

Ashgables House Limited

Ashgables House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashgables House is a residential care home providing personal and nursing care to up to 26 people. The service provides support to people living with complex mental health needs some of whom may also have a learning disability or autism. At the time of our inspection there were 18 people using the service.

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

Risks assessed for people were not always mitigated effectively, we made a recommendation about how risks were managed within the service.

People were cared for by staff who were recruited safely and had received appropriate training for their role. There were systems in place to protect people from the risk of abuse and medicines were managed and administered safely in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were supported by staff who knew them well and were kind. People were supported to be involved in their care and maintain their independence. Where people required support from staff, this was done respectfully.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported to have choice and control of their lives. There was evidence that people were supported to participate in their care planning and the daily running of the service. People's rooms were clean and personalised with family photographs and personal effects.

Right care

Care was person-centred and considered people's privacy, dignity and human rights. Staff were knowledgeable about the people they cared for and ensured people received care that met their diverse needs.

Right culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. There was an open and inclusive approach to the running of the service.

Rating at last inspection and update

The last rating for this service was inadequate (published 01 March 2022). This service has been in Special Measures since January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 15 December 2021. Five breaches of legal requirements were found.

We undertook this focused inspection to check if the service had improved and now met legal requirements. This report only covers our findings in relation to the key questions safe, caring, response and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires improvement. 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 Ashgables house on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashgables 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 Health and Social Care Act 2008.

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

This inspection was completed by 3 inspectors and an assistant inspector.

Service and service type

Ashgables House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashgables House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 05 May 2022 and ended on 20 May 2022. We visited the home on 05 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. This included statutory notifications and other information received. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people about their experience of care received. We spoke with ten staff members including care staff, the registered manager and the head of compliance. During our inspection we reviewed a range of records and documents, this included four people's care plans and risk assessments, multiple medication records, staff recruitment files, quality monitoring records and other records related the management of the service.

Following our inspection

We sought feedback from professionals who worked closely with the service. We continued to review and 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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement.

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

- Risks to people's safety had been assessed and guidance for mitigation of these risks were detailed in their risk assessments and care plans. However, we saw evidence that these were not always followed.
- One person was identified by the speech and language therapist (SALT) to be at risk of choking. Their risk assessment and care plan detailed which foods should be avoided, however we saw from daily notes the person was consuming these foods regularly. We found no evidence of incidents of choking however this put this person at increased risk of choking and aspiration.
- We discussed this with the registered manager, they told us this person had the capacity to make choices regarding their diet and were aware of the risks associated with not following SALT recommendations. However, we saw no evidence of a capacity assessment or a risk assessment regarding this. Following our inspection, the registered manager has referred this person to SALT for reassessment.

We recommend that the service reviews the way that risk mitigation is monitored in the service.

- During our inspection we observed that some flammable chemicals were stored under the stairs close to a potential ignition source. The service had completed internal fire safety audits. However, this risk had not been identified placing people at risk of being hurt in a fire.
- We raised this with the registered manager. They told us that alternative safer storage had been ordered and the chemicals had been moved immediately following our inspection.

Staffing and recruitment

- Staff told us they felt there was not enough staff to work safely. Comments included "The number of staff that work there on a daily basis are not adequate to meet everyone's daily needs to the level that we should, ending up in barely meeting basic human needs like personal care and in-house activities", "Again this week we have very little staff working and have been told not to discuss with CQC" and "Staffing is never good, only 3 staff on a shift on one side and one on the other which is not safe. Staff should not have to be working alone. Many residents need 2 staff and sometimes there is not staff to deliver personal care."
- People gave mixed feedback on staffing levels, some people told us they felt there was enough staff, others told us there was not enough and they struggled to find staff when they needed them.
- The service used a dependency tool to calculate how many staff were needed on each shift. Rota's indicated that staffing met the levels indicated by the dependency tool.
- The service was split across two buildings. Rota's meant that there were times staff were lone working with 5 people during the day, and 13 people during the night. There was a lone working policy in place however

staff told us they did not feel this was safe.

We recommend the provider reviews the way staffing levels are managed within the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection on 15 December 2021, we found the service had failed to safeguard people from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had made improvements and was no longer in breach of this regulation.

- There were systems in place to safeguarding people from the risk of abuse. Staff had received training in safeguarding and had good knowledge of basic safeguarding principles.
- The service had policies and procedures in place for safeguarding and whistleblowing. Staff knew the whistleblowing process however staff gave mixed feedback on how confident they felt using this. During our inspection, some members of staff used anonymous feedback forms to share their feedback as they did not feel able to share concerns directly.
- We discussed this with the registered manager, they told us they were aware that staff did not always feel comfortable to whistle-blow internally, and was working with staff to improve morale and communication.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicines were managed safely in the service, staff followed systems and processes to administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Where people were prescribed medicines 'as required', there were protocols in place to support staff to offer and administer these medicines appropriately.

Preventing and controlling infection

At our last inspection on 15 December 2021, we found the service was not equipped to prevent the spread of infection adequately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had made improvements and was no longer in breach of this regulation.

- 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 admitting people safely to the service.
- 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.
- The services visiting policy was in line with current national guidance.

Learning lessons when things go wrong

- When incidents or accidents took place, staff reported these appropriately to the registered manager. The registered manager evaluated each incident and ensured appropriate action was taken.
- Incidents and accidents were reviewed monthly to look for themes and trends in order to drive improvement within the service.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

At our last inspection on 15 December 2021, we found that there had been a failure to ensure people were treated with a dignified approach. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation.

- People told us they felt supported by staff. Comments included "Staff couldn't do enough for us", "[staff] are kind and thoughtful" and "staff have been looking after me".
- Staff had information on people's backgrounds and life history which helped them understand people's needs.
- Peoples cultural, spiritual and religious preferences were recorded. Care plans documented the support that people would like with their religious and cultural practices.

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

- People were supported involved in their care; we saw people were consistently offered to opportunity to be involved in writing their own care plans. Where people chose to do this, they agreed with staff the care they would like to receive and how they would like this to be carried out.

Respecting and promoting people's privacy, dignity and independence

- During our inspection, we observed that staff spoke to people respectfully, where people required support, this was done in a way that promoted people's dignity.
- Visiting professionals told us they had noticed an improvement in staff culture and told us they observed staff talking to people with respect during their visits to the service.
- Staff told us the way they promoted dignity when the provided personal care, one staff member said, "if you are doing PC, make sure the curtains are closed, doors shut, I place a towel to cover their dignity, always explain to them to make sure they understand what I'm doing and why I'm doing, just making sure they have everything they need and are ok. I treat them how I'd treat a family member."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our last inspection we found that some people were receiving generic interventions which were not always person-centred or based on individual support needs. We observed that staff were not always engaging with people were not always flexible to support people's choices. During this inspection, we found that this had improved.
- People received personalised care that met their needs and preferences. People had individual care plans which documented their individual support needs and preferences.
- The service had recently changed the way the menu was planned in order to give people more choice. We saw that food that people would like was discussed in regular meetings and feedback from people was used to plan the menu. People told us they felt the food had improved recently and that they especially enjoyed 'breakfast club'.
- People were supported to be an active part in their local community and were supported to regularly access local provisions such as the cinema, local shops and cafes and pubs.
- People told us about the activities and trips they had enjoyed and told us there were always plenty of activities and things to do.
- We observed staff were laughing and joking with people and supporting them to complete activities and tasks throughout the day.
- Staff were flexible to peoples needs and choices, for example we saw one person changed their mind last minute as to they would like to accompany them to an appointment, staff facilitated this which meant this person was able to attend their appointment supported in the way they preferred.
- People knew who the activities co-ordinator was and regularly discussed what activities they would like to do, this included local activities as well as longer trips for example trips to the beach or animal sanctuaries.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded as part of their care plan with guidance available for staff.
- We saw that the provider's complaint procedure was displayed in a pictorial format for people who may need it in this style.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since our last inspection.
- The service had a clear complaints policy, this was displayed in the service and a copy was provided to people who lived at Ashgables.

End of life care and support

- Nobody was being supported with end of life care at the time of our inspection.
- Staff had not received training in end of life care, we discussed this with the registered manager who informed us they would arrange training for staff as soon as possible.
- People had their end of life wishes recorded in their care plans, this included what religious and spiritual support they would like both at the end of their life and after death.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection on 15 December 2021, we found that there had been a failure to effectively monitor and improve the service for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found improvements had been made, the service was no longer in breach of this regulation.

- There were quality assurance systems in place, we saw these had improved since the previous inspection, however quality assurance systems had not identified concerns identified in this inspection such as non-adherence to people's dietary requirements and fire risk.
- Where quality assurance systems had identified improvements were needed, the management team had addressed these promptly where possible, and created an improvement plan for longer term improvements.

At our last inspection on 15 December 2021, we found that there had been a failure to notify incidents of abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found improvements had been made and the service was no longer in breach of this regulation.

- The registered manager had good understanding of their regulatory requirements.
- Notifications had been submitted to CQC when required and in a timely way. Notifications are information about specific incidents the service is required to tell us about.

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

- Staff gave mixed feedback regarding the support they received from the management team. Some staff told us they felt well supported, one member of staff told us, "it's an open door and I can sit down and have a chat and get things off my chest. [management] make sure we are all ok." However other members of staff expressed concerns about low staffing levels and told us they felt unsupported and were fearful of raising these concerns. Comments included 'This has been going on far too long now and as staff we are worried about getting in trouble for speaking up.' And 'CQC asked for staff to tell them what they think, but it is not safe to give your name.'

- We discussed this feedback with the registered manager, they told us they were aware that staff morale could be low at times and told us they were actively working with staff to improve this.
- People received person centred care from a staff team who knew them well, people told us staff were "kind and thoughtful"

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 registered manager had good knowledge regarding the duty of candour and their responsibilities associated with this.
- There had been no incidents at the service which qualified as duty of candour incidents since our last inspection.

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

- The service sought feedback from relatives, staff and professionals via surveys. These were completed yearly, and feedback was used to inform service improvement.
- People and staff had the opportunity to attend meetings and discuss the running of the service. We saw from meeting minutes that these were well attended, and we saw evidence that feedback had been actioned.

Continuous learning and improving care

- Some staff told us there had been further improvements within the service since our last inspection, one staff member said "There's been a massive improvement, there is a lot more things [management] are doing... There is a lot more organisation and variety of activities, the residents seem a lot happier, the staff are working together well."
- Senior management were working closely with Ashgables House to support the service to improve. The service shared regular action plans with CQC, these detailed the plans for further improvement of the service.

Working in partnership with others

- The service worked in partnership with other professionals and organisations in order to access appropriate support for people.
- Healthcare professionals told us the service maintained effective working relationships with them and was responsive to advice given. Comments included "Communication has greatly improved." And "On my visits, any member of staff approached can give me appropriate feedback on the client that I am due to visit, they clearly demonstrate clear and up to date knowledge of residents. When changes in the care plan have been agreed they have been carried out with good effect."