

Bupa Care Homes (BNH) Limited

# Ashley House Care Home

## Inspection report

118 Trafalgar Road  
Cirencester  
Gloucestershire  
GL7 2ED

Tel: 01285650671

Date of inspection visit:  
05 February 2019  
06 February 2019

Date of publication:  
02 April 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Ashley House Care Home is a residential nursing home. Ashley House provides accommodation, personal care and nursing care for up to 44 people with physical disabilities or age-related frailty. At the time of the inspection there were 39 people living at the service.

People's experience of using this service:

- People's risks had been identified and appropriate safety measures were in place. People were supported by a consistent team of staff who were kind and caring. Staff had good relationships with people and knew them well. People told us they liked living at the service and were happy with the staff who supported them.
- People received their medicines as prescribed and medicines were managed safely. People could see healthcare professionals when needed and supported to live healthy lives.
- Staff knowledge in relation to people's conditions, their needs, and how to support them was thorough.
- Care plans were person centred and included people's personal preferences. This meant people were able to receive a service which was tailored to their individual needs.
- People were able to attend many various activities. People were supported to access their local community to follow their interests. People's independence was promoted by positive risk-taking approaches. This meant people could maintain life skills and enjoy a community presence.
- There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up.
- People, relatives and staff told us the service was well-led. The registered manager was a visible presence and knew people and their relatives well. People's feedback was encouraged and used to shape the service.

The service met the characteristics of Good overall; more information is available in the full report below.

Rating at last inspection: At the last inspection the service was rated Good (This report was published on May 2016).

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Ashley House Care Home

## 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 inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using services.

#### Service and service type:

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

The previous registered manager had left their post one month prior to the inspection. There was an acting manager who was supported by a representative of the provider to manage the service in the interim. A new manager had been recruited and would be registering with CQC when they started in their role. Managers are required to register with CQC. This means 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 was an unannounced inspection and took place on 5 and 6 February 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection in July 2016. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with 11 people living at the service. We spoke with seven members of staff, the acting manager and a representative of the provider. We reviewed six people's care and support records and seven staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe. One person said, "The staff are wonderful. I feel very safe."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care. One staff member said, "There is an open culture here and any concerns we raise are taken seriously."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, where people were at risk of developing pressure sores, their risk assessments contained clear guidance for staff on how to minimise the risk to people. During the inspection, we observed staff safely supporting people at risk of falls to move around the home.
- The environment was regularly checked and assessed to ensure it remained safe.
- Fire systems and equipment were monitored and checked. People took part in regular fire drills.

Staffing and recruitment

- Safe recruitment processes were followed.
- There were sufficient numbers of staff working in the service. The manager used a dependency tool to determine the correct staffing levels for the service. Staffing levels were reviewed when people's needs changed.
- The service had a group of bank staff and staff from sister homes who could cover emergency staffing shortages. For example, on day one of our inspection, there were a number of staff who were unable to work due to sickness. However, the manager ensured the service was sufficiently staffed through the use of bank staff.
- People were supported by a consistent team of staff that knew their needs well. One person said, "I have a regular group of carers and they know me well."

Using medicines safely

- Staff were trained to handle medicines in a safe way and completed a competency assessment every year. This ensured their knowledge was up to date.
- Medicines were stored, administered and disposed of safely. Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive

their medicines, what medicines they had been prescribed and what conditions these were for.

- Medicines prescribed on an 'As and when required' basis (PRN), had protocols in place which informed staff of when the medicines were required.

Preventing and controlling infection

- The service was kept clean and tidy by housekeeping staff that covered cleaning duties seven days a week.
- Staff had access to personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

- Incidents and accidents were reported. These were reviewed regularly by the registered manager and lessons shared to prevent recurrence.
- Where any serious incidents had occurred, these had triggered a structured review where senior managers within the company, reviewed the incident to identify if anything could have been done differently.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA and moving and handling.
- Staff told us they could request additional training if required. One member of staff said, "The training is excellent and has prepared me well for the role."
- Staff had received an induction when they first started working at the service. This included a number of shadow shifts where new staff were supported by senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role.
- Staff we spoke with felt supported by the management team. They told us they received regular one to one supervision sessions with their line manager to discuss work related issues.

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

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- People told us the food served at Ashley House was of a good standard. One person we spoke with said, "The food is excellent." One relative said, "The food is always very good. We have no concerns and there is always enough to eat."
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, one person was at risk of choking and staff ensured they were supported appropriately.
- Staff spent time engaging in conversation with people whilst supporting at lunchtime and there was a pleasant atmosphere.

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

- People were supported to access ongoing healthcare. Staff arranged medical appointments and attending them with people.
- Care records we looked at evidenced that people had been referred to healthcare professionals such as, speech and language therapist (SALT), therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.



- Relatives we spoke with told us they felt their loved ones received appropriate healthcare. One relative said, "They are very good at contacting the GP if they have any concerns."

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

- The environment was clean, tidy and homely.
- People had access to an outside space and used the garden in summer months.
- The service had been adapted with wide corridors and lifts to make the whole building accessible to wheelchair users.
- People's rooms had been adapted to their personal preferences. People told us they were able to bring personal belongings when they moved to the service

#### 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.

- Staff were knowledgeable about the principles of the MCA.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.
- Where people were deprived of their liberty, the manager worked with the local authority to seek legal authorisation for this.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they liked living at Ashley House and that staff were kind and caring towards them. One person said, "I like it here. The staff are excellent. Very kind." The relatives we spoke with described the staff as being kind and caring towards their loved ones.
- The atmosphere in the home was relaxed and welcoming.
- We spent time observing staff interacting with people who used the service and found they were supportive, kind and caring.

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

- People and their relatives told us the service involved them in developing and reviewing their care plans.
- During the inspection, we observed staff supporting people in ways which took their choices and preferences into consideration.
- People were able to express their views on how they wanted to spend their day and these were respected. For example, one person was scheduled to take part in an activity. However, the person told staff they preferred to spend the afternoon in their room and this was respected.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff respected people and ensured their dignity and privacy was respected. We saw staff knocked on people's door and waited for permission before entering. Staff ensured doors and curtains were closed when carrying out personal care.
- When people chose to speak with us, staff respected people's right to speak with us privately.
- When people wanted to be more independent, staff supported this. For example, one person told us that they liked to do parts of their personal care routine independently and staff respected this.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. They included clear information for staff on people's likes, dislikes and preferred routines.
- People's care records clearly explained how they liked to be supported. This ensured people received personalised care and support which met their needs. For example, people's personal care plans clearly detailed their preference for what order they would like things to be done during the morning. It was evident from our conversations with staff and observations that staff understood people's preferences and routines.
- People were supported to access a range of activities. These included activities such as arts and crafts, knit and natter and pet visits. The activity coordinator told us they endeavoured to support people with activities in their own rooms if they could not access communal areas. For example, the service had arranged a donkey visit where the donkey had visited people in their rooms.
- The service had built partnerships with local schools and colleges where students would come to the service to spend time with people. For example, the service had a partnership with a local college where students and tutors visited the home for an art class.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Signs, posters and notices were situated around the home in a way that people had access to information and could see and read items on display.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. Residents meetings were also held and gave people an opportunity to discuss any concerns they might have.
- We saw that where complaints had been made these had been managed and concerns raised had been resolved to a satisfactory outcome.
- The people we spoke with told us they were able to raise any concerns and these would be dealt with appropriately. Relatives we spoke with also confirmed this.

End of life care and support

- Staff had received training around providing end of life care and support.
- Each person had an end of life care plan which recorded their preferences in relation to their end of life care.
- At the time of our inspection, one person was receiving end of life care. Their care plan contained clear instructions relating to aspects of their care such as pain relief and making the person comfortable. It was evident from reading this person's notes that the service had liaised well with other health professionals

involved in the their care. A family member told us how the service had provided the person's family with a room to stay so that they could spend as much time as possible with their loved one.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At the time of our inspection there was no registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left their post one month prior to the inspection. There was an acting manager working at the service who was supported by a representative of the provider. The service had recruited a new manager who would register with CQC after they had started in their role.
- The staff we spoke with felt supported by the management team and felt able to raise issues.
- The management team and staff worked well together to ensure people receive personalised care which met their needs and took in to consideration their preferences.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

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

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify us of certain events.
- The rating of the previous inspection was displayed as required.

Continuous learning and improving care

- Quality assurance processes were in place. This included regular audits of complaints, accidents and incidents, environmental issues, medication and records. Actions arising from these fed into annual improvement plans. For example, following a serious incident, certain equipment was removed from use within the service to minimise risk to people.
- The provider held regular meetings to discuss all their services. We saw the minutes of these and saw that learning was shared and improvement plans discussed.

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

- The service had implemented an annual residents survey to enable people to provide feedback relating to their care. People and families were also encouraged to provide feedback using the [carehome.co.uk](https://carehome.co.uk)

website. We looked at a sample of surveys and saw that feedback was positive.

- Regular staff meetings took place. We saw the minutes of these which showed staff were encouraged and able to speak up and contribute to discussions.

Working in partnership with others

- The service had good links with the local community. The service had built links with local schools and colleges for students to visit the home and spend time with residents. These had led to the development of an Art Class where tutors and students from a local college attended an Art Class at the home. The service also worked closely with a local 'extra housing' scheme to arrange communal activities for participants from both services.