

Ashleigh Court Care Limited

Ashleigh Court Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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 the safe section below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in the responsive section below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
Details can be found in the well led section below.

Requires Improvement ●

Ashleigh Court Rest Home

Detailed findings

Background to this inspection

The inspection:

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

As part of this inspection we looked at the infection, prevention and control 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 one inspector.

Service and service type:

Ashleigh Court Rest Home 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.

Ashleigh Court Rest Home 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 service ten minutes notice of the inspection. This was because we needed to know of the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

What we did:

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. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was requested to complete a provider information return (PIR). This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service, to ask about their experience of the care provided. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We spoke with 7 members of staff, which included a director, the registered manager, maintenance man and carers. We reviewed a range of records about people's care and how the service was managed. This included looking at four people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
At the last inspection we found that people were not always protected from the risk of abuse and that staff did not have the underpinning knowledge to protect people. Incidents and accidents were not followed up to identify trends in order to prevent comparable occurrences in the future. This constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

At this inspection we found there had been enough improvement and the service were no longer in breach.

- People told us they felt safe living at Ashleigh Court Rest Home, one person said, "I feel safe living here, staff listen to me if I have any concerns."
- The provider had policies and procedures in place to support staff's understanding about how to safeguard people from the risk of potential abuse.
- Staff had received training in recognising the signs of abuse and the procedures to follow if they had concerns. A staff member told us, "If I had concerns, I would report them to my line manager and if I felt I was not listened to I would report them to the local authority directly."
- Staff competency in relation to protecting people from the risk of abuse was regularly checked and recorded.
- Accidents and incident were fully recorded and analysed for trends in order to prevent re-occurrences.

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from risk. Personalised risk assessments had been written for the people living there covering a range of risk including eating and drinking, skin care, mobility, activities and supporting people when they were distressed or anxious.
- Staff that we spoke to were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment, however, not all the remedial actions identified in the assessment had not been carried out. After our visit the provider sent us an action plan to address all the outstanding issues.
- Regular checks were carried out on the fire alarm, emergency lighting and fire doors. We saw several smoke seals fitted to fire doors which had been overpainted and would no longer be effective, these had not been identified in the fire checks. The provider had not been aware of these and replaced these during the inspection.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law, however, they had not carried out remedial work identified during the servicing. After the inspection the provider sent us an action plan which included

rectifying these issues.

This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely. Staff recruitment files included checks on their identity, character, and work history. Staff employment was subject to satisfactory disclosure and barring service (DBS) clearance.
- On the days of our inspection we observed there were enough care staff to meet people's needs and call bells were answered, so people did not have to wait too long for support.
- The provider had a tool to assess the number of staff required, based on people's support needs

Using medicines safely

- Senior care staff took responsibility for administering medicines and we observed they did this with patience and kindness.
- Systems to manage medicines were organised and ensured safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.
- Staff competency in relation to medicines was regularly checked and recorded.

Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

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

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Each person living at the home had a personalised plan of care that included information about their wishes, interests and hobbies, health, diet and communication needs.
- We saw that these plans were reviewed regularly.
- We saw that a resident that had been at the home for 3 months did not have a complete care plan yet. This meant the person could not be confident that all their needs would be met the way they preferred.
- People were provided with meals that reflected their religious or cultural backgrounds.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood people's information and communication needs. These were identified, recorded and highlighted in care plans.
- We saw that menu in the dining room had pictures of the meals that were being offered that day.
- One person used their own form of sign language to communicate and staff were aware of this and able to understand.

End of life care and support

At the last inspection we found that people could not be confident that their wishes during their final days and following death would be understood and followed by staff. This constituted a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

- Nobody was receiving end of life care at the time of the inspection.
- People did not have plans for their end of life pathways considering their choices and cultural or religious beliefs.
- The manager told us that people had been reluctant to discuss how they wanted their end of life pathway to be and had not pursued this.

This demonstrated a breach of Regulation 9 Person Centred Care of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they wanted to. People told us they would speak with the manager or a member of staff if needed. One person said, "I would complain to most of them [the staff]."
- The provider displayed their complaints policy and people had the information they needed should they have cause to complain.
- The home had not received any complaints since our last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 the last inspection we found that the failure to operate effective systems to improve the quality and safety of the service and to keep accurate and complete records was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

- The provider had a quality monitoring system in place to monitor health and safety at the home. This consisted of a set of internal audits. However, these had failed to identify that remedial work identified in the fire risk assessment, electrical installation inspection and the fire alarm service report had been actioned.
- Governance and oversight systems had failed to ensure the registered provider was working consistently in line with the principles of the Mental Capacity Act (2005). People, who did not have the capacity to consent to living there, had not had their residence at the home approved in line with the Deprivation of Liberty Safeguards.
- Since the last inspection accidents and incidents were being investigated to ensure patterns were identified and remedial action taken to prevent a re-occurrence.
- Systems in place to monitor people's health and well-being had been improved since the last inspection and we saw that when people required additional support it was provided.
- A training matrix had been introduced since the last inspection, which meant that staff received all the training they required, and it was refreshed in a timely manner.
- Systems were now in place to check the competency of care staff to ensure they were equipped with the skills needed and were applying their learning into practice. We saw that competency assessments were being carried out on a range of topics including medication, safeguarding people from abuse and fire safety.
- Systems and processes had been improved to protect people from risk of abuse, staff were now knowledgeable on what they would do if they were concerned that abuse was taking place and all concerns had been reported to the local authority.

The failure to operate effective systems to improve the quality and safety of the service was a breach of the Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people.

- People had care plans that were not fully personalised to reflect their needs, wishes and choices.
- People had not been consulted about their wishes regarding their end of life pathway.
- People were invited to take part in meetings to discuss their opinions and wishes around the care provided at the home.
- People were regularly given satisfaction surveys to complete and the provider used these to plan how care was provided.

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

- The provider offered opportunities to people to give feedback on the service they received, we saw evidence that this information was now being used to plan changes to the service.
- Staff told us they had staff meetings, and these were used as an opportunity to share their thoughts and views whilst receiving feedback and updates about the service.
- A staff member told us, "I know if I had any ideas about someone's care needs, I could approach (registered manager) and I would be listened to."

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The registered manager understood their legal responsibility to be open and honest with people when things went wrong.

Continuous learning and improving care

- The service was not maximising opportunities to continuously learn and improve because the current monitoring systems were not identifying areas where improvement was required.
- The registered manager sent us an action plan after our visit, and this included the introduction on an annual improvement plan that they will follow to ensure continuous improvement.

Working in partnership with others

- The service worked closely with the local authority quality team and health professionals as they carried out regular visits to the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to consult with people about their end of life pathways.

The enforcement action we took:

We asked the provider to send us a plan of action to address these issues within 28 days

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to carry out remedial work in the fire risk assessment that had been identified as necessary to reduce the risk to an acceptable level. The provider had also failed to carry work recommended in the report following an inspection of the electrical installations at the property. The provider had failed to carry out work to rectify unsafe conditions identified after the fire alarm had been serviced.

The enforcement action we took:

We asked the provider to send us a plan of action to address these issues within 28 days.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality assurance systems had failed to identify that remedial work identified in the fire risk assessment, electrical installation inspection and the fire alarm service report, had not been carried out. The providers governance systems had failed to identify that people who lacked capacity to consent to reside at the home required an

authorisation in place in accordance with the
Deprivation of Liberty Safeguards

The enforcement action we took:

We asked the provider to send us a plan of action to address these issues within 28 days