Purelake Healthcare Limited

Ashley House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Ashley House is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 17 people in one adapted building.

People's experience of using this service and what we found
Very few improvements had been made since the last inspection. There continued to be shortfalls in the service provided to people.

Risks to people in relation to fire safety and evacuation had not improved since the last inspection. Other environmental risks were evident and had not been recognised. Some people's individual risk assessments had improved. Some areas, however, had been missed so care may not be sufficient to meet their needs.

People could not be assured their prescribed medicines were safely managed as monitoring measures were not sufficient to ensure safety. Although infection control procedures were in place, these were not robust enough to assure people they were being kept safe.

Although staff knew people well and knew what support they needed, their care was not always person-centred, taking account of their privacy and rights.

The provider had limited oversight of the service and had not planned to make the improvements needed since the last inspection. People could not be assured the service was going to make the necessary changes to ensure the quality and safety of their service.

Enough staff were available to make sure people received the support they needed. Some changes needed to be made to the management processes to assess the numbers of staff required. Staff employed to make sure people received safe care and support were checked by the registered manager, although some areas needed to be improved.

People were kept safe from abuse, the registered manager reported concerns and staff knew how to raise concerns and who with.

People had the opportunity to be involved in giving their views and being involved. They were supported by staff who were listened to and enjoyed their work.

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 8 January 2020) and there were multiple breaches of regulation. The service remains rated requires improvement. The service has been

rated requires improvement for the last four consecutive inspections.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out an unannounced comprehensive inspection of this service on 3 October 2019. Breaches of legal requirements were found. We took enforcement action against the provider and registered manager. We served a warning notice, requiring them to be compliant with Regulation 17 by 28 February 2020.

We undertook this focused inspection to check the provider and registered manager had made improvements and to check they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains requires improvement overall. This is based on the findings at this inspection.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulations 12 and 17 at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually

lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

Ashley 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by three inspectors. Two inspectors visited the service and a third inspector collected and reviewed information we asked the registered manager to send us by email during the inspection.

Service and service type
Ashley 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.

Notice of inspection
We gave the provider less than 24 hours' notice of the inspection. This was to check if any staff or people at the service had tested positive or had symptoms of COVID-19 and to discuss arrangements for the inspection and PPE required.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, professionals who work with the service and Healthwatch. 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. The registered manager engaged in an Emergency Support Framework (ESF) call with a CQC inspector prior to the inspection. This is a supportive conversation CQC has held with providers or registered managers of all services during the COVID-19 pandemic crisis to check how they were managing. We used all this information to plan our inspection.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection
We spoke with three relatives of people who lived at the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager of another of the provider's services, care workers and housekeeping staff.

We reviewed a range of records. This included three people's care records, and three medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service including monitoring and auditing records were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed a range of documentary evidence including infection control records, staff meetings, residents' meetings and auditing and monitoring documents. We asked for documents that were not supplied, including staff training and induction records and improvement plans, including maintenance planning.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements as risks to people's health and safety had been assessed. However, individual risk assessments were not always robust and up to date and we found a number of environmental risks, so a breach of Regulation 12 continued.

- At our last inspection, some fire escape doors were located inside bedrooms. A clear escape route was not always available as items of furniture such as a wardrobe, chest of drawers and chairs were obstructing the passage from the bedroom door through to the fire escape. We spoke to the provider at the last inspection who said they would move the obstructing furniture straight away.
- At this inspection, we found the same risks were still present, obstructing furniture had not been removed and there was a continued risk to people as they would not be able to safely evacuate in a fire. The registered manager was not able to give an explanation why action had not been taken to keep people safe.
- One person's bedroom had a fire exit door within the room. Individual risks had not been identified in relation to the person's safety and security in the event of the fire alarm sounding which would automatically open the fire escape doors, usually secured by a pin-controlled locking mechanism.
- Some improvements had been made to individual risk assessments and they now provided guidance and were easier for staff to follow. However, some risks had not been identified and assessed. For example, risks in relation to one person using a hoist to aid getting in and out of the bath.
- One person had diabetes. A care plan and risk assessment was in place. However, important guidance in relation to safe management of the person's diabetes was not included. Records showed staff must check the person's blood sugar each morning before administering their insulin. This check was completed and recorded. However, the range of results that was considered safe for the individual was not recorded anywhere in their records. This meant staff may not be aware when to seek medical help.
- After the inspection, we sought assurance from the registered manager about what action they had taken to ensure people's safety. The registered manager assured us they had removed the obstructing furniture from fire escape routes and taken action to reduce the risk to individuals. Risk assessments had been completed and measures put in place to reduce and manage people's safety.

The failure to provide safe care and treatment by reducing risks to people's health and safety is a continuing

breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● At the last inspection, concerns were raised in relation to weight monitoring where the risks of malnutrition had been highlighted. We found improvements. One person's risk assessment recorded they should be weighed weekly and they were. A weight plan was in place.
● The recording and analysis of accidents and incidents had improved. This was now more robust.

Using medicines safely
● The management of medicines was not always safe. Regular counting and monitoring of medicines was not in place. Discrepancies in the numbers of medicines recorded as arriving into the service and the numbers left in stock were not picked up quickly as a system was not in place to check on a regular basis. The registered manager said they did a monthly audit only. The provider's medicines policy was not being followed as this stated all medicines should be checked weekly.
● We took a random count of some medicines. One person's medicine did not tally when we checked how many were left in stock and how many the person had taken. The medicine record was confusing so there was no assurance the person had received the medicines safely.
● People were prescribed medicines to be taken as and when necessary (PRN). No protocols were in place to provide guidance for safe administration to staff. For example, what were the safe amounts to take in a 24-hour period, what the medicine was prescribed for and any side effects to take account of.
● One person required insulin each day to control their diabetes. The insulin was normally given before breakfast, at 8 – 8.30am. One morning the person's insulin was not given until 10.30am. their blood sugar test was much higher than usual. The action taken as a result of the high reading was not recorded. The person's care records were not clear if it was safe to administer insulin this late. This placed the person at potential risk of serious complications. The registered manager said they would update the person's care plan to make sure more detailed guidance was available for staff to follow.

The failure to manage medicines safely is a continuing breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing and recruitment

At our last inspection we recommended the provider consider suitable guidance to make sure appropriate information was sought to maintain safe recruitment. The provider needed to make further improvements.

● Both recruitment files we looked at for new staff did not evidence that their address had been verified as they had not provided proof of where they lived. This is an area that needs to improve.
● The registered manager had carried out other checks as required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014. These included references and disclosure and barring service (DBS) checks.
● The provider used a dependency tool to calculate the numbers of staff needed, based on people's support requirements. However, assessments were not always accurate as they were not recorded correctly. One person showed as having low dependency needs on the dependency tool. Their assessment score was higher than another person who showed as having medium dependency needs on the tool. This meant the calculation of staffing hours may not be correct. During the inspection, we did not observe and concerns with staffing levels, people were not waiting for staff or calling out for assistance.
● Staff told us there were enough staff. The registered manager said the service was now fully staffed and they no longer needed to use agency staff. Staff knew people well and could describe their likes and dislikes

and what was important to them.

Preventing and controlling infection

At our last inspection we recommended the provider consider suitable guidance to ensure processes were developed to ensure the premises were appropriately maintained to prevent the spread of infection. Although some improvements had been made, further improvements were needed.

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There continued to be concerns around some areas of the environment that created an infection control risk. Some people's beds and mattresses were old and did not have a mattress cover for protection. One person's bed did have a plastic mattress covering; however, this was torn and shredded. Staff removed this when we pointed it out. Flooring in one bedroom around a sink was not complete, showing bare floorboards which could create an infection risk. The registered manager told us after the inspection they were going to order new mattresses and mattress covers. However, they were not aware of the poor bedding situation until we pointed it out.
● We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A COVID-19 risk assessment was in place. However, the guidance did not cover all necessary areas. The risk assessment was not specific to Ashley House, but a generic assessment which had not been amended. The document was not dated so it was not clear if the latest Government guidance was included. Some hyperlinks within the document were out of date – leading to Government guidance that had been withdrawn. Guidance was not in place in relation to people isolating when they moved into the service or following a visit to hospital to make sure staff knew what to do to keep people safe. One person had moved in six days before the inspection. They were walking around the home and using the communal areas. A risk assessment had not been completed, explaining if they were unable to isolate and what measures were in place to take account of people's safety.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the domestic staff were using PPE effectively and safely. Domestic staff were in post who provided cleaning services across a seven-day week. This meant care staff were not expected to do cleaning duties. The domestic staff told us they completed cleaning schedules and had increased the daily cleaning of areas that were touched regularly, such as door handles and rails.

Systems and processes to safeguard people from the risk of abuse
● The provider and registered manager continued to report any concerns to the appropriate authorities. No safeguarding concerns had been reported since the last inspection.
● Staff had confidence in the registered manager to appropriately deal with concerns. Staff told us the registered manager always listened to their concerns and they were confident action would be taken if necessary.

Inadequate

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. We took enforcement action.

At this inspection, improvements had not been made and the provider was still in breach of Regulation 17.

● Many of the significant concerns we found at this inspection had been raised with the provider at the last inspection. Most of these areas had not been addressed and we found the same issues were ongoing. This meant people's safety had not been consistently assessed, monitored or mitigated. This inspection highlighted the fifth consecutive breach of regulation 17 and the second inadequate rating in this key question.
● A process was in place to check the quality of care and safety. At our last inspection we found monitoring processes were not robust, which meant that areas that needed improvement had either not been actioned or had been missed. At this inspection we found a similar picture. Many areas of concern found at the last inspection had not been addressed. The provider told us at the last inspection they would remove the obstructions to the fire escape routes immediately. They had not taken this action.
● A health and safety audit was completed. The auditor recorded each month that the means of escape and fire exits were unobstructed. This was not the case when we inspected. A section to check and confirm if safe electrical systems were in place was left blank. We found the periodical electrical safety certificate was out of date. We asked for confirmation during and after the inspection this had been completed but did not receive this assurance.
● A fire safety risk assessment completed by the registered manager in October 2019 left questions around areas of regular safety checks unanswered. This meant the risk assessment was not reliable. Weekly fire alarm checks had not always been completed, for example, only one weekly check was carried out in July 2020. No fire drills had been carried out since July 2019, so staff had not had the opportunity to practice their response to an emergency situation.
● At the last inspection, the provider told us they had employed a quality assurance officer to carry out monitoring checks across all their services. They had undertaken one audit at Ashley House before the last inspection and action had not been taken to rectify the areas that were identified as requiring action. At this inspection, many of those areas remained outstanding. No further audits had been completed by the

provider or a representative since the last inspection. This meant the provider had no overview and was not aware of the areas of concern we found during this inspection.
● The registered manager told us during the inspection a maintenance plan was being completed with the provider and their maintenance team, in the absence of a maintenance person based within the service. We asked for a copy of the plan but did not receive it.
● Some improvements had been made to daily records. However, some important records had not been kept up to date. One person's bowel record showed long gaps between recordings. There were gaps of four, five and six days where staff had not recorded if the person had their bowels opened. No record was made of what action was taken to ensure the person was not uncomfortable or become unwell.

The failure to assess, monitor and improve the quality and safety of the service is a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Audits had generally been completed regularly. The registered manager told us they were not able to complete some checks during the COVID-19 pandemic.
● The registered manager told us after the inspection they had contacted Kent Fire and Rescue service for fire safety advice. On their advice, they had arranged a date to have an independent fire risk assessment completed. We have requested a copy of the completed risk assessment from the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● We did not see any call bell cords, to enable people to call for assistance when they were in bed or in their room. We asked the registered manager if people had call bells. They said some people would not be able to use a call bell. We asked where this was recorded, they confirmed no records had been made. The registered manager and staff said that some people had pressure mats by their bed at night, to alert staff if they got out of bed. However, the registered manager could not confirm that people who could use a call bell had access to one. Staff said they visited people who chose to stay in their room regularly. The registered manager told us after the inspection they had ordered new call bell alarms.
● The scope of this inspection did not include reviewing people's rights within the mental capacity act However, we noticed the lack of capacity assessments when we were looking at people's care records. The registered manager confirmed they had not yet completed these for any person. This meant people's rights may not be fully met and that oversight of this aspect of the service had been lacking.
● Two mobile hoists were stored in one person's bedroom during the day. The hoists took a considerable amount of space and obstructed the bed. The registered manager said they did not have storage space and the hoists were kept in the dining room overnight. They could not confirm where the hoists were stored through the day. We found them in another person's bedroom later in the day. No people needed to use a hoist at the time of the inspection. Although the lack of storage space within the service was a clear issue, thought had not been given to the invasion of people's privacy. People would not be able to return to their room to seek privacy or have a lie down when they wished to. The provider and registered manager had not recognised this.
● The premises had not been designed to support people living with dementia to easily find their way around. We raised this at our last inspection, however, signs used in the service had not changed and were not developed using best practice guidance in relation to supporting people living with dementia to find their way around the building. People's bedrooms were impersonal, and their bedroom doors did not have anything to help people to find their room easily, such as a name, a photograph or other identifying feature. This had not been raised through monitoring processes and not been recognised as an issue by the provider or registered manager.

The failure to provide appropriate monitoring and oversight is a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Relatives told us they were happy with the care their loved ones received. One relative said, "No concerns, all the staff are very good and work hard. (My loved one) is happy here".
● Staff told us they were very happy working at Ashley House. They described a "family" atmosphere. And said the registered manager was supportive and understanding.

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
● The provider and registered manager had made sure notifications were submitted to CQC in a timely manner when notifiable events happened. Registered persons are required to notify CQC without delay of events such as serious injury, deaths, Deprivation of Liberty Safeguards (DoLS) authorisations and allegations of abuse.
● The registered manager kept families informed of any concerns and incidents within the service or with their loved one.
● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager held staff meetings to reflect on good practice and keep staff up to date. Staff had the opportunity to raise any concerns they had. The registered manager checked staff well-being during the COVID-19 pandemic crisis and encouraged staff to share their fears.
● People had the opportunity to attend residents' meetings where they could talk about any subject they wished. People talked about their food likes and dislikes and activities they would like to do.
● The provider had not yet undertaken surveys to check the views of people, their relatives and others. However, these were not yet due to be carried out as a year had not yet passed since the last survey.

Working in partnership with others
● The registered manager had engaged with local authority commissioners and staff as well as health care professionals such as GP's and district nurses.
● We received feedback from local authority commissioners and the CCG confirming their liaison and described the registered manager as responsive in their engagement.