

W Scott

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Ashleigh House is a residential care home that provides personal and nursing care for up to 24 people. At the time of our inspection 18 people lived in the service.

People's experience of using this service:

People that we spoke to said that Ashleigh House was a good place to live and that staff were kind and caring.

There was not always enough staffing to meet people's needs. There were only two staff on duty at any time and the manager during the day.

People's health and social care needs were managed well by management and the staff team. There were positive relationships with professionals which supported people's overall wellbeing.

Medicine was administered safely, however handwritten entries on medicine administration records were not always signed by two people and not all medicine to be taken 'when required' had completed protocols.

The manager showed evidence of quality monitoring across aspects of the service. However, this was not always effective as the manager was frequently involved in delivering care and not given supernumerary hours to effectively manage the home.

People had enough to eat and drink. Special diets and cultural needs were catered for and the kitchen staff were happy to prepare meals at the request of people who didn't like the options available.

There were activities available. However, not all people were engaged or consulted about activities and there was no activity co-ordinator which meant staff provided the activities available.

Rating at last inspection:

At the last inspection Ashleigh House was rated as requires improvement. The last inspection took place on 5 March 2019. At this inspection the home had remained the same.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections.

At our last inspection the service was in breach of Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance). At this inspection we found that although some improvements had been made, this was not sufficient and they remain in breach.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always Safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always Caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not Well-Led.

Details are in our Well-Led findings below.

Ashleigh 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. 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.

Inspection team:

The inspection was carried out by one inspector 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 care service.

Service and service type:

Ashleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection. We reviewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the management team the opportunity to share any other additional information they wished to share.

During the inspection we spoke with seven people who used the service. We spoke with five members of staff including a cook, two care assistants, maintenance operative and the manager.

We reviewed a range of records. This included four people's care plans and medication records. We also looked at four staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures.



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 two inspections 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.

At our last inspection we found that there were issues regarding the laundry being open and cleaning items not locked away. Items had been discarded which posed a risk to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that although there had been improvements made there still remained a risk within infection control and staffing levels. This means that the service remains in breach of Regulation 12 (Safe Care and Treatment).

Staffing and recruitment

- One person told us "Staff come straight away except when they are busy. They're always busy."
- We saw there were two members of staff on duty at any time. Three of the people living at the home required two staff to support them with personal care and moving and handling. This left the manager to cover the rest of the care needs for others living at the service. Care staff also provided activities and served meals and administered medication. This meant that people were at risk of not receiving the care needed at all times.
- Staff all had criminal records checks prior to starting work at the service and we saw that references were taken, and safe recruitment was followed.

Assessing risk, safety monitoring and management

- Risks were assessed but were not always mitigated appropriately to keep people safe.
- Staff we spoke to knew about people's individual risk in detail. However, there was not enough staff to manage risk at mealtimes and not everyone received the support they needed. We observed one person struggling to eat and no staff to help.
- Environmental risk assessments had taken place, however, there was no hot water for hand washing in two of the toilets. This posed a risk of people not being able to effectively wash their hands and prevent cross contamination.

Using medicines safely

- Medicines were not always managed safely. Staff had been trained in medicine management and assessed as competent.
- Protocols for medicine prescribed to be taken 'as required' were not all completed. This means staff may not know how a person presents when they are in pain or discomfort and unable to say how they feel.
- There were audits of medicine taking place regularly, however, the audit did not pick up that there was a missing signature in the controlled drug record. Handwritten entries on medicine administration records were not signed and they require two people to sign the record.

Preventing and controlling infection

- The home was not clean throughout. We observed flaking paint on handrails and carpets were heavily stained. On one bathroom there was no tiled splashback to the hand basin and the wallpaper had peeled off above the sink.
- We saw one person's walking aid had a seat. The seat was stained with spilt fluids and ring marks which appeared to have been there for several days.
- All staff used Personal Protective Equipment (PPE) and we saw them frequently change gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew how to spot the signs of abuse. Staff told us they knew who to refer any concerns to both in the service and externally. Staff were aware of the whistle blowing policy.
- Safeguarding concerns were reported through to the local authority safeguarding team and the Care Quality Commission (CQC). Information on safeguarding was clear and an investigation had taken place after any concerns were raised.

Learning lessons when things go wrong

- We saw evidence that the manager had a robust audit system in place for all aspects of the service.
- Incidents and accidents were managed and monitored, and systems were put in place to improve from the information they collected.
- People, relatives and staff were given the opportunity to give feedback which was used to drive improvements where it was needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager ensured people's needs had been thoroughly assessed before a placement at Ashleigh House was arranged. This helped to ensure the staff team were able to meet individual needs in accordance with people's wishes and preferences.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff told us the training was good and helped them to both understand their role and carry out tasks more effectively. However, there were not enough staff to be able to offer appropriate care and support to people.

Staff support: induction, training, skills and experience

- We saw the training matrix indicated all staff had received training in areas deemed as necessary to support people using the service. However, the matrix did not indicate if the training was practical or online and refresher dates indicated that some staff had up to 31 courses due on one day.
- We saw induction programmes had been completed by new staff members and the provider had enabled the staff team to complete a good range of training modules.
- Supervisions were taking place frequently and staff told us they felt supported, which enabled discussions around work performance, areas of concern

Supporting people to eat and drink enough to maintain a balanced diet

- The manager and staff worked with professionals to produce nutritional assessments, so that people's dietary requirements could be assessed and monitored, in accordance with their needs.
- Staff told us there was a choice at mealtimes, however, this was not reflected on the menu board at the time of our inspection. We did witness staff asking people what they would like, and the cook was flexible if people didn't like the choices given. People told us that the food was good. A person told us, "The food is good, I eat everything."
- The mealtime experience was not consistently good due to not everyone having the support they needed. There were not always enough staff to enable them to observe what was happening.

Adapting service, design, decoration to meet people's needs

- The décor of the home was in a poor state of repair and wallpaper had been painted over many times. Carpets were worn and stained, and we saw different carpet was used throughout the home which may cause confusion for those suffering with dementia.
- There was a lift available for those who were unable to use the stairs. The majority of people using the

service at the time of our inspection were mobile and could navigate the building unaided.

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.

Staff working with other agencies to provide consistent, effective, timely care

- We saw the service had forged good working relationships with professionals involved in the care and treatment of people.
- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans.
- A visiting professional told us the service managed people's health needs well, this included managing weight of one person who was diabetic.

Supporting people to live healthier lives, access healthcare services and support

- There were good systems in place to ensure that people saw healthcare professional when required.
- We saw evidence in care plans where people had been referred through to the GP or nurse specialist when their health care needs had changed.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider had ensured mental capacity assessments and best interest decisions had been conducted for each area of care. DoLS applications had been made as appropriate.
- Staff were trained in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The provider had obtained evidence to demonstrate legal authority had been granted for named individuals to act on behalf of people who lacked capacity to make decisions.

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 the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- We observed people were being treated with kindness, dignity and respect. We received feedback from people and relatives which supported this. One person told us "Staff ask before they visit me. When I'm got up they lock the curtains when I get dressed".
- We saw that although staff clearly cared, they were overstretched and were unable to support everyone when they needed support.
- People's religious and cultural needs were considered. The manager told us that there were regular church services for all religions. We saw that they treated people as individuals and planned religious and cultural requirements at the time of their assessment to live at the service.
- People had effective relationships with staff who provided their care and support. However, staff did not have time to spend with individuals as they were struggling to cope with care needs.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. There was a significant lack of staffing to enable people to be supported when they needed it. We saw that people had to wait for staff who were attending to someone else. This posed a risk to people not receiving assistance when they needed it.
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.

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

- We were told that people were involved in their care planning. However, although some people told us that they were aware that they had a care plan, no one who we spoke to said that they had been consulted on the content,
- The manager listened and acted on any feedback received from people. People were not always consulted about their care and treatment but most told us they were happy with the care they received.
- People had access to advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves. However, not everyone that we spoke to was aware that this service was available. Information was on notice boards but not everyone could read them.

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 meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and understood their preferences. However, there weren't enough staff to be able to fully respond to people's needs. People were kept waiting and care and support rushed as staff had limited time to give to people.
- Some people had care plans which were personalised and detailed. However, this was work in progress as the manager was reviewing the care plans and those which had not been reviewed did not contain up to date relevant information.
- Activities were planned by staff, however activities did not engage all of the people living at the service. There were not enough staff or a dedicated activity co-ordinator to provide relevant activities for everyone. We were told what activities were taking place but then observed that totally different activities were being delivered.

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.

- We saw that people had care plans translated into different languages when English was not their first language.
- The manager told us that they could provide information in whatever format people required.
- People's communication needs were assessed, and staff could explain what different formats could be used to communicate should this be needed.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident that they would be listened to.
- The manager actively requested feedback from people and their relatives. Complaints and compliments are followed up and a resolution sought for complaints.
- Feedback from relatives and residents is collated and addressed. The manager was proactive on responding to feedback.

End of life care and support

- Preparation was made for end of life care sympathetically and with the aim of people being supported to have a pain free and dignified death.
- Staff understood people's needs, were aware of good practise and guidance on end of life care, and respected people's religious beliefs and preferences.

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 two inspections this key question was rated as requires improvement. At this inspection this key question had deteriorated to inadequate. 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.

At our last inspection there were a lack of audits to manage and monitor the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found that improvements had been made but not enough had been done within infection control and staffing levels which meant that they remain in breach of Regulation 17 (Good Governance)

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

- The service did not have a registered manager. There had not been a registered manager since 25 June 2018 and there had been no application to register a manager since that time.
- The provider has persistently failed to have oversight of the home. There was also no formal method of calculating the staffing required to manage and monitor all aspects of people's care and the support they require.
- There was a system in place to monitor incidents.
- Staff were clear about their roles, however there were not enough staff to be able to meet the needs of people using the service, therefore they were unable to perform their roles effectively.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management showed evidence of quality monitoring for the home which was recorded. However not all of the quality monitoring was effective and some areas had been missed. This posed a risk to people using the service.
- Notifications were made in a timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were committed to providing good quality care to people. However, there was insufficient staffing to adequately support everyone living at the service.
- The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.

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

- The manager was aware of the importance of understanding equality and diversity and protected characteristics.
- People's views on how the service was run were gathered by having regular meetings to discuss various

aspects of the service. People engaged with the community where possible, however limited staffing made this difficult to achieve.

- . Regular meetings were held with staff to discuss issues and to allow staff to have their say.

Continuous learning and improving care

- One person told us "Improvements are very light from the owners view. They (the home) don't push things through"
- The manager had learned from mistakes and keep staff informed of any changes that could affect people's care.
- The staff we spoke with said that they felt confident to raise any issues with the manager.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. They had regular visits from healthcare professionals who people told us had a good relationship with the home.
- The manager explained that they had engaged with the local community and supported people to access it as they wished.