure they were accounted for, and the home had sufficient quantities to administer medicines as prescribed. This placed people at risk of receiving unsafe care.
- The provider had not always followed their Administration of Medicines Policy and Procedure when people consistently declined medicines and when amendments were made to people's medicines. Failure to follow their Administration of Medicines Policy and Procedure placed people at risk from unsafe medicines management.

The provider had failed to have effective governance systems in place to assess and monitor the quality of the service to identify shortfall and to ensure compliance with regulations. This was a continuing breach of

regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took immediate action to ensure the provider's policies and procedures relating to safe medicines management were followed and oversight of medicines improved.
- The provider's management and oversight of wound management had improved since our last inspection. Wounds were better monitored and analysed.
- Checks on the integrity of people's mattress had been improved to ensure they remained suitable for people to use.
- Our last inspection found records of care provided to people on the provider's electronic system required improvement. This inspection found care record entries were made regularly and accurately reflected the care provided to people to meet their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives, we spoke with were positive about the service they received. A person said, "It's like having a family here, we have a great time, [manager] is great and sees us every day." A relative said, "It couldn't be a better place, you can tell when you go in, the staff are very helpful, I am very happy with it."
- The manager and staff were passionate about always providing good quality person-centred care to people. An open, inclusive and empowering culture was promoted through a visible management team in the home, and we saw people knew who the manager and staff were and had a positive relationship with them.
- The manager and provider promoted family involvement to support the achievement of good outcomes for people. A relative told us, "[Manager] is always walking around the home, introduces himself and spends time talking to us. [Manager] always asks if we have any problems or concerns with the service. I haven't raised anything since November, it has been very positive. The staff are lovely, very dedicated and always smiling and interact with the people and family."
- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member said, "I feel [manager] is very supportive, I can take anything to him. [Manager] will always listen and help the staff." Another staff member told us, "[Manager] is new and is very focused. He will look at everything and feels everything needs to be perfect. Every day we work to improve and [manager] leads this."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The manager was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the staff and manager involved people in their care. For example, regular meetings were held with people for their views to be heard.
- Regular meetings and supervisions with staff were held where they were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.
- People and relatives were encouraged to input to the development of the service through residents' meetings and surveys.

### Working in partnership with others

- The manager and staff team worked closely with other organisations including the local GP, chiropodist, and pharmacist to improve outcomes for people.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure safe management and administration of prescribed medicines and management of risks to people.

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure safe management and administration of prescribed medicines and management of risks to people.

**The enforcement action we took:**

Warning Notice