

Purelake Healthcare Limited

Ashley House

Inspection report

6 Julian Road
Folkestone
Kent
CT19 5HP

Tel: 01303241024

Date of inspection visit:
03 October 2019
04 October 2019

Date of publication:
08 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Ashley House is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 17 people in one adapted building. People had varying care needs, including, living with dementia, recovering from a stroke and diabetes. Some people could walk around independently, and other people needed the assistance of staff or staff and equipment to help them to move around.

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

Enough improvement had not been made since the last inspection to evidence a good service was being provided.

Safety measures to reduce risks had improved. However, changes in people's needs had not been reflected in the records kept, so people could not be assured the care provided was sufficient to safely meet their needs. Risks around the environment were not always kept up to date to keep people safe and accidents and incidents were not closely monitored to prevent a reoccurrence.

Suitable references were not always received for new staff. Some areas around the premises were not maintained appropriately to make sure people were not at risk of the spread of infection. We have made a recommendation about each of these areas to encourage improvement.

New staff did not complete essential training in a timely manner to make sure they had the knowledge to provide good support and keep people safe. The premises were not maintained to a suitable standard to provide a comfortable living area and to make sure people had the facilities to protect their privacy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records kept did not always reflect this practice. We have made a recommendation about this.

Although the provider had started to make changes to provide a more dementia friendly environment, we found this was still an area for improvement.

Although staff knew people well and knew what their likes, dislikes and preferences were, the records kept did not always reflect changes in people's needs. There was a lack of opportunities for people to follow their interests and hobbies to provide stimulation and promote their well-being.

Information for people was not provided in accessible formats so people who had difficulty reading words and sentences could understand them. The provider had started to make changes. We have made a recommendation about this.

When people raised a verbal concern or complaint, these were not logged so the themes could be checked, and lessons learnt. This is an area we found needed to improve.

The management and oversight of the service was not robust enough to identify areas of concern and put actions in place to continuously improve quality and safety. This was the fourth inspection where the provider and registered manager had not achieved a rating of good.

People and their relatives felt safe and said they were well looked after. People could be assured their prescribed medicines were administered safely.

People had good choices at mealtimes and their varying diets were known and understood by kitchen and care staff. People were supported to access health care when they needed it and were supported to attend appointments if needed.

There was a good atmosphere in the service where people chatted with staff and had a joke. Staff were happy in their work which helped to create a comfortable environment for people. People's privacy and dignity was respected, and they were supported to maintain their independence, which supported their well-being.

People, staff and relatives found the registered manager approachable and said they made time for everyone. People had the opportunity to share their views and this was supported by the views of relatives and external agencies. Staff were supported through staff meetings and one to one supervision meetings to make sure they were fulfilling their role in supporting people in the way they wanted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 4 October 2018). At this inspection, enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection, we identified two breaches that had continued since the last inspection in relation to, risk management, accurate record keeping and quality monitoring, and three further breaches in relation to, maintaining suitable premises, new staff induction and training, and meeting people's needs and preferences.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Ashley House

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day of inspection.

Service and service type

Ashley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on annual leave during the inspection. The provider made themselves available.

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 the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

Not everyone was able to give their views of the service verbally. 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 three people and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, administration officer, senior care workers, care workers and the cook.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff meetings, surveys and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements as risks to people's health and safety had been assessed. However, risk assessments were not always robust and up to date or followed by staff so a breach of regulation 12 continued.

- Individual and environmental risk assessments were now in place, providing guidance for staff on how to manage risks and prevent harm. However, some did not provide up to date guidance and staff did not always follow the management plans.
- Risk assessment records were not always updated with information from accidents and incidents to make sure appropriate measures were in place for people to receive safe care. One person had sustained an injury when mobilising with staff in August 2018. They had needed hospital and ongoing treatment. The person's care plan and risks assessments had not been updated with this information to make sure a repeat incident was prevented. Subsequent reviews of risk had not identified the missing guidance for staff.
- Accident forms had been completed by staff regarding the incident above, However, discussions had not taken place with staff to make sure lessons had been learnt from the incident and knowledge and understanding had been explored and updated.
- Another person's health was declining, and concerns had been raised by staff regarding their nutrition and low weight. A dietician had been asked to visit in July 2019 and they made recommendations for staff to follow. These were being followed. However, the person's weight was not recorded regularly or consistently to assist in monitoring their health. Their weight was recorded as the same on 7 August and 21 August 2019. However, their weight was not measured again until 11 September 2019, when they had lost 1.9kgs. Their weight had not been checked since. The person already had a low body weight and was at risk of malnutrition, further significant loss of weight increased the risk to their health and well-being.
- Risk assessments were in place because some bedrooms had additional heaters. However, these were not always up to date as some heaters were not as described in the risk assessment and some were in a hazardous position. An electric heater in one bedroom had been attached to the wall at head height. An electric lead was hanging down, plugged into the socket further down the wall. The heater was switched on and did not have a protective cover. Although the bedroom was not in use, it was not locked. Some people who were living with dementia and had a limited sense of danger were independently mobile and could be placed at risk if they walked into the room. One person had a soft toy they were very fond of and liked to

show them around. The lift had been assessed as a risk area for the person because of this. Unlocked rooms with potentially risky equipment could also pose a risk but had not been considered .

- People had a personal evacuation plan describing their individual support needs if they needed to evacuate the building in an emergency. However, the plans were not regularly reviewed. One person's plan had not been reviewed since 14 August 2018 despite their care and support needs having changed significantly since then.
- Some fire escape doors were located inside bedrooms. A clear escape route was not always available as items of furniture such as a wardrobe or a chair were obstructing the passage from the bedroom door through to the fire escape. This may delay people's safe evacuation. We spoke to the provider about this who said they would move the obstructing furniture straight away.

The failure to ensure people were safe from harm is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire alarm test certificates for the last two years recommended the fire alarm panel be replaced due to its age. This had not been completed so we asked the provider what their intentions were. The provider said the panel was on their maintenance improvement plan. The registered manager had carried out fire evacuation drills at different times of the day in January 2019 to check staff ability to support people to a safer place in the event of a fire. Weekly checks of the fire alarm system had been undertaken.
- Essential equipment and utilities were serviced regularly, including electrical installation, gas safety, lifting equipment and portable appliance testing.
- Accidents and incidents had been recorded appropriately by staff. The provider checked the forms to make sure they were completed correctly. However, they did not monitor incidents to identify themes and put action in place to learn lessons and prevent further occurrences.

Staffing and recruitment

- New staff had completed an application form with full employment history. Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- However, out of the five staff files we looked at, only one had appropriate reference checks. Verbal references only had been taken for one staff member and these had not been followed up in writing. Other staff members had given friends as referees and one had only one reference in place which was from a friend. The provider said they would chase these up straight away.

We recommend the provider and registered manager seeks suitable advice and guidance to develop processes to make sure appropriate information is sought to maintain safe recruitment.

- We looked at staff rotas and observed the levels of staffing during the inspection and found there were sufficient staff to meet people's needs. The registered manager completed a dependency assessment each month, to measure the levels of people's care and support needs.
- People told us they did not have to wait for staff attention when they needed help. One person said, "I only have to press the bell, and someone comes." Staff confirmed there were enough staff and they did not feel under pressure.

Preventing and controlling infection

- Some areas needed to be improved to enable easier cleaning to prevent the spread of infection. For example, one toilet had a wooden board behind it that had not been treated or painted and the flooring around the toilet was not sealed against the toilet. This meant germs could harbour as appropriate cleaning

could not be carried out.

We recommend the provider and registered manager seek advice and guidance from a reputable source to develop suitable processes to ensure the service maintains appropriate cleaning and maintenance schedules to prevent infection.

- The service was generally clean. Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their loved ones were safe at Ashley House. One relative said, "I definitely feel (my loved one) is safe here – and (my loved one) feels safe."
- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and how they would respond and report if they witnessed anything untoward.
- Staff told us the registered manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary.
- The registered manager knew their responsibilities to report any concerns to the appropriate authorities. They had reported concerns and sought advice when necessary.

Using medicines safely

- People's prescribed medicines were ordered and stored safely by staff.
- Processes were in place to make sure people received their medicines safely. Medicines administration records were neat and well recorded, minimising mistakes.
- A random sample of medicines were checked to make sure the numbers in stock tallied with the numbers recorded. We found no mistakes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection we identified an area for improvement around staff induction records as they did not evidence staffs positive progression in their new role. At this inspection we found this was still an issue and found other areas of staff induction that were of concern.
- New staff did not receive essential training in a timely way after commencing in post, to make sure they had the skills to support people safely. A one-day induction into the service was carried out and two days shadowing more experienced staff. However, there was no record to show what areas had been covered over these days and how competent and confident the new staff member was.
- Following the induction day and shadowing, although new staff were working on shift with other staff, they were carrying out some tasks with people alone. One staff member had started in post four weeks before the inspection and another staff member five weeks before. Both had only completed a moving and handling workbook, without the practical training or competency assessment to test their ability, and a challenging behaviour workbook. New staff were carrying out all personal care tasks, including moving people, without evidence of a full assessment of their competency. Neither had worked in health and social care previously so had no prior experience.
- Staff who were new to care or had not completed an NVQ, had not completed the care certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider and registered manager could not be assured new staff had the knowledge and skills to support people in a safe way.

The failure to ensure all staff received the training to meet people's needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most other staff had received essential training. Those that required an update had a date booked to attend training.
- Staff had been supported through regular supervision meetings where they were able to raise areas of concern and their personal development was discussed.
- Staff had not had an annual appraisal of their work this year. The provider told us they were planned for October and November 2019.

Adapting service, design, decoration to meet people's needs

- Two bathroom doors did not have a lock on them to ensure people's privacy when they were using the

facilities. We asked staff if people used the bathrooms regularly and they confirmed they did. The provider said they would make sure these areas were rectified straight away.

- An upstairs shower room was cluttered with items of old equipment including; a bedside table, a deflated air mattress, a walking frame and an armchair. This meant the room was not a pleasant area to enjoy a shower. The provider said they would make sure this area was cleared of storage straight away.
- A strong odour of urine was present on the first floor throughout the inspection. The odour was strongest in one room. Although a commode was in the room, this was empty. We spoke to the provider about this who said they too had noticed the smell and would investigate. However, we found this was known to the provider and registered manager for two months, as monthly audits carried out in the service had identified the issue and no action had been taken to address this.
- The premises had not been designed to support people living with dementia to easily find their way around. Signs used in the service were not developed using best practice guidance in relation to supporting people living with dementia to find their way around the building.

The failure to ensure the premises are suitable for the purpose it is being used is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was set within an adapted building. All areas were accessible, a lift was available to all floors and the garden was accessible to people when the weather was suitable.
- Carpets and flooring that were raised as a concern at the last inspection had been replaced and decorating in areas that needed it. However, this work was ongoing.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood how to support people with decision making on a day to day basis and knew people well enough to support them during times of fluctuating capacity through the day. However, some relevant areas of the MCA were not always understood.
- One person had been assessed as having capacity to make decisions relating to their daily living needs in April 2018. The assessment had been reviewed and unchanged each month since then. An assessment had not been completed to check their capacity to consent to their care and treatment at Ashley House. In April 2018, an application had been made for a DoLS, which suggested a decision had been reached they did not have capacity to make some decisions, about their care and treatment. However, this was not reflected within their care plan or further mental capacity assessment reviews.
- Some decisions had not been recorded as having been made in people's best interest or how specific decisions had been reached.
- Where the best interests decision making process had been recorded, the record did not evidence how the decision had been agreed. One person's record stated their loved one had been contacted. However, what

information they had given and what their thoughts were to inform the decision had not been recorded. For example, how the person may have responded and wished the decision to be taken before they lost capacity.

- The registered manager had applied for DoLS authorisations appropriately. However, people's care plans did not refer to DoLS, whether an application had been made or an authorisation to deprive people of their liberty had been granted. The information was not easily available for staff, who were unsure who had a DoLS authorisation in place.

We recommend the provider and registered manager seek advice and guidance from a reputable source to make sure decision-making processes fully meet the requirements of the Mental Capacity Act.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out an assessment with people before they moved into the service. The assessment identified their care and support needs so the registered manager could make sure they had enough staff with the skills needed to provide their care safely.
- The assessment covered the person's needs in relation to their, personal care; eating and drinking; mobility; communication and emotional needs, identifying what support was needed. The information was used to develop the care plan. The assessment covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. These included their cultural and spiritual needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff knew people well and what their preferences were around food. One person had a poor appetite. Staff told us they did not always eat well through the day, but usually ate a good breakfast and had a better appetite later in the evening or through the night. Staff gave the person food whenever they wanted it, and this was confirmed in their care plan and as advised by the dietician. We saw the person eating well at breakfast time and tea time, but very little at lunchtime, as staff had described.
- People could have what they wanted for breakfast and could order as much as they liked. Breakfasts were made to order by the cook. People were asked what they would like for lunch in the morning, so they were more likely to know what they felt like eating and less likely to forget what they had ordered than if they were asked the day before.
- Different diets and preferences were catered for. For example, some people were vegetarian or had diabetes. The cook and staff knew who was vegetarian and diabetic and who had soft diets. Vegetarians had two choices at meal times, as other people did.
- Staff encouraged people with snacks and to drink plenty fluids. A good record was kept of people's food and fluid intake.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had been referred to the appropriate healthcare professionals for advice and treatment when needed. Staff had followed the advice given.
- Staff kept GP's informed of any concerns around people's health and updates of medical conditions.
- People had access to the healthcare advice they needed to maintain their health, including dentists, district nurses, dieticians and opticians.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity on a day to day basis when providing their care. For instance, by knocking on their door before entering and by making sure they respected people's dignity when assisting them with personal care.
- Staff assisted people to walk around as much as possible to help them to remain more mobile and independent. Care plans emphasised the need for staff to support people to maintain their independence and dignity.
- When one person was making disparaging remarks about themselves, a staff member stepped in and said, "No you are not, you are just forgetful." The person replied, "That was a kind thing to say."

Ensuring people are well treated and supported; respecting equality and diversity

- People responded well to staff, chatting in a relaxed atmosphere. One person said, "It is a great atmosphere here. We have a lot of fun. We are all friends here and we help one another." Another person commented, "I like it here. I like everything about it. It is home".
- Staff knew people well and could describe their likes and dislikes and how they liked to be cared for. Relatives told us how good the staff were. One relative said, "Every single member of staff is lovely – they are affectionate and know (my loved one) well." Another relative told us that since their loved one moved to Ashley House, "(My loved one) has a sparkle. I have got my (loved one) back. They cannot do enough for them – and us."
- Staff were caring and treated people with respect. One person's care plan said they felt the cold and often liked a blanket to hand to wrap around themselves. The person was sitting in the lounge with their blanket and staff kept checking they were warm and still covered.

Supporting people to express their views and be involved in making decisions about their care

- Information was available about people's past history and what was important to them.
- When people were not able to be fully involved in decisions about their care, their loved ones had been asked for information. One person's relatives had told staff their loved one had always liked their bedroom to be cool – with an open window and a fan on. This was clearly detailed in their care plan and we saw staff had respected this during the inspection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to maintain complete and accurate records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider and registered manager continued to be in breach of regulation as improvements had not yet been sustained.

- People's care plans provided individual information in relation to their, personal care, eating and drinking, mobility, spiritual and cultural needs, activities and interests, communication and emotional needs. However, information was not easy to find in relation to specific care needs as plans were disjointed as people's needs were repeated in more than one care plan. People may not always receive the care they needed in the way they wanted because of this.
- People's needs had changed as a result of deterioration in health or due to an incident such as a fall. However, this was not always reflected in the care plan to make sure staff followed up to date advice and guidance. Monthly reviews had taken place regularly but did not always reflect changes needed.
- The provider told us a new care plan format was being rolled out across their services and showed us one completed new care plan. The others had not yet changed over to the new system.
- Care plans did not always provide staff with information about people's wishes towards and at the end of their life.
- One person's end of life care plan recorded only that they had a 'Do not attempt cardio pulmonary resuscitation' (DNACPR) in place and no further information about their end of life wishes. A reason was not recorded on the plan why it had not been completed, such as the person or their relatives not wishing to speak about the subject at this time. Another person's end of life care plan had not been completed, however, staff had signed to say it had been reviewed each month since December 2018.
- Other people did have a plan in place for the end of their life, including where they wanted to be, who they wished to have around them and their cultural needs and wishes.
- The areas of concern found were similar to those found at the last inspection and although there had been some improvement, these had not been fully sustained.

The failure to ensure accurate records were kept and updated is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In practice, staff understood people and knew what their likes, dislikes and preferences were. They knew how each person liked to be supported and when they were feeling anxious or worried.
- People were supported with their oral care. The support people required individually was recorded in their care plan, for example, how often they liked to brush their teeth and the support they needed, or how they cared for their dentures.
- People's care plans included their preferences and how they expressed their sexuality, for example, the type of clothes they liked to wear. One person described themselves as being very protective of their privacy and dignity. Their care plan described the support staff provided with their personal care while maintaining their privacy and comfort.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we made a recommendation. People were often not meaningfully engaged to meet their social and emotional needs. At this inspection we found improvements had not been made and the provider and registered manager were now in breach of regulation.

- The activity coordinator had been absent from their post for eight months. Plans had not been put in place to organise activities during this time. People did not have an activities schedule, so they could check and decide what activities they wanted to take part in.
- External entertainers visited to provide, for example, music entertainment or bringing in small animals and pets. These were no more than once a month, so did not take the place of ongoing regular stimulation.
- Staff were providing some activities but there was no plan to work to, so these were started ad hoc when time was available. A person-centred focus on people's interests and hobbies was not checked and followed to avoid boredom and social isolation.
- Daily records did not refer to interests and hobbies people had been supported or encouraged to take part in. Staff had recorded that people were 'resting in the lounge' or 'resting in their room'. Evidence was not available to show if people had been meaningfully engaged through the day to avoid social isolation.
- Although staff were chatting and having a joke with people when they were in the lounge area, people were falling asleep or looked bored as there was little stimulation. In the morning, ten people were sitting in the lounge. Of these, seven people were asleep. The television was on in the morning, but so quiet it could not be heard to enjoy the programmes. Some people chatted between themselves at times through the day.
- One person's care plan said they liked all things to do with music. However, the guidance for staff did not explore the person's individual interests and what they had enjoyed in the past to encourage their interest. Helping the person to maintain their interests would enhance their well-being.
- One person had a sight impairment and was registered as blind. Their care plan recorded they did not like a lot of noise as it could be disorientating and they liked to have their radio playing as background noise. Staff were also advised to introduce themselves as soon as they went into the person's room and offer reassurance. However, the care plan did not give guidance to staff about what ways they could support the person with specialist aids to minimise social isolation and support their interests. Specialist organisations had not been contacted to give advice and assistance.

The failure to ensure people's individual needs and preferences were met is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection we recommended the provider and registered manager source appropriate expert advice and guidance for developing information in formats suited to the needs of people with dementia and cognitive memory loss. At this inspection, improvement had started but needed be advanced further.

- Information was not available in accessible formats, so people living with dementia for example may not be able to fully understand important information about the service. For instance, who people should contact if were worried about their safety, or if they wished to make a complaint. The provider showed us a copy of the complaints procedure in easy read format they had developed and was about to put into all their services. However, this had been raised at the last inspection and the improvement had not yet been made.

We recommend the provider and registered manager seek advice and guidance from a suitable source to provide more accessible information to conform with AIS.

Improving care quality in response to complaints or concerns

- There had been no complaints at the service since the last inspection. The registered manager dealt with verbal concerns as they were raised. However, a log was not kept of concerns, so the provider and registered manager could check for themes and learn lessons to make sure similar issues were not a concern to other people or relatives. This is an area for improvement.
- The provider had a complaints procedure setting out how people could make a complaint if they needed to. This included where to go to outside of the organisation if people were not happy with the response to their complaint, such as the Local Government Ombudsman.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider and registered manager had failed to ensure an effective approach to ensuring the quality and safety of the service. This was a continuing breach for the third time of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider and registered manager continued to be in breach of regulation. Few improvements were evidenced although some improvements had started but these had not yet been embedded and sustained.

- The quality monitoring process the provider had in place was still not robust enough to identify and action areas that needed to improve.
- The registered manager and staff checked people's care plans, medicines management, health and safety, cleaning and the kitchen.
- The cleaning audit found one room upstairs smelling strongly of urine in August and again in September. The odour was still very strong in the room and the whole upstairs during the inspection. Action had not been taken to make sure the environment was pleasant for people to live in and safe from infection.
- Outstanding actions continued from one month to the next in the health and safety and the kitchen audits. It was not clear if action had been taken. The provider agreed action had not been taken to address some areas although they had in others, but this had not been reflected clearly in the audit documents.
- Care plan audits were completed monthly up until May 2019 and none since. Those that had been completed prior to May 2019 were ineffective. Records kept did not identify where the improvements needed were, who was responsible for taking action, or when by. For example, the auditor had recorded in April 2019, 'Some individual risk assessments needed', but did not record whose or which risk assessments, or when they needed to be completed. In May 2019 the record said, 'Care plans appear to be up to date', so was not clear if they were up to date or not.
- The monthly medicines audit had not been completed since July 2019. In June 2019, the record again said, 'Balances appear to be correct'. There was a risk that medicine balances may not be correct as the auditor had not specified this clearly.
- The areas of concern we found around the premises had either been noted and not actioned, or not noted at all by the provider or registered manager. For instance, the strong smell of urine across the upstairs which

meant people were living in an unpleasant environment, and the bathroom doors with no lock, compromising people's privacy and dignity.

- A member of the provider's management team outside of the service was meant to complete a monthly audit looking at quality and safety across the service. The last completed audit was in August 2019. No areas were found that needed action taken to improve. None of the areas we identified for improvement at this inspection had been picked up by any monthly audit.
- The provider had recruited a staff member whose role was to carry out quality assurance checks in all the provider's services. They undertook an audit, with the provider, at Ashley House in August 2019. Although they had found many improvements needed to be made, an action plan with dates of when improvements needed to be made by and who was responsible had not been developed. Many actions continued to be outstanding, including some of the concerns we found.
- Daily records were not always kept up to date by staff. For example, people's weight was sometimes recorded weekly and sometimes three-weekly. Record of people's bowel motions were not regularly recorded so could not be relied on to check if people were in danger of constipation. One person's records had not been completed since July 2019 and in July had only been recorded on 6 of the 31 days in that month.
- This is the fourth inspection where the provider and registered manager have failed to achieve a rating of Good, and the fourth inspection where a breach of regulation 17 has been found. Similar concerns, around risk management, premises and equipment and quality monitoring had been found in the other services within the provider's organisation, which have also not always achieved a Good rating. The provider had failed to provide successful oversight to make sure improvements were made in a timely way to the quality and safety of the service.

The failure to ensure a robust approach to improving the quality and safety of the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although care plans needed to be improved to provide a more person-centred focus, people, relatives and staff told us the registered manager included everyone and made sure their door was open to listen.
- In practice, staff promoted a person-centred approach to people's care and support. People and their relatives were involved as much as possible in the development of their care.
- People told us staff knew them well and supported them in the way they wanted. People knew the registered manager and said they spent time with them, wanting to know how they were. One person said, "The manager is lovely. She comes to have a chat."
- Relatives agreed there was an open culture where the registered manager was accessible. One relative commented, "The manager is very approachable – always has time for you. (My loved one) says the same, (The registered manager) stops what they are doing to help."
- Staff were positive about the support they received from the registered manager and felt they could raise any concerns or ideas for improvement with them. They told us the registered manager supported them and listened to their views. One member of staff said, "(The registered manager) is always there if you need to talk." Another said, "It says a lot about (the registered manager) and the home that staff are always prepared to help out covering shifts."

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 provider and registered manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services

must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns and incidents within the service or with their loved one.

- Registered managers are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service.

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

- The registered manager regularly asked people their views and if they were happy with the service, on an informal basis, making changes as needed.
- Surveys were undertaken with relatives and outside agencies to gain their views. The provider recently collated the 12 responses of the latest survey, sent out in June 2019, to provide an analysis. An improvement plan was developed as a result.
- For example, 60% of respondents said the appearance of the service and furnishings were 'average'. The provider has developed a plan to make improvements – which included providing a more dementia friendly environment. External agencies had commented on the areas they thought the service did well, including. 'Monitoring patient well-being' and 'Patient/client care from my observations. Communicating with clients'.
- Staff meetings were regularly held where staff were given the opportunity to raise their own concerns and views as well as receiving updates from the registered manager. One staff member said, "It is like a big family everyone helps out each other and gets along. So, I would recommend to work here."

Working in partnership with others

- The registered manager attended local forums to keep up to date with information and changes relevant to their local area.
- The registered manager had engaged with local authority commissioners and staff as well as health care professionals such as GP's and district nurses.

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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager failed to ensure people's individual needs and preferences were met. Regulation 9 (1)(3) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure people were kept safe from harm. Regulation 12 (1)(2) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider and registered manager failed to ensure the premises were suitable for the purpose it was being used. Regulation 15 (1)(2) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to ensure all staff received the training they required to meet people's needs. |

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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to ensure accurate records were maintained and to maintain a robust approach to improving the quality and safety of the service.</p> <p>Regulation 17 (1)(2)</p> |

The enforcement action we took:

We served a warning notice, requiring the provider and registered manager to take action to comply with Regulation 17.