

A.S.H.A Incorporated Limited

# Ashlee Residential Care Home

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced this meant the provider did not know we were going to inspect.

At our last inspection carried out on 3 and 13 February 2014, we found the service was not meeting requirements of two of the regulations we inspect against these related to the care and welfare of people who use the service and staffing.

# Summary of findings

Ashlee Residential Care Home provides accommodation and personal care for up to 21 older people some of whom may be living with dementia. At the time of the inspection the service did not have a registered manager in post. An acting manager had been recruited but was not registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During this inspection we found that the provider needed to make improvements in order to ensure people who used the service were receiving a good standard of care. Staffing levels were not sufficient to ensure people received appropriate support to meet their needs.

Arrangements to manage medication were in place but required further intervention to ensure people received the medication they were prescribed at the time it was required.

We found that although some of the staff we spoke with had an understanding of the Mental Capacity Act and Deprivation of liberty safeguards (DoLS) there had been a lack of recognition by the service of the need to make referrals for authorisation. This meant people may have been deprived of their liberty because the service had not sought authorisation.

We found that some staff had not received essential training to enable them to support people safely. This meant people may not receive effective care and support to meet their needs.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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.

Staff had received training relating to people's rights under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, but had not recognised when an authorisation should be requested.

The provider had reviewed the staffing numbers to ensure there were enough staff available to meet people's needs, but the reviews had failed to recognise the needs of recent admissions to the home.

Medication management arrangements needed to be improved to ensure people received medication as prescribed.

**Requires Improvement**



### Is the service effective?

The service was mostly effective.

People's healthcare needs were known and recorded. Health support from professionals was requested to ensure people's health was managed appropriately.

Arrangements were in place for the supervision of staff. Staff received support and monitoring of their practice to ensure people received appropriate support.

People's needs in relation to nutrition were not always met effectively. This meant they did not always receive their preferred food.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring.

We observed that some people did not receive the care and support they needed and they were not always treated with the respect they should have been.

Staff understood people's right to privacy, but did not always treat people with respect.

**Requires Improvement**



### Is the service responsive?

The service was not consistently responsive to people's needs

We observed that some people did not receive the support they had been assessed as needing and that the service had not always responded to people's changing needs.

People's social and recreational needs were not always met.

People knew how to make a complaint and said their concerns would be listened to.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was not consistently well led.

The provider did not have a registered manager in post.

The provider monitored the quality of the service using a consultancy firm to undertake audits of care. Regular monitoring and reports were produced, detailing the action needed to further improve the service.

**Requires Improvement**



# Ashlee Residential Care Home

## Detailed findings

### Background to this inspection

We Inspected the service on 15 August 2014. This inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our expert had some experience and expertise in the care of older people who were living with dementia.

Before our inspection we reviewed other information that we held about the service such as notifications, which are events that happen in the service that the provider is required to tell us about. The provider had completed and submitted a provider information return (PIR) which gave us information about what the services does well and where they plan to improve. As part of our pre inspection

planning we spoke with the local authority and Healthwatch Derby. We saw and were told that a number of concerns had been raised about the quality of care at the home and safeguarding investigations had been carried out. We spoke with the safeguarding lead for the local authority about these.

During our inspection we spoke with nine people who used the service, three visitors, the acting manager, the provider and five staff. We observed the care provided to the people who used the service and looked at four care records. We checked the management of medication and how it was delivered and looked at the provision of food and choices available to people. We looked at staff recruitment, staffing levels and training records and the information the provider recorded to measure the quality and safety of the service they provided.

# Is the service safe?

## Our findings

People we spoke with told us, “It’s not home, but I feel safe. It’s not what it was when I first came”. “I have no worries. I feel safe here. It’s quite pleasant”.

We saw that most staff had received training which ensured they were familiar with the rights of people who used the service under the Mental Capacity Act 2005 and to recognise and act if people were at risk of being deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). We saw in one person’s care records that a doctor had agreed their medication could be administered covertly because they refused to take it on occasions, and had been assessed as not having the capacity to understand the consequences to their health and welfare if they didn’t. It was not clear from the documentation in the records if a best interest assessment or authorisation had been requested under DoLS. This meant there was no formal agreement that this arrangement was in the person’s best interests. The acting manager told us they would speak with the authority responsible for assessments and make referrals as required.

We looked at how medication was ordered, received, stored, administered and disposed of. We found that medication was appropriately stored in a lockable facility and cupboard. The staff monitored the storage temperatures of medication which ensured they remained within recommended levels. We saw records confirmed that adequate temperatures were maintained. We looked at how medication was administered, we observed a senior staff member administer medication to people, they did this calmly and professional manner. They approached people, told them about their medication and waited while they took it and then documented on the medication administration record (MAR) that it had been taken.

We found that the medication received in the home was not always accurately recorded, this meant that stock levels did not always correspond with those documented. We saw that medication left from a previous cycle was not always added to the new quantity received. This meant the provider could not be sure of the stock of medication kept in the home.

We checked the (MAR) of four people. We found that medication was usually signed for as an indication it had administered. Where medication had not been given a

code was inserted in place of a signature. There were some examples where the code used was not clearly defined. For example, as an explanation for non-administration of medication. This was discussed with the provider during feedback at the end of the inspection.

People we spoke with told us people usually received the medication prescribed for them, but one person had not received pain relief for a period of 28 hours because the stock had run out. This meant the service’s systems for the management of medication had failed to ensure the person had sufficient medication to alleviate their pain. This is a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities Regulations 2010).

At our last inspection we found that staffing levels were not always sufficient to meet people’s needs. During this inspection staff we spoke with told us, “I think we could do with more staff we always seem to be busy and we don’t get our breaks on time”. One person we spoke with told us, “I think there are enough carers. I don’t really have to bother with them” another said, “I’m not sure if they have enough carers.” A third person said, “I’m desperate to go to the toilet, but can’t find anyone to ask, I’ve been waiting for ages”. We intervened and sought staff to attend to and support the person.

We observed one person who used the service exhibiting threatening behaviour to another person who used the service, there were no staff available to provide support and we had to intervene to ensure the safety of both people. On another occasion a relative alerted us to a person who was slipping from their chair, we were not able to find a member of staff to provide an immediate response it took several minutes for us to find a staff member to assist. A health professional we spoke with following the inspection told us their only concern was they often couldn’t find a member of staff when they arrived to assist or find the person they had come to see.

We spoke with the provider about staffing levels, they told us they felt that there were sufficient staff to provide support. They told us the service used a dependency assessment tool to determine what staffing levels should be. They told us it was a type of ‘time and motion’ study which calculated each person’s needs every hour for a 24 hour period. A copy of the most recent assessment was provided, but had not taken into account the dependency of all the people who used the service and therefore could not

## Is the service safe?

be relied on as an accurate tool. This meant there were insufficient staff available to keep people safe. This is a breach of Regulation 22 of the Health and Social Care Act 2008. (Regulated Activities Regulations 2010).

Three of the five staff we spoke with had been employed to work at Ashlee since our last inspection in February 2014. We were told that there had been a turnover of staff recently a relative said, “They have a very fast turnover of staff. There are always new staff because people have left. There's no continuity.” In the provider information return (PIR) they told us 11 staff had left and 12 staff had started in the 12 months prior to our inspection.

We checked the provider's recruitment procedures. Three of the staff we spoke with confirmed they had a criminal records check undertaken to ensure they were suitable to

work with vulnerable people and were asked to provide referees. We looked at the recruitment records of four staff. We found that appropriate pre employment checks had been completed included, checks of employment history, checks of character and previous practice, a Disclosure and Barring check (DBS). In some examples there were records of an interview. This meant people were safeguarded because the recruitment arrangements were robust.

We spoke with staff about their understanding of safeguarding and if they knew how to recognise and report suspected abuse. All the staff we spoke with told us they had received this training during their induction and they knew who to go to if they had any concerns about the welfare of people who used the service. The training records we saw confirmed this.

# Is the service effective?

## Our findings

One person told us: “The carers do know what they are doing” another said: “I presume they know what they are doing” and “I hope they know what they are doing”. Relatives told us: “The carers are good with my relative. They know what they are doing so I don't interfere”.

Staff told us they had received essential training prior to and during their induction to the service. One staff member told us, “I have previous experience in care so some of my training was up to date and I was familiar with the things we were expected to know”. Another said, “Yes the induction was okay if you have experience but I think if you haven't it could be improved”. A third staff member told us, “I'm new to care. I was provided with essential training. I had to watch videos and then answer questions about them. I was able to shadow staff for about three days to learn what I needed to do”.

We asked to see evidence of staff training and competence. We looked at the training records of four staff for the training that had been provided and was planned. We found that all of the staff had received training in essential aspect of care such as infection control, hazards and risk, health and safety, safeguarding and abuse, fire and dementia awareness. Manual handling training was provided and in three of the four records we saw some assessments had been carried out which ensured staff had understood the training videos they had watched. This meant most staff had been assessed as competent to move and transfer people safely, but one new staff had not been assessed. We raised this with the provider for their action.

We were told that since the acting manager had started to work at Ashlee, 14 of the 17 staff had received a supervision session. This is a one to one session with the acting manager or senior staff to discuss their progress, training and experiences, any areas for improvement or performance would also be discussed. The acting manager told us they planned to hold supervisions every three months. This meant they had a plan in place to monitor and discuss staff practice for the benefit of people who used the service.

We found that people had assessments of their care completed. We looked at one person's care plan and talked with them about the care and support they received. We saw the care plan was up-to-date. Staff had recorded all of their progress and updates on their health conditions. Staff had recorded clear notes about their individual lifestyle needs and staff positively supported them to achieve the outcomes they wanted. The acting manager told us they were reviewing all of the care records to ensure they were up to date and provided all of the information they needed.

People's health care needs were recorded in their care records. We noted that health professionals were involved and their advice had been sought which ensured people's health needs were appropriately met. A health professional confirmed they visited the service daily to administer essential health treatment to one person.

People we spoke with told us they enjoyed the food provided. There were no negative comments relating to food choices. We observed the lunchtime meal being served and spoke with the senior care staff who was allocated as the cook during the inspection, we also looked at the menu for the week of the inspection. People we spoke with could not always recall what the meal choices were for their lunch or evening meal. We saw a white board in the main dining room was used to record the choices available. At the time of our inspection we noted the record was difficult to decipher and barely legible, meaning it did not provide people with the information they needed in a form they could easily understand.

The cook was knowledgeable about the dietary requirements of people who used the service. No one had a special diet at the time of the inspection. One person told us: “I don't like chicken or turkey, if we have meat I leave it on the side and just eat everything else”. We saw that this information had not been recorded in the person's care records. This meant the person may not always receive the food they liked.



# Is the service caring?

## Our findings

People we spoke with and relatives made comments such as: “I can’t fault the carers”, “Staff are very good”. One person who used the service told us: “I haven’t been here long but it’s okay so far”. A relative said, “I think its okay, there have been times because of the change of staff where I haven’t been able to speak to someone who knows what is going on”.

Staff we spoke with told us they were introduced to people who used the service at induction and had some opportunities to get to know them. One staff member said, “It isn’t always easy to get the time to read the care plans or people’s histories though”.

People were involved in the assessment process prior to their admission to the service, this provided an opportunity to discuss the care they would like to receive.

During our observations we noted one person did not receive any interaction from staff for long periods of time.

Staff told us the person preferred to remain in their room and could be difficult to manage and become distressed when personal care was needed. One member of staff told us, “I don’t think all the staff know how to respond to (the person), they just need a little patience and kindness. You can’t rush them”. The acting manager told us they were in the process of seeking health professional advice and a review of the persons needs to ensure they received appropriate care and support.

We were told that some people had been assessed as at risk and required additional close supervision to ensure the risk was reduced. During our observations we noted that staff were at times allocated to monitor people’s movements. We saw staff seated with people but not engaging with them and responding to people who tried to get up from their chairs by saying, “Sit down”. This meant staff did not follow a plan of positive intervention to support people who may be at risk.

# Is the service responsive?

## Our findings

We noted during our observations in the afternoon of the inspection that a number of table top activities such as jigsaws, dominoes and games were arranged in the dining room for people to participate in. We observed that a relative engaged one person in a game of their choice, but did not see any of the staff or people who used the service become involved in any of the table top activities. One person we spoke with told us: "I keep myself occupied and like to chat to the staff when they have the time. I haven't seen anything else happening". We looked at a sample of five people's records for the period from 1 August 2014 to 15 August 2014. There was one reference to an activity in one person's records during that period, and no evidence of community involvement.

Later in the afternoon the service was visited by a 'pat dog', staff told us this was something that was pre-arranged and happened regularly. People we observed became engaged with the dog and the handler, they smiled and chatted. This meant the provider had recognised the importance of suitable recreational provision. Further action was needed to ensure people were actively engaged in things they said they wanted to do and had opportunities to go into the community.

We checked whether people received care that was responsive to their needs. We saw that three people had been identified as at risk of skin damage and care plans advised that regular turns were required to reduce the risk of skin breaking down. In two of the care plans we looked at the frequency of turns was not recorded meaning staff did not have sufficient information to ensure people's risk of skin damage was reduced. We saw the records of turns that had been carried out did not show a pattern of turns. One person's care records showed that two hourly turns

were to be provided, the records of turns showed that this guidance had not been followed. This meant the service had not responded appropriately to people's individual needs.

Where one person was identified as presenting with difficult to manage behaviour. The records of care we looked at did not contain information about behaviour management which would ensure all staff knew the best approach to support the person safely and to limit any distress or anxiety. We observed and had to intervene to safeguard one person from the risk of actual harm because of this person's exhibited aggressive behaviour.

These issues constituted breaches of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities Regulations 2010).

A health professional we spoke with following the inspection told us they visited the service regularly to provide health care. They made some positive comments about the service but also said, there had been occasions when the staff they had spoken with did not always know who they had come to see and what support they required, they commented, "It can be frustrating and can cause delays".

We looked at the processes in place for responding to complaints. The provider had a complaints procedure in place and provided evidence of how complaints were managed and responded to. The provider told us in the PIR that two written complaints had been received in last 12 months and reported to be resolved within 28 days. A more recent complaint was being investigated. People we spoke with told us "I have mentioned if I have had a concern before, they've been very good about it" and "I haven't got anything to add really no complaints at this point".

# Is the service well-led?

## Our findings

The provider did not have a registered manager in post. The provider had told us that the previous registered manager had left the service and interim management arrangements had been in place. At the time of the inspection a new acting manager had been recruited who had previous care and management experience, but was not registered with us.

We spoke with three people who used the service about the management of the home, one person said, "I'm not sure who it is now, but I think they have only just started". A relative told us, "I have spoken with the new manager, she was very helpful". A health and social care professional told us that the manager was approachable and they had confidence that her previous experience would lead to improvements.

All of the staff we spoke with had been recruited since the last inspection we completed, their comments included: "It's been difficult but I know the new manager and I think she will be great" and "The management hasn't been great really, not very well organised, but we have a new manager and she has some good ideas". This meant there was confidence the new management arrangements would improve the service.

The provider had recruited the services of a consultancy firm to support improvement in the service and to monitor standards within the home. The provider showed us

evidence that regular audits of the service had taken place and changes to documentation and care records were being implemented. They confirmed that the consultancy team had been very involved with the service providing daily and weekly input. We were told audits were completed monthly and action plans developed from these. We saw records of the providers own audit reports for 26 June 2014, 18 July 2014 and 31 July 2014. The acting manager had carried out their own audit on 30 July 2014 and provided evidence of the actions taken and those planned. We saw that accidents and incidents were monitored during the audits, for example the numbers that had occurred, there were clear records of the actions to be undertaken to reduce future accidents or incidents occurring.

People told us there were no meetings for people who used the service. One person said, "No, we don't do it, at least I haven't been asked". Another person said, "There are no residents meeting". We were told by the acting manager that as part of their plans to develop the service, meetings to seek the views of people who used the service, relatives and other stakeholders would be arranged in the future. They showed us that a relatives meeting had been planned for 18 August 2014. The acting manager also confirmed that surveys or questionnaires to seek the views of people who used the service, their supporters and others who had an interest in the home would also be sent out. This meant the provider was addressing the shortfall in the quality improvement procedures.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  How the regulation was not being met: People who use services and others were not protected against the risks associated with the management and administration of medication. Regulation 13

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing  How the regulation was not being met: People who use services were not protected because insufficient staff were provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services  How the regulation was not being met: People who use services were not protected because the planning and delivery of care did not always meet service users' individual needs or ensure their welfare and safety.