

Ashgale House Limited

Ashgale House

Inspection report

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Date of inspection visit:
08 September 2020

Date of publication:
28 September 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashgale House is a residential care home providing personal care to 14 people. The home provides care and support for people living with learning disabilities who may have autism and additional physical disabilities. The home also delivered a respite service for people, but currently due to the Covid19 pandemic this service was not being provided. At the time of the inspection there were 7 people using the service.

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

Following the previous inspection in January 2020, the provider sent us their action plan. This included information about the steps they had taken to make improvements at the home.

Improvements had been made following the previous inspection. Staff, people and their relatives told us people were safe and well supported at the service.

Systems for storing and administering people's medicines had improved. Medicines audits were taking place more frequently. Improvements were made when deficiencies were found.

Records of people's expenditure and details of their purchases had improved. Checks and monitoring of the handling of people's monies were carried out to minimise the risk of financial abuse and confirm that financial policies were being followed.

Improvements had been made to the quality monitoring systems. Audits and monitoring procedures were used effectively to monitor the service and to make improvements.

Monitoring records were better completed. They were easier to read, and fully completed. Staff had signed they had read guidance about people's care, Covid19 and other areas of the service.

The registered manager had started to analyse and evaluate incidents to identify patterns and trends to help prevent similar events being repeated.

Systems were in place to ensure people were protected from abuse and treated with respect and dignity. Staff told us staffing levels were sufficient to provide people with the care and support they needed.

Risks to people's safety in a range of areas including the Covid19 pandemic were assessed and understood by staff.

Suitable infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection.

The outcomes for people using the service in some areas reflected the principles and values of Registering

the Right Support by promoting choice and control, independence and inclusion. People had a choice in what they ate and in how they spent their day, but some people's routines and activities that had taken place outside the home had been reduced or stopped due to the Covid19 pandemic.

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 (published 18 March 2020). There were two breaches of regulation. Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance. We told the provider to make a number of improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in the areas inspected and the provider was no longer in breach of regulations in these areas.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgale House on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashgale 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. This was a focussed inspection to check whether the provider had met two breach of regulation in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashgale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the 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.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection. This was because of the Covid19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

What we did before the inspection

Before the inspection we spoke with one person's relative, and we looked at information we held about the service. This information included any statutory notifications the provider had sent to us. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections.

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 reviewed the last inspection report, provider's action plan and their IPC policy and recent IPC audit. We used all this information to plan our inspection.

During the inspection-

We spoke with two people using the service, the registered manager, deputy manager, one care worker and one senior care worker. Most people were unable to speak with us but communicated by gestures, behaviour and sounds. Observation of staff engagement with people was an essential part of the inspection due to people's varied communication needs. We observed some staff support and interaction with people in communal areas.

We reviewed a range of records which related to people's individual care and the running of the service. These records included one person's care file, 'daily' records of people's care and support and, medicine protocols. We also looked at a variety of records relating to the management and quality assurance of the service including policies and procedures, audits, training data, care monitoring records and accident and incident documentation.

After the inspection

We received feedback about the service from one social care professional and one healthcare professional. We also spoke with seven people's relatives and friends.

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 improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection in January 2020 the provider had failed to ensure that people's medicines were always safely and effectively managed. This is a breach of Regulation 12 (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- During the last inspection we found shortfalls in some areas of medicines management. There was not a detailed personalised protocol for the administration of one person's medicine which was given when needed (PRN) by staff. This could have meant that staff were not provided with the information they needed to administer the PRN medicine in a safe and personalised way. Following the inspection, we were provided with a protocol for the administration of this PRN medicine. During this inspection we reviewed the PRN protocols for two people's medicines and found they included clear personalised guidance and direction to ensure they were administered to people as prescribed and safely.
- During the last inspection one person's prescribed skin lotions and moisturising creams had not been stored safely. A risk assessment detailing the risks associated with the contents of the creams being flammable, was not in place. Following the inspection, we were supplied with a risk assessment and confirmation that those medicines were being stored securely. During this inspection we found that these medicines were being stored safely in locked cupboards.
- The last inspection found that medicines audits to check that medicines were managed safely had not been carried out regularly in line with the provider's policy. During this inspection we found that comprehensive medicines audits and weekly medicines checks had been carried out. Action had been taken to make improvements when needed. These included the provision of further medicines training for staff.

Preventing and controlling infection

- Infection prevention and control (IPC) is currently incorporated into all inspections of care homes to establish whether providers understand and follow government and other current guidance to effectively prevent and control infection during the Covid19 pandemic.
- The home was clean. All staff had access to the Personal Protection Equipment (PPE) they needed to safeguard themselves, other staff and people living in the home. Enhanced cleaning schedules were in place in the home to ensure the regular cleaning of frequent touch points, such as light switches.
- Systems and processes were in place to help prevent and control infections. This included a risk assessment for all visitors to the service, temperature checks and the wearing of PPE. Staff were observed wearing PPE and following social distancing guidance.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff were knowledgeable about types of abuse, the safeguarding policy and local safeguarding protocols. They knew they needed to report and record all allegations or suspicions of abuse without delay.
- During the last inspection we found that records of people's expenditure including receipts of their purchases were disorganised and did not always include the information needed to demonstrate the proper management and handling of people's monies. During this inspection we found improvements had been made. Receipts were better organised, new electronic records and regular checks from senior management helped minimise the risk of financial abuse.
- People had personalised risk assessments which included details of measures in place to minimise the risk of them being harmed. These included risk assessments to protect people and staff, including those at higher risk because of their protected characteristics (Black, Asian and Minority Ethnic, physical and learning disabilities). There were also a range of risk assessments and guidance to help manage the service during the Covid19 pandemic and to keep people safe.

Staffing and recruitment

- Staffing levels were determined by people's assessed needs. Staff told us that there were sufficient staff to meet people's care and well-being requirements. They informed us that when more staff were needed, the registered manager was responsive and either provided the help or ensured that other staff were employed.
- During this inspection we did not assess the staff recruitment and selection processes as these had been reviewed by us in January 2020 at the last inspection and found to be robust in ensuring that only suitable staff were employed to care for people.

Learning lessons when things go wrong

- The provider acted on the feedback they received following the last inspection to improve the service. Changes and improvements had been made since the last inspection to ensure that shortfalls found during the last inspection were resolved.
- Accident and incidents were investigated when they occurred, and a system was in place to ensure management oversight. At the time of the last inspection there was not a system in place to show regular analysis of incidents, accidents and complaints. During this inspection records showed that recent analysis of incidents had taken place and had shown a pattern to do with one person's behaviour. The registered manager said she was reviewing this trend and would seek ways to reduce the number of these incidents, with the aim of improving the person's well-being. The registered manager told us that she would continue to develop the systems for analysing incidents, accidents and complaints.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems were not in place to demonstrate good governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvements had been made at this inspection and the provider was no longer in breach of Regulation 17.

- There had been improvements to the quality monitoring processes since our last inspection. Daily records were now in an electronic format. Staff had access to an electronic tablet where they recorded people's care. They spoke positively of this process of recording and told us that it was easier to promptly document the varied contact they had with people, such as provision of personal care and administration of medicines. We found that some of these records could be more personalised and better demonstrate people's involvement in their day to day care. The registered manager told us that she would speak to staff and monitor these and other monitoring records more closely.
- Quality monitoring checks of the service were more effective. A regional manager now carried out comprehensive audits of the service in line with the provider's timescales. Following these audits action had been taken to make improvements.
- During the last inspection we found gaps in people's care monitoring records and it was not always clear which member of staff had completed them. The electronic care records showed no gaps and the name of the staff who had made them was recorded. These records demonstrated that people's dietary needs were met, and they received a range of care and support throughout the day and during the night.
- Fire checks, window restrictor and medicines checks were now carried out regularly and deficiencies addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had followed current government guidance to support people's friends and relatives to visit them during the Covid19 pandemic. Visits were by appointment and took place in the garden. Due to the onset of Autumn, plans were being completed to support people's relatives to visit people inside the home. The registered manager told us the provider ensured visiting arrangements were kept under constant review.
- During the Covid19 pandemic people have been supported to keep in touch with their relatives via video

calls and telephone calls. The registered manager told us that video calls had a positive impact on people's well-being and would continue after the pandemic. For example, one person has had video contact with a family member who lives abroad. During the inspection another person had a video call with relatives.

- People's relatives told us that communication with the staff was good and they felt people were well cared for. One person's relative told us that they had noticed "massive improvement" in the service since the last inspection. Other comments from people's relatives and friends included; "Communication is brilliant," "I am kept informed," "I am happy that [person] is happy," "I speak with [person] on the phone," "[Registered manager] is very good, she rings me and I ring her" and "It is lovely to know [person] is well cared for."
- People had personalised care and support plans which showed their equality characteristics had been considered and supported. We saw staff engage with people in a positive, friendly and respectful way. One person told us staff listened to them and treated them well.
- Staff told us they felt supported by management staff and kept well informed about changes to do with the service and current Covid19 guidance. We saw that files of information and current government Covid19 guidance was accessible to staff. Staff told us there was good teamwork, they felt listened to and could make suggestions for improvement at the service.

Working in partnership with others

- The registered manager spoke of working with the host local authority, people's care coordinators, GPs and a range of healthcare professionals to ensure people received the care, treatment and support they needed. Records showed people attended a range of healthcare appointments.
- Information from the host local authority showed that following a quality monitoring check they had carried out; the provider had made improvements where shortfalls had been found. A healthcare professional spoke in a positive way about the care home and told us staff listened to them and followed guidance they provided.

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; Continuous learning and improving care

- The registered manager had submitted statutory notifications to CQC as required. This is information about events occurring at the service, which the service is legally required to notify CQC about. At the time of the last inspection some people's Deprivation of Liberty Safeguards (DoLS, legally authorised deprivation of a person's liberty under the Mental Capacity Act 2005), were not up to date and needed reauthorisation by a local authority. Since the last inspection we noted that we had received notifications which showed people's DoLS were up to date and legally authorised.
- The rating from the last inspection had been displayed within the home and provider's website in accordance with our requirements.
- The provider has been open and honest and met their duty of candour. They have notified us of incidents that have happened in line with their legal responsibility. Incidents had been investigated, lessons learnt explored and practice improved when shown to be needed.