

Nash Care Homes Ltd

Ashleigh House

Inspection report

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Redhill
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23 November 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Ashleigh House is registered to provide accommodation and personal care for up to nine people with physical and learning disabilities including Autism. Eight people were using the service at the time of our inspection. The service is larger than current best practice guidance, however the new management team had begun to take steps to create a more domestic and homely feel. Since the last inspection, people had been actively supported to start personalising their rooms and communal areas.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The registered manager was continuing to develop and improve the quality of support against their own action plan since taking over the running of the service. The outcomes for people were starting to better reflect the principles of this guidance of providing; right support, right care, and right culture. The registered manager demonstrated a good understanding about what further action was required to further improve people's support.

Right support:

- The registered manager was continuing to coach and mentor staff to develop their understanding of people's needs and support them in a more personalised way.

Right care:

- Care was beginning to become more person-centred and better promoted people's dignity, privacy and human rights. People's individual needs were recognised, and diversity celebrated. The registered manager had introduced ways of encouraging staff and people to explore each other's cultures, beliefs and religions in an inclusive way.

Right culture:

- The registered manager continued to work hard to develop a more open and transparent culture which promoted learning and reflective practice.

Despite concerns that had been raised, we found that people were being supported safely and staffing levels were sufficient to meet people's needs. The atmosphere within the service was relaxed and people were happily engaged in their own individual activities. Staff morale was good and care staff reported that they felt well supported by the registered manager who was continuing to make improvements to the culture and ethos of the service.

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 comprehensive inspection rated the service as Inadequate (reported published 7 May 2020). We carried out a focused inspection (report published 16 October 2020) where we found the management team had made improvements to the service in line with their action plan.

At this inspection we found improvements had continued to be made and embedded across the service.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about the safety and management of the service. The overall rating for the service has not changed following this targeted inspection and remains Inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. You can read the report from our previous inspections, by selecting the 'all reports' link for Ashleigh House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Ashleigh House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about staffing levels, safeguarding and the culture of the service.

As part of this inspection we also 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 two inspectors.

Service and service type

Ashleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The new registered manager was appointed following our last inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all information we had received about the service since the last inspection. This included the feedback received from our partner agencies, complaints and statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We met with seven people who used the service and observed the care that was provided to them. We spoke with six members of staff including the registered manager.

We completed an audit of the infection prevention and control measures in place. We also looked at a small sample records including staff rotas for the previous four weeks and the care plans for two people.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be at ease with staff and engaged positively with those that supported them. Staff were seen to treat people with dignity and respect.
- The registered manager continued to coach staff to support people in a way which protected their human rights and treated them as equal partners in their care.
- Staff demonstrated that they understood what constituted abuse and knew the action they should take if they witnessed it. One staff member told us confidently, "If I see something that it isn't right, I report it straight way. We also have a responsibility to make sure it is being followed up properly."
- Incident reports were completed and potential triggers to people's behaviours were explored. The registered manager continued to support staff to reflect on their own practices to ensure they always safeguarded people thorough support. It was evident that the number of incidents were declining as staff knowledge of people improved.

Staffing

- Staffing levels were sufficient to look after people safely. The atmosphere was calm and relaxed, and people were engaged in individual activities with the staff that supported them.
- When we arrived unannounced, there were four care staff, the registered manager and two deputy managers. The registered manager and staff confirmed that a fifth member of care staff was on their way in to cover a staff member that had called in sick that morning. The fifth staff member arrived shortly after we did.
- The registered manager confirmed that five care staff with supernumerary support from the management team continued to be minimum staffing levels. The rotas reflected that minimum staffing levels had been maintained. Where staff had been required to self-isolate it was clear from the records who had worked in their absence. The registered manager confirmed, "Over the last week I have sometimes worked as the fifth member of staff on shift to ensure we never went short-staffed." Staff on duty confirmed that and reflected, "Staffing levels are really good now. It's calm and we can support people to enjoy their daily routine."
- Where people received funding for 1-1 hours, staff were allocated to this role.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

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

- People continued to receive a more person-centred approach to their support. People were observed moving freely around the service and followed their own individual routines.
- Staff praised the support they received from the registered manager and were proud of the support they provided. One staff member commented, "It's like working in a different home to the one before. The registered manager gives really good support and has upgraded support across the whole service."
- The management team were still working hard to change the previously institutionalised culture within the service. One staff member told us, "The culture is still changing."