Senex Limited

Ashleigh House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this home on 8 June 2017. This was an unannounced Inspection. Ashleigh House is registered to provide care to 13 older people with a variety of needs including the care of people living with dementia. At the time of our inspection 12 people were residing at the home.

The service was previously inspected in January 2016 and at that time we found the service was not compliant with one of the regulations we looked at. The issues identified that the provider's systems in place to assess the appropriate staffing levels were not effective and staff were not always appropriately skilled or enabled to use their skills in order to provide people with the care and support they required. Following the inspection in January 2016 we spoke with representatives of the provider. We issued a warning notice using our enforcement powers. These are formal ways we have of telling providers they are not meeting people's needs or the requirements of the law, and that improvements are required. The provider sent us an action plan detailing the improvements they would make. They have updated us regularly and informed us that the actions had been completed. In July 2016 we revisited the home and found the warning notice had been met.

The home had a registered manager, and they were present throughout the inspection. 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.

Staff that we spoke with were not consistent with their responses in relation to the fire procedure and the actions they would take in the event of a fire. Some risk assessments did not contain sufficient guidance for staff to follow. People told us that they felt safe living at the home. Staff were aware of their responsibilities to protect people from allegations or suspicions of abuse. People and staff told us there were enough staff available to meet people's needs. People received their medicines as prescribed.

Staff told us they had the knowledge and skills to support people effectively. Staff worked in a manner that showed they sought people's consent. However, staff had limited knowledge around the Mental Capacity Act (2005) and The Deprivation of Liberty Safeguards (DoLS). Care plans did not reflect how to support people in the least restrictive way. People told us that they enjoyed the food and the choices offered. People had access to healthcare professionals when needed.

People spoke highly of the care they received and praised the kindness of the staff who supported them. People were supported to make their own choices and decisions in line with their wishes. Staff supported people in ways that promoted their privacy and dignity and respected their views.

People told us they were involved in the initial planning of their care and that they were happy with their care. People contributed to the reviewing of their individual needs. People told us some activities of

particular interest to them were provided for them to participate in. However the activities offered on occasions were not engaging enough for all people in the home. A complaints procedure was available for people to use. People felt assured that concerns raised would be dealt with promptly.

Although there were some systems in place they were not sufficient in monitoring the quality of the service people were receiving. Since our last inspection the registered manager had introduced new audits and monitoring systems to look at the quality and safety of the care provided. However, the audits had not identified the shortfalls we had found during the inspection. One risk assessment did not refer to any risks associated with using a bedrail and did not specify how to safely use the equipment. Although we saw that accidents and complaints had been recorded and overviews and analysis had been completed for individuals to identify common themes or to prevent reoccurrence of negative experiences for people living at the home this had not been completed across the service. Quality audits had not identified the need for continued development and the drive for improvement around activities. People, their relatives and staff told us about the confidence they had in the registered manager. People told us that they were asked their views about the care and support they received.

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

Staff that we spoke with were not consistent with their responses in relation to the fire procedure and the actions they would take in the event of a fire.

Some risks to people had not been assessed and records did not contain sufficient guidance for staff to follow.

People and their relatives told us that the service was safe and that there were enough staff available to support them.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People could not be certain their rights would be upheld as staff lacked knowledge and understanding of the Mental Capacity Act (2005) and The Deprivation of Liberty Safeguards.

People told us they were supported by staff who had the knowledge and skills to meet their needs.

People were supported to maintain good health and had their nutritional and healthcare needs met.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and caring.

People were involved in the planning of their care and support

People were supported to maintain their dignity and independence.

Is the service responsive?

Good

The service was responsive.

Activities were available for people to participate in. However further consultations were planned to enable improvement in this area.

People were involved in the assessment and planning of their care.

People told us they were confident to raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality checks had not reliably identified and resolved shortfalls in some aspects of the quality and safety of the service provided.

People and staff spoke positively about the registered manager.

Ashleigh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 June 2017 and was unannounced. The visit was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return the PIR and we took this into account when we made the judgements in this report. We asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we met and spoke with 10 of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with six relatives of people and two health care professionals during the inspection to get their views. In addition we spoke at length with the registered manager, the provider's representative, one senior care assistant, five care staff and the cook.

We sampled some records including four people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records maintained by the service about training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

At the time of our last comprehensive inspection on 27 and 28 January and 5 February 2016 we found that the service was not consistently safe because there was not always enough members of staff available to meet people's needs. We also found that the staff were not always appropriately skilled or enabled to use their skills in order to provide people with the care and supported they required. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice to the provider requesting them to be compliant with this regulation by 23 May 2016. We undertook a focused inspection on 14 July 2016 to check that the provider had followed their action plan and to monitor their compliance with legal requirements of the regulations. We found that improvements had been made and the warning notice had been met.

Potential risks to people as a result of the environment were identified and responded to. People had individual plans in place to describe the support they would need in the event of an emergency, such as a fire. Staff we spoke with described what actions they would take in the event of a fire. However, there were some inconsistences amongst staff in relation to the fire procedure and the actions they would take in the event of a fire. This was of concern as it could impact upon the safe evacuation of people from the premises. We brought this to the registered manager's attention who advised us that they would address the inconsistencies with all the staff. Staff and records confirmed that first aid and fire safety training had been provided. Accidents and incidents were recorded and relevant information had been shared with other agencies who had an interest in ensuring people who used the service were kept safe. We saw that any accidents or incidents recorded had been followed up by the registered manager.

Records we reviewed confirmed risks assessments were personalised and contained guidance for staff to follow to minimise the risks to people. We did note on one person's care records that a bed rail was in use. The registered manager advised us that this had been assessed as safe for the person to use by other health professionals. However the records did not refer to any risks associated with using the bedrails and did not specify how to safely use them. The registered manager advised us that this would be rectified following our inspection. We saw that when people who lived at the home required two staff to support them there were enough staff available at all times to support people safely. We saw staff encouraged people to use specific walking adaptations to reduce the risk of falling and we saw pressure relieving equipment was used to protect people's fragile skin. The registered manager advised us of their intentions to implement a new falls risk assessment form which would contain more specific information for staff than the current form.

We spoke with staff who were able to demonstrate their knowledge and understanding around the importance of safe infection control practices. The registered manager advised us that all staff had completed refresher infection prevention training to enhance their knowledge. This was confirmed by records we reviewed. We saw that staff wore the appropriate personal protective equipment when necessary. This meant that people were protected from the risk cross contamination and in line with good practice.

The people we spoke with and their relatives told us people were safe living at the home because the

provider had systems in place to safeguard them from avoidable harm. A person we spoke with told us, "I feel very safe living here." One relative said, "You have to sign in and ring the bell this gives you a sense of security." Staff that we spoke with were aware of the different types of abuse and their role in protecting people. Staff told us that they had received training in safeguarding to support their understanding. A staff member confirmed that they knew of the whistle blowing procedure and said, "I would whistle blow if I witnessed any abuse. You need to report it so it doesn't happen again." At the time of our inspection the registered manager told us that no safeguarding concerns had been raised. However, they were able to demonstrate an awareness of the process to follow if required which included referring the concern to the Local Authority safeguarding team.

At this inspection on 8 June 2017 people and their relatives told us there were enough staff on duty during the day and night and our observations showed that people's needs were met promptly. One person we spoke with told us, "There are always enough staff around." All the staff we spoke with confirmed that there were enough staff to provide the care that people needed in an effective timely manner. At times of staff shortage due to illness or sickness, the gaps were filled by staff employed by the home and no agency staff were used. This meant that people were cared for by staff who knew them and their individual needs. The registered manager provided assurance that the staffing ratios were correct and were regularly reviewed by her, although no formal staffing tool had been used to determine the staffing requirement.

People could be assured that safe recruitment practices were followed. The registered manager requested references from previous employers to determine if staff were of good character. Pre-employment checks also included that checks were requested through The Disclosure and Barring service (DBS). The DBS service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions.

People told us that they received their medicines when they required them. People told us that they received medicines during the night if required. One person told us, "If I have a headache at night, the staff give me painkillers." A member of night staff said, "I've been trained to administer medicines. I would check the MARS and see if enough time had gone since the person's last tablets. I would then administer medicines safely."

Medicines were stored and disposed of correctly to ensure they were safe and maintained their effectiveness. We sampled Medication Administration Records (MAR) and found they had been correctly completed. We found that individual protocols were not in place for people to receive medicines that had been prescribed on an "as and when needed' basis [PRN]. These would detail guidance for staff to follow in respect of people's symptoms and when medicines should be considered. We received information following our inspection advising us that individual protocols would be put into place. The registered manager had undertaken medication audits and an external pharmacist also completed regular checks. We were unable to view the recent external audit on the day of our inspection because the registered manager informed us this had not yet been received. We saw that staff who supported people with their medicines had received training. Whilst staff told us that they were observed to ensure they were continually safe to administer medicines there was no evidence to demonstrate this on the day of the inspection.

Requires Improvement

Is the service effective?

Our findings

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 we spoke with did not all have an understanding of the MCA and were not able to confidently describe to us what this meant for people who used the service. Some staff told us that they had received training in the MCA but could not recall the content and how to apply their learning into practice. Some staff told us they did not know what the principles of the MCA were and did not understand best interest decision making processes in line with legislation. This meant that people could not be certain their rights would be upheld as staff lacked knowledge. Discussions with the registered manager and reviews of people's MCA records identified a lack of understanding around the principles of the MCA.

In one person's care plan we saw that staff supported them using a specific piece of equipment that may impact on their movement. We did not see evidence that the person had given consent for this equipment to be used and we did not see that a best interest decision had been made for its use. In another person's care plan we saw that 'consent forms to agree to care and treatment' that had been signed for by a relative of the person receiving the service. Whilst we saw an assessment of the person's capacity had been undertaken; there was no evidence to support that the relative had the appropriate authority to sign for the person.

One person's end of life plans recorded that they did not want to be resuscitated if they were unresponsive to immediate lifesaving treatment. We noted that the appropriate documentation had been completed and was available in the person's care plan. However, not all the staff we spoke with were aware of the person's expressed instructions. This meant that the person's wishes may not be respected. The registered manager advised that this concern would be rectified immediately and all staff would be informed.

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 MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. Some staff we spoke with had no knowledge of which people had restrictions on their liberty and could not describe why people were being deprived. This meant that people could not be certain their rights would be upheld as staff lacked knowledge. Care plans we sampled did not consistently contain information of how to best support people in the least restrictive way and in line with their DoLS authorisation.

Most people told us that they were given the opportunity to make their own choices and decisions. One person told us, "The best thing about living here is having the freedom to make my own mistakes." We saw staff gained people's consent before they supported them with care and support. For example, we saw staff

asking people where they preferred to eat their meals.

People we spoke with told us that they felt the home provided an effective service. People told us that they were supported by staff who had the skills and knowledge to support them safely and in line with their wishes. One person living at the home told us that staff knew them well and said, "Staff here have a wealth of experience…they have all been selected by the owner."

Staff told us that they were given the opportunity to attend training to support their development and to enable them to provide appropriate care and support to people. A member of staff told us, "We have regular training. It's a mix of practical and e-learning." There were no training records available for us to view on the day of the inspection. We received this information following our inspection. Records demonstrated that staff had undertaken a variety of key training. Staff we spoke with felt supported in their role and that they received regular one to one supervision to support their learning and reflect on their care practice. We were unable to view records to evidence that staff had received regular supervision on the day of the inspection. Staff told us that they were observed by the manager whilst they were working. The registered manager told us that she carried out annual observations to monitor how staff put their learning into practice although we were unable to view these on the day of our inspection.

Staff told us that they had an induction when they started work which included working different shifts so that they became familiar with people's preferred needs and routines. A member of staff told us, "I shadowed other staff during my induction." We were unable to view records to demonstrate that inductions were carried out on the day of the inspection. We received documentary evidence that an induction process had taken place following our inspection. The registered manager told us that if staff were recruited and were new to the care sector she would use the Care Certificate to enhance their induction process. This is a nationally recognised induction course providing care staff with a general understanding of how to meet the basic needs of people who use social care services. No new staff that required this training had been recruited at the time of our inspection.

We saw that staff participated in and contributed to handovers between shifts to enable staff to facilitate continuity and provide the best possible outcome for people. The provider had suitable management on-call rotas in place to support staff when they required advice and guidance.

People that we spoke with were happy with the food and choices served. One person told us, "Plenty of choices..produce good food. I'm a large eater and get enough [food]." People who lived at the home were able to discuss their preferences with the cook and had recently completed a survey specifically focusing on food to gain their views on the meals. We observed that mealtimes were a pleasant experience for people. People chatted and looked relaxed and had been provided with drinks, napkins and condiments. We spoke with the cook who had detailed knowledge of people's dietary needs and preferences. We saw people having drinks and snacks when they wanted to and saw fresh fruit was available for people to eat if they wished. A menu was on display with the choices of food available. However, further improvement was needed to ensure documentation and information displayed was more easily accessible for all people who lived at the home.
Staff we spoke with had a good understanding of people's dietary and hydration needs. This helped people to eat and drink enough to keep them well. Staff told us that one person was at risk of dehydration and we saw that fluid charts were in place to record the consumption of fluid. However, daily totals of the fluid consumed by the person were not evaluated or recorded this meant that staff may not be aware if the person had drank enough to maintain their good health throughout the day.

People had regular access to other health professionals to maintain their health. One person told us, "The

doctors come regularly if I need him I just ask". Relatives we spoke with told us that their family member's health needs were being met. Regular chiropody services were arranged for people and domiciliary dental and optician services were arranged by the home.

Good

Is the service caring?

Our findings

People told us that staff were kind to them and we observed staff speaking to people in a respectful and caring manner. People were comfortable and at ease with staff. One person who lived at the home told us, "Staff are all kind and caring." Relatives we spoke with confirmed this. One relative said, "Staff are caring and responsive to mums needs." Staff spoke affectionately and respectfully about the people they supported. Most staff were knowledgeable about people's care needs and described people's likes and dislikes.

We saw positive interactions between the people who lived at the home, the staff, visiting relatives and the registered manager. It was evident that people had positive relationships with the staff team. During the inspection we saw that there were periods of time where staff did not interact or engage with people. Whilst we saw that this did not have impact on people's daily lives, the registered manager advised us that they would undertake some additional observations to monitor interactions between staff and people.

We saw that staff supported people to express their views so that they were involved in making decisions on how their care was delivered. A person we spoke with told us, "I get up when I'm ready." We saw that care plans were individual to people and contained information about how staff would support them. Staff's communication with people were friendly, endearing and respectful. We saw that people were addressed by their preferred name. We saw people had been supported to make decisions in all aspects of their daily life. This included decisions about funeral arrangements or whether people wished to be resuscitated. This demonstrated people had been given choices and had made their own decisions about things that were important to them. We saw that regular reviews took place with people and their families to ensure their care remained relevant to them.

We observed people being treated with dignity and respect. We observed staff knock and wait before entering people's bedrooms. Staff we spoke with described examples of how they maintained people's dignity. One member of staff told us, "I cover people's body with towels [so they are not exposed]." Rooms that we had been invited to see had been personalised with people's photographs and ornaments and items that were of importance to them. One person told us, "My room is how I want it." We saw people had access to their own bedrooms for private space. One relative told us, "When we visit we tend to spend time in mums room, it's more private." People told us they valued their own independence and that staff respected this and encouraged it. One person told us, "I do as much as I can for myself." A member of staff said, " I"I encourage independence and I'm just there to assist." Staff we spoke with described the importance of ensuring that people's rights to confidentiality were maintained.

All the people we spoke with told us that they could have visitors at any time. We saw that visiting times were flexible and staff made people's relatives feel welcome. One relative told us that they visited at different times of the day.

Good

Is the service responsive?

Our findings

People received care that had been planned to meet their individual needs and preferences. One person told us, "Everything you want they [the staff] know." We saw that people had personalised care plans put into place and had contributed to the discussions. One person said, "I'm involved in my care plan, I've read it all." The records detailed information about how people were to be supported around their personal care, their mobility, use of their medicines and identified what people liked and disliked and life histories. We saw that people's care plans were reviewed regularly and we saw changes to people's needs were updated. However, we were unable to establish who had been involved in the reviews. The registered manager advised us of their intention to rectify this issue following this inspection.

Staff were able to tell us about people's individual support needs. Throughout our inspection we saw staff cared for people in a way that involved people in making decisions and choices about their care and support. Staff, who were named workers assigned to support people, were able to describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives. A member of staff told us, "People are individual and have their own interests in life." A health professional we spoke with told us that staff were knowledgeable about people's needs.

We asked people how they were supported to follow their interests and take part in social activities. One person told us about an activity they like to do and how they were supported by staff. The registered provider had employed an activity co-ordinator who had developed a range of group and individual activities. People were very complimentary about the activities provided by the activity co-ordinator. However, we were advised that the activity co-ordinator works three days a week and the staff were responsible for providing activity outside the working hours of the activity co-ordinator. The staff we spoke with told us that they do try to provide some activities during the afternoon. On the day of our inspection we saw limited activities and stimulation being offered. One person told us, "I like to be busy but there's not much to do."

People and those that mattered to them told us that they were encouraged and helped to maintain contact with family members and friends. One person said, "My nieces visit me and we have a chat in my room or out in the garden." One relative told us that they visited daily and frequently visited during an evening and said, "We watch our favourite [television] soaps, have a cuppa [drink of tea]. We love this quality time."

People and their relatives told us that if they had any concerns they would speak to the registered manager or a member of staff. One person told us, "If I had a complaint I would tell the staff I have never had any issues." All of the relatives we spoke with expressed their confidence that concerns would be quickly responded to. One relative said, "Anything worrying me I would go straight to the owner [registered manager]." We saw that complaints received by the home were investigated and responded to.

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection the registered manager had introduced new audits and monitoring systems to look at the quality and safety of the care provided. However, the audits had not identified the shortfalls we had found during the inspection. Some risk assessments lacked essential detail to ensure the safety of people. One person needed the use of a bedrail, however the risk assessment did not refer to any risks associated with using the bedrail for this person and did not specify how to safely use the equipment. Some recruitment records required for the effective running of the home were not organised; whilst this did not have an impact on the safety of people, an effective audit system would help to ensure that all staff records required for the effective running of the home were easily available. Whilst all the necessary pre-employment checks had been undertaken we did note that references did not confirm or provide details of the validity of the people providing the information. The registered manager advised us that this had been done verbally but had not been recorded. We also noted that whilst staff identification documents had been seen by the registered manager these had not consistently been copied and placed on the staff members file in line with good practice. Throughout our inspection some records were not available for us to review; not all records were stored at the home. We received some information following our inspection.

Although we saw that accidents and complaints had been recorded and overviews and analysis had been completed for individuals to identify common themes or to prevent reoccurrence of negative experiences for people living at the home this had not been completed across the service. We saw that the complaints procedure was displayed at the home. However, there was no reference to Local Authority or the ombudsman so that people and their relatives had access to contact numbers should they wish to raise a concern or complaint. The manager advised us of their intention to review their policy. In addition we saw documentation and information displayed had not been developed using different communication styles to ensure they were accessible and tailored to people's needs. For example, one person who lived at the home told us that they were unable to read the menu choices because the information displayed was too small to read.

The registered manager acknowledged that activities was an area for improvement and advised us of her intention to continue to communicate with people and support staff to develop innovative ways of providing meaningful stimulation for people to enjoy. However, quality audits had not identified this need and action had not been taken following our last inspection in January 2016.

As part of planning the inspection we approached the registered provider to complete a Provider Information Return (PIR) however this was not returned. They told us they had not received a request to submit a PIR. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that notification systems were in place and that staff had the knowledge and resources to do this. However, we found one example of an incident the registered manager had not notified the Care Quality Commission as required.

People and their relatives told us that in their view the service was well-run. People who lived at the home, their relatives and staff all commented positively about the registered manager. One person said, "The

manager is approachable." During our inspection we saw that the registered manager interacted politely with people and staff and people responded well to them.

Whilst people we spoke with could not recall that residents meetings were held the registered manager had arrangements in place to support people to express their views about the home. We saw that residents meetings took place. We viewed a recent record of a resident meeting and found it be to be focused around one specific area. The registered manager told us other areas had been discussed at previous meetings. We were unable to see records of these on the day of our inspection. The registered manager conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the home. Most of the feedback received was positive about the home. The results of the surveys had been analysed. We noted that feedback had been utilised to drive improvement within the home.

The culture of the service supported people, their relatives and staff to speak up if they wanted to. Some people told us that would not have any qualms about making their opinions and concerns known and were confident these would be addressed and resolved. One person told us, "I tell the manager if I have any worries."

Staff we spoke with told us that they felt supported in their job role. They were clear about the leadership structure within the home and were able to describe their roles and responsibilities and what was expected from them. Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and the registered manager. A member of staff told us, "[name of registered manager] is kind. She cares about her staff and people [who live at the home]." Staff told us they were supported through regular supervision and meetings. We viewed a recent record of a staff meeting and found it be to be focused one specific area. The registered manager told us other areas had been discussed at previous meetings. We were unable to see these on the day of our inspection.