Care Quality Commission

Senex Limited

Ashleigh House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on 3 February 2015 and was unannounced. At the last inspection carried out on 9 July 2013 we found that the provider was meeting all of the requirements of the regulations inspected.

Ashleigh House is a care home which is registered to provide care to up to 13 people. Nursing care is not provided. The home specialises in the care of older people. At the time of our inspection we were told that there were 13 people living at the home.

Ashleigh House is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection a registered manager was in post.

Summary of findings

All of the people spoken with told us that they felt safe living at the home. Staff we spoke with told us that they understood their role in keeping people safe from the risk of abuse and would report concerns. But, we found they did not always have the information to escalate their concerns if needed.

People had their prescribed medicines available to them and appropriate records were kept when medicines were administered by trained care staff.

We found that overall the home was visibly clean. But, we saw some risks of cross contamination and infection in the kitchen.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority to deprive someone of their liberty. We found that the provider was meeting the requirements set out in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Staff spoken with knew the people they were supporting and felt they understood their support needs.

The provider had a safe system in place to recruit new staff. Staff received an induction and on-going training and supervision.

The provider had a complaints system in place. People and their relatives knew how to raise concerns or complaints.

We found that systems, such as audits, were in place to monitor and improve the quality of service provided to people. However, we found that these did not always identify or implement actions needed to improve the quality of the service.

We found that records were maintained but these were not always as robust as required.

Summary of findings

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 consistently safe.

People who used the service were protected from the risk of abuse. But, staff did not always know how to escalate any concerns if they needed to do so.

Risks had been assessed but actions put in place to reduce the risk of harm of injury were not robust.

Overall the home was visibly clean but we found some risks of cross infection in the kitchen.

Suitable arrangements were in place to ensure that people received their prescribed medicines.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for and supported by suitably trained, skilled and experienced staff.

Most staff was trained in and had a basic understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink.

People were supported to access healthcare professionals as needed.

Good

Is the service caring?
The service was caring.

People received care from staff that were supportive toward them and involved them in how they were cared for.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and care was overall provided as planned by staff who knew their needs.

People were supported to make choices about their day to day lives and take part in planned activities.

People and / or their relatives had the information they needed to raise concerns or complaints if they needed to.

Good

Is the service well-led?
The service was not consistently well led.

Requires Improvement

Summary of findings

Staff teams were supported and supervised to provide a positive culture that had people's needs at the centre.

Systems were in place to monitor the quality of the service delivered. But actions needed were not always identified or implemented as needed to make improvements to the service provided.

Records were maintained but were not always robust.

Ashleigh 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. We carried out this inspection 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 was unannounced and took place on 3 February 2015. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to us. We also reviewed information we received since the last inspection including notifications of safeguarding incidents and serious injuries. The provider is legally required to send us notifications about specific incidents. The provider met their responsibility in doing this.

During our inspection we spoke with ten people, six relatives, four care staff and one cook. We also spoke with two of the providers, one of whom is the registered manager of the home. We observed how people were cared for by using a Short Observational framework for inspection (SOFI) in the communal lounge. SOFI is a way of observing people's care to help us understand the experience of people who live there. We also carried out general observations throughout the day. We tracked the care of two people and looked at other records which included medicine management processes to see if people received their medicines when they needed to. We also looked at information about staffing, complaints and audits of the home.

We had not planned to follow our key line of enquiry relating to infection control at the home. But we saw some risks of contamination and cross infection so included this in our inspection.

Requires Improvement

Is the service safe?

Our findings

People spoken with told us that they felt safe living at Ashleigh House. One person told us, "I feel safe here. I am well looked after." All of the relatives that we spoke with told us that they felt their family member was safe living at the home.

All of the staff spoken with understood their responsibilities to keep people safe and protect them from harm and the risks of abuse. Staff told us that they would report any concerns to "other staff or a manager." One staff member told us, "If I thought a person was being abused, I would either tell another member of staff on shift or tell the manager." However, none of the staff told us that they would document their concerns and most staff were not familiar with how to escalate concerns by whistle-blowing to external agencies such as the Local Authority or the Care Quality Commission if their concerns were not responded to appropriately. We saw that no information was displayed for staff, people that lived there or their relatives about how they might raise a concern about abuse. This showed us that whilst staff were trained in safeguarding people and would report concerns they did not always know how to escalate their concerns to other agencies if needed so that people would be kept safe.

Staff spoken with told us how they protected people that they cared for from the risk of injury. Staff told us that they knew how to do this from their experience of working with people that they supported and not from people's written risk assessments. One staff member told us, "When a person moves here we always ask them and their family what they can and can't do and what they need help with. So, we work from that information." During our inspection we observed that people were safely supported by staff during tasks, such as walking with aides from the dining area to the lounge. In the care records we looked at we saw that risks to people's health and wellbeing had been assessed. However, assessments lacked detail and did not describe how staff should minimise the identified risk. This meant that staff did not have the written information to refer to if needed to keep people safe from the risk of harm or injury because assessments were either not robust or not updated as needed.

Staff told us and records confirmed that they were aware of the system for accident and incident reporting. We saw that one person's care record described an accident that had occurred and the provider showed us the accident form that staff had completed. We found the provider did not undertake an overall analysis of any accidents or incident that took place. Such an overall review may prevent re-occurrence wherever possible so that people were kept safe.

We spoke with staff about what first aid action they would take in emergency situations, such as a person choking. All of the staff told us that they would summon help by calling 999 for any serious injury or concern. Although staff had been trained in first aid two of the four staff spoken with were unable to tell us the safe first aid action they would take. This meant that some staff had the knowledge and skills to deal with emergency situations that may arise but others did not.

People spoken with told us that they thought there were enough staff on duty to meet their needs. One relative told us, "At times the staffing numbers seem a bit low. Sometimes there are no staff in the communal lounge." We saw that staff were continually occupied with tasks but people told us that they were happy and felt that their needs were met in a timely way. One staff member told us, "There is always a lot to do and it is a busy job but we do manage." Another staff member told us, "The managers are on-call and live close by. So, if needed, we can call them and they will help." The provider told us that people's needs were assessed to determine the staffing numbers on each shift. They told us, "If people's needs change or extra staff are needed due to, for example, one person being poorly and needing more support, then I will not hesitate to allocate extra hours to the shift." The provider told us that they did not use any agency staff but found that their own staff team were willing to do extra hours if needed. The provider added, "The skill mix of staff is also looked at. If for example there is new staff member they will be an extra staff member whilst they are completing their induction and getting to know people." This showed us that the provider assessed people's needs to ensure sufficient numbers of suitably trained staff were on shift.

Most staff employed at the home had worked there for numerous years. This meant that people received continuity of care and support. The provider told us that they were in the process of recruiting one additional cleaning staff member. They told us about the pre-employment checks they were completing before the worker started their employment.

Requires Improvement

Is the service safe?

People told us and we saw that staff administered their medicines to them. We observed medicine being administered to people by one staff member. We saw that they followed the training that they had been given and the provider's medication policy. We saw that the staff member supported people appropriately and did not rush them with their medicines. We looked at two people's medicines and their records. We found that their medicine was available to them and appropriate records were kept by trained care staff. This meant that people would receive them safely when required.

We had not planned to look at infection control but we saw some risks of contamination and cross infection so followed this key line of enquiry as part of our inspection. But, we saw some risks of contamination and cross infection in parts of the kitchen.

We saw that five cupboards did not have doors on them and that crockery and other items for mealtime use were stored in them. We observed the kitchen floor was swept and mopped next to the exposed plate storage area just above floor level. This meant that dust particles and splashes from the cleaning may contaminate the clean plates that would be used for people's meals. We found that the inappropriate storage presented a risk of infection to people.

We saw that effective cleaning may be difficult in some parts of the kitchen due to the numerous items of paper and plastic wallets stuck onto the kitchen wall tiles. We saw that where the seal was broken behind the sink meant that particles of debris could not effectively be cleaned away.

The provider told us that they were the infection control named person at the home. They told us that when they were on shift at the home, they always completed an informal check on the overall environment. We looked at the last infection control audit completed in August 2014. We found that checks had not always identified where improvement was needed. We saw that actions needed to reduce the risk of cross infection had not been identified. We discussed our concerns that kitchen checks had not been effective in identifying actions needed. The provider told us, "The kitchen environment is 'tired' and would benefit from replacement. Our plans are to re-fit the kitchen during 2016." The provider agreed that checks could have been more robust to identify that some immediate action could be taken before the kitchen re-fit and we saw that, for example, a foot operated bin was purchased on the day of our inspection which would reduce the risk of cross infection. Robust daily checks would ensure that actions needed for improvement were identified.

The provider told us that following our inspection they would ensure crockery and other mealtime items were moved and not stored at floor level. They also told us that the seals would be checked so that effective cleaning could take place which would prevent contaminates being harboured in hard to clean places.

Good

Is the service effective?

Our findings

The majority of people spoken with told us that they felt their needs were met by staff. They told us that they thought staff had most of the skills they needed for their job.

All of the staff spoken with told us that they had completed an induction and training when they started their employment with the provider. Training records showed us that the majority of staff had completed most of the training that they needed to support people with their needs effectively. One staff member told us, "The training I've done with this company is really good." Relatives spoken with told us that overall they felt staff had the skills they needed for their job roles. However, a few skills were identified to us by relatives as being a training need for staff. These included how to effectively put in people's hearing aids, how to put on surgical stockings and ensuring people's glasses were clean when put on.

One staff member told us, "I feel well supported. The manager is at the home most days. If they have gone home, we can phone them if we need to." Staff confirmed that they received supervision from the provider. Another staff member told us, "I have one to one supervision with the manager. It is quite useful." The provider told us that staff were supported through one to one supervision and staff meetings. Although staff were inconsistent in what they told us about whether staff meetings took place or not, we found that they were supported in their role. In recording staff meetings, staff would be able to refer back to what had been discussed if needed.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority to deprive someone of their liberty. All four care staff told us that they could not make decisions on behalf of people or prevent them from going out if they wished to. One staff member told us, "People have the freedom to move about as they wish to here." This meant that people's freedom was not restricted by staff.

All of the staff told us that they would always ask for verbal consent from people if, for example, they needed to give support with personal care tasks. One staff member told us, "I explain what I am doing and always give people time so they are not rushed." This meant that people's consent to care and treatment was sought and staff acted in accordance with legislation.

The cook told us that they prepared weekly menus for people that lived there. We asked how people were involved in deciding what was on the menu. The cook told us that they based choices on their knowledge of what people enjoyed. They told us that there were always two choices at mealtimes and an alternative could be provided if someone did not like their meal. People confirmed this to us and overall told us that they enjoyed their meals. We saw that there was no information displayed about the choices of meals during the day. None of the people that lived there were able to tell us what was for lunch on the day. The provider told us, "Staff will have informed people earlier but they may have forgotten. We can put up a display board so that people can be reminded." This would enable most people that lived there to access information about their meal choices.

People told us and we saw that drinks were offered frequently to people throughout the day. We observed that staff supported people that were not able to manage their own drink. We saw that some people had drinks of water or squash accessible to them throughout the day but others did not. One person told us, "Staff come and offer us hot drinks throughout the day." Another person told us, "This squash is what I buy for myself. I like to have a glass of juice that I can reach during the day." We discussed this with the provider and they told us, "Regular drinks are offered and people supported when needed but we will ensure that all people have drinks accessible to them."

People told us and records confirmed that they received visits from the doctor. On the day of our inspection we saw that a doctor visited one person as required. Overall relatives felt their family member's access to healthcare services were met. However, a few relatives told us that they felt some healthcare appointments were not made for their family member in a timely way. For example, one relative told us, "My family member needed a healthcare appointment but the staff did not make it as we requested. Due to the delay we made the appointment." Timely healthcare referrals will prevent any anxiety to people and / or their family members and ensure on-going healthcare support is provided when needed.

Good

Is the service caring?

Our findings

People told us that they liked the staff and felt cared for. One person told us, "The staff and managers always ask if we are okay." Another person told us, "I feel very well cared for in this home. Staff listen to me and if something is wrong I tell them."

Throughout our inspection we observed that people were spoken to respectfully by staff members. Staff told us that they felt positive relationships with people were developed over the years that they lived there and that they cared for them. One staff member told us, "I've worked here a long time and to me it is more like an extended family."

One person told us, "I can tell staff what I need." The majority of people that lived there were able to express their views. We saw that some people did this confidently with staff members. Other people told us that they were happy to go along with the routine. Care records looked at showed that people were given opportunities to be involved in making decisions about their plan of care, for example times that they were supported to get up in the morning and their preferences for personal care.

One person told us, "Staff always knock on my bedroom door. Sometimes I can tell which staff member it is by the way they knock on my door. I feel that my privacy and dignity are respected by staff." We saw one staff member enter an individual's bedroom but on entering the room told the person who they were and what they were doing. The staff member told us, "The person is not able to call out to me to come in, so I open their bedroom door slowly and tell them who I am." We observed that they showed kindness and compassion to the person. None of the people that lived there had a key to their bedroom door but the provider told us that if anyone expressed a wish for this they could be provided with a key. The provider explained that all bedroom doors were lockable from the inside if people wished to secure their bedroom for privacy when they were in their bedroom.

One person told us, "I like to talk to staff about my family and I can show them the photos of them I have in my bedroom." We spent time with a few people in their bedrooms. We saw that these were personalised with their possessions and arranged in a way that they wanted. The provider told us that they encouraged people to bring their own items to the home and display important photographs as they wished to. People felt that they mattered and staff showed a caring interest in them.

During our inspection we saw that most of the people were having their hair styled by a visiting hairdresser. One person told us, "I enjoy having my hair done. No queues here." We observed that people were relaxed with the hairdresser and that their dignity was promoted through their appearance.

Relatives we spoke with told us they were able to visit the home at any time they chose to. During our inspection we saw that people's relatives visited. Although there was no separate lounge area that people could sit in with their relatives for privacy, no one expressed concerns about this. The provider told us that they encouraged people's relatives to visit the home and for people to maintain important relationships. We heard the provider explain to one person, "I will go to the shop for you to get a new card for your mobile phone." The provider explained to us that the person had their own mobile phone so that they could keep in contact with their relatives but needed a new phone card purchasing.

Good

Is the service responsive?

Our findings

Some people told us that they had been involved in planning their care and support. One person told us, "Due to a healthcare condition that I have, I wanted to sleep upright and not flat in a bed. My needs have been met and I am happy about that." We observed that staff supported one person to elevate their feet as required which showed staff responded to their need.

All of the people spoken with told us that they felt their care met their needs. Care records sampled showed us that plans of care were personalised to people's needs. For example, we saw that preferences around food were recorded and preferences around what time a person liked to get up in the morning.

We saw that people and / or their relative were given the option of completing a section called 'My Memories.' This meant that people had the opportunity to give further detailed information about their lives.

One relative told us, "I do get a bit concerned when there are no staff in the lounge, especially during the evening time when staff are elsewhere in the building. If a person fell or needed help the staff would not know." We observed that at times there were no staff members in the communal lounge or immediate vicinity. We saw that there was no call bell in the lounge. We asked people how they would summon staff help if needed. One person told us, "We would shout their name." Whilst people that lived there told us they felt they could get help by shouting to staff, a call bell in communal areas would ensure that people could summon help if needed and staff could respond to them in a timely way because the call bell had alerted them wherever they were in the home.

During our inspection we observed that the television was on in the communal lounge but the sound was so low that no one could hear it. We asked people if they were watching and they all told us they were not. Although no home activities took place during our inspection, people told us that these were offered and took place. One person told us, "We go out to local shops and to the local pub." Another person told us, "We have an activities staff member and do quite a few different things including arm chair exercises, crafts and going out." We saw photographs around the home displayed people involved in various activities such as trips out.

The majority of people and / or their relatives confirmed to us that their feedback was sought by the provider through feedback surveys. We saw that there was a comments box and that the complaints policy was displayed in the entrance hall. We saw that this was not easily accessible to everyone that lived at the home. We asked people that lived at the home what they would do if they had any concerns or complaints. Most told us that they would tell their relative and a few told us that they would speak with staff. People that lived there told us that they had no complaints. We saw that a newsletter was displayed and was a means of communication and updating people's relatives about what was happening at the home.

One person told us, "I know who the manager is. I've told them issues I've been concerned about in the past. They have been sorted out. Sometimes it has taken a bit of time, but in the end things have been sorted for me." Relatives told us that they felt they could raise concerns with the provider. However, some relatives told us that when concerns had been raised with the provider these took a long time to be resolved.

The provider told us that they had received two complaints since our last inspection. We saw that these both related to food preferences and had been resolved through action implemented by the provider. However, during our inspection we were made aware of further verbal concerns that had been raised with staff and / or the provider. We saw that the provider had not logged those we were made aware of in their comments, compliments and complaints log. One relative told us, "If I raise something with staff, the provider does phone me back. I feel that they listen but sometimes issues are not always acted upon or fully resolved." We were given an example of the cellar door which banged loudly when closed. The problem had been remedied by the provider but the same issue had re-occurred. When concerns are not logged it may be difficult to refer back to them to use to learn and improve the service.

Requires Improvement

Is the service well-led?

Our findings

People spoken with told us that they felt happy living at the home. One person told us, "Overall, things go smoothly. Sometimes lunch might be a bit late or something like that." Another person told us, "If I've had any problems I tell he manager and they sort them out. At the moment I have no problems. I am happy and think the manager is good." Relatives spoken with told us that they felt the home has a good 'homely' atmosphere.

The provider told us that they offered people and / or their relatives the opportunity to complete feedback surveys. The provider sent us some copies of completed surveys. We saw that the majority of people and their relatives were either 'happy' or 'very happy' with the quality of the service provided. We saw that the provider had taken action where one person had identified a preference with food that was not being met. However, we found that the provider had not developed an action plan from the results of their feedback analysis to implement improvement with an aim to improve and show that their aim was for all people to be 'very happy' with the service provided.

The provider told us that staff meetings took place. However, we had mixed responses from staff when we asked about this. One staff member told us, "We do have staff meetings every day." Another staff member told us that, "We don't have any regular staff meetings." We were unable to look at any meeting minutes because they were not recorded. This meant that it was unclear to us whether staff meetings took place. In not recording the agenda and minutes of staff meetings, the providers and staff would be unable to refer back, whenever needed, to what had been discussed during staff meetings.

The provider told us that they completed informal spot checks on staff where they observed their practices in their job roles. One staff member told us, "The manager will tell us if we do things wrong." The provider told us that if they needed to address something in particular they would do this in the staff one to one supervision session. This showed that staff were guided in their job roles.

All of the staff spoken with told us that they had opportunities to develop their skills and knowledge through training. For example, some staff told us that they had been supported to complete their Qualification Credit Framework (QCF) Diploma in Health and Social Care. One staff member told us, "I think the training offered by the managers at the home is good. I have completed a lot of training since being there and have found it useful to my job." This meant that learning opportunities were provided for staff.

The providers had managed the home on a day to day basis since the home opened providing consistent leadership. People that lived there told us that they knew who the registered manager was and that they were approachable.

The Providers had ensured that information that they were legally obliged to tell us, and other external organisations, such as the Local Authority, about was sent. This meant they were aware of and fulfilled their legal responsibilities.

We saw that there were some quality assurance systems in place, such as audits, to monitor the quality of the service provided to people. We found that some audits, such as monitoring timely responses to call bells were not completed.

The provider told us that daily checks were completed on people's medicines and a four monthly audit was completed. We found that the checks had not always identified where improvement was needed. For example, we found that one person had no record maintained of where their transdermal patch (a medicine patch applied to a person's skin) was applied. The manufacturer's instructions state that the same area of skin should not be used for seven days for a new transdermal patch. In not having a record of where the transdermal patch was applied it could not be shown that the manufacturer's instructions were being adhered to.

We looked at two sets of care records and saw that staff maintained these and made daily records about people and how their needs were met. However, we found that some records were not robust. For example, we saw that one person's fluid and food intake record did not record clear amounts. We saw that records of healthcare professional visits to people were not always clear about what had been said or any action staff should take following the visit. We asked the provider if they audited people's care records. They told us that they did checks but had not identified those we had pointed out. The provider agreed that some improvement could be made. They told us, "We will have a discussion with staff about the importance of accurate records. We may ask visiting

Requires Improvement

Is the service well-led?

healthcare professionals to record their visit in people's notes. I will ensure checks are completed as needed." Checks on people's care records would ensure that they were reflective of the care provided to people and would identify any actions needed for improvement.