

Sanctuary Home Care Limited

# Ashley Cooper House

## Inspection report

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London  
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Date of inspection visit:  
28 July 2016

Date of publication:  
25 August 2016

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Ashley Cooper House provides accommodation and care for up to 16 people who have physical disabilities. On the day we visited 13 people were living in the home.

The service was last inspected on 4 November 2015 when we found one breach of regulation relating to the cleanliness of parts of the building.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was not available on the day of our visit and the deputy manager assisted us with the inspection.

At this inspection we found one breach of regulation. People did not have free access to all parts of the building because adapted doors did not work effectively.

The provider had arranged for an audit of the home to take place and the management team were addressing the areas which needed improvements.

We found improvements had been made to the cleanliness and condition of shower rooms and toilets.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. The provider had taken action to improve the cleanliness and condition of bathrooms and toilets,

### Is the service effective?

Requires Improvement ●

The service was not effective. Adaptations to doors did not operate effectively and people did not have free access to all part of the building.

### Is the service well-led?

Requires Improvement ●

The service was not well led. The provider had identified areas of improvement required and the management team in the home was working towards implementing them.

# Ashley Cooper House

## **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.

The inspection took place on 28 July 2016 and was unannounced. One inspector carried out the inspection. It was a focussed inspection to see if the provider had met the breach of regulation we identified in November 2015.

We reviewed the information we held about the service including records of notifications sent to us. We spoke with four people who lived at the home and observed staff interaction. We spoke with three staff, including the deputy manager and two care staff.

We looked at the report of an audit carried out by the provider in April 2016 and the report of a visit by the London Fire and Emergency Planning Authority in April 2016.

## Is the service safe?

### Our findings

At our last inspection in November 2015 we found that parts of the home were not clean and people were not always protected from risks associated with an unclean environment, such as the risk of infection. We found the shower rooms and toilets were not visually clean. There were unpleasant odours in two shower rooms. Shower rooms in the home were in poor condition and the decoration and fittings were damaged. In one shower room the cistern lid was missing from the toilet. Shower seats had plastic covered foam padding, however the covers were damaged and the foam core was exposed. This prevented effective cleaning and could have led to a risk of infection.

This was a breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the home was clean and this protected people from infection. Action had been taken to address our concerns and the regulation was met. Damaged fittings such as shower seats, cisterns and shower curtains had been replaced. The fittings were in good condition and they could be cleaned effectively. The shower rooms and toilets were visually clean and there were no unpleasant odours. The communal areas had been redecorated and the home looked brighter and fresher than at our last visit.

We spoke with people living at the home and they told us they were pleased with the work in the shower rooms and toilets and it had made the rooms "better".

## Is the service effective?

### Our findings

People's individual needs were not effectively met by adaptations in the building. Two people raised concerns with us that some doors did not open easily. Although four doors were fitted with devices, which should have opened automatically when a button was pressed, these did not work effectively. The doors opened very slowly and people pushed them to gain access more quickly. The four doors were to areas where toilets, shower rooms and bedrooms were located. One person told us "the shower rooms are better but the [building] work still isn't done properly because the doors aren't working." Another person said to open the doors they had to push them open. They said, "They [staff] tell us not to push the doors, but if you need to get in, you have to."

We discussed the doors with the deputy manager of the home and she told us she and the registered manager were aware of people's dissatisfaction with the current fittings. She said she had received advice from the London Fire and Emergency Planning Authority (LFEPA) when they had visited the home on 21 April 2016. They confirmed the advice in a letter of the same date. The LFEPA representative stated that as the fire doors were being damaged they advised "install[ing] a magnetic door holding device linked to the existing fire alarm on any doors you wish to be held open to help provide free movement for the wheel chair users."

The deputy manager said this issue had been referred to the provider's health and safety department. She did not know why the work had not yet been completed but believed the department was obtaining quotations for the cost of the work. We were concerned that three months had passed since LFEPA gave the advice, and the current doors did not allow people who used wheelchairs to access freely all parts of the building.

This was a breach of Regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

At our last inspection in November 2015 we found there were systems for the provider to review the quality of however the quality assurance systems did not identify the areas which we found needed improvement. At this inspection we found the provider had carried out an audit in April 2016. The audit identified areas which needed improvement. The deputy manager told us she and the registered manager were addressing the areas for improvement and the auditors were to return to assess progress in August 2016. We will assess the impact of the audit on improving people's quality of life at our next comprehensive inspection of the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider did not ensure that equipment was suitable for the purpose for the purpose for which they were being used.</p>