

L M Patil

Ashley Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashley Care Centre is a care home providing personal and nursing care for 40 people, at the time of the inspection. The service can support up to 49 people in one adapted building across three units.

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

Infection control practices were consistent, and we were assured the provider was following government guidance in relation to protecting people from COVID-19. Following a recent infection control audit the registered manager developed an action plan which demonstrated clear timescales and who was responsible. Some of the furniture required replacing for it to be cleaned effectively, the registered manager was in the process of having these items replaced

People were kept safe and there were sufficient staff to provide support to meet their needs. People were protected from the risk of harm and staff were aware of how to recognise potential abuse and how to act to keep people safe. People received their prescribed medicines safely. Staff had been recruited safely and had received training in order to support people safely.

Systems were in place to assess and monitor the quality of the service. People told us they felt their views were listened to in order to improve the service. Staff worked in partnership with other health and social care professionals to ensure people received the care they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 March 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashley Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This Inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service. We spoke with seven members of staff including, the registered manager, clinical lead, carers, housekeeping and kitchen staff. Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them.

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

After our inspection site visit, we contacted three relatives to ask about their experience of the service. We contacted three staff to ask them about how they cared for people and their experience of working at Ashley Care Centre. We reviewed further records this included four people's care records, staff training information, staff rotas and policies.

After the inspection

We continued to seek clarification from the provider to 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to have an effective system where lessons were learnt when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people has been identified, assessed and managed appropriately.
- The provider had made improvements to the environment. For example, maintenance work had been completed in the kitchenette area, this minimised the risk these areas posed to people.
- The registered manager had sought fire training for all staff and had completed evacuation plans for people in case of emergency occurring.
- The service had previously experienced an outbreak of COVID-19 and risk assessments had now been completed. This ensured people received appropriate care if another outbreak occurred and changes to their care were needed.
- Incidents and accidents were logged and acted upon appropriately, we found action had been taken when needed and analysis carried out to prevent repeated incidents.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received training in safeguarding. Staff told us they knew to report concerns to the provider and externally. This helped to ensure people were protected from the risk of abuse or neglect.
- Relatives told us they felt their loved ones were cared for safely and were protected from harm. A relative told us, "My [relative] has advanced dementia and I trust the staff and management team to protect them and care for them in the way [they] would want, the care is second to none".

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to meet peoples needs.
- The registered manager ensured checks were completed prior to staff commencing work at the home. This ensured only suitable staff were employed.
- The registered manager used a dependency tool to calculate staffing numbers based on peoples needs. We observed people to be supported by staff in a timely manner and with kindness.

Using medicines safely

- Medicines were managed safely.
- People received their medicines as prescribed and staff worked with external healthcare professionals where issues arose. For example, where a person had swallowing difficulties and required medicines in a different format specialist advice had been sought. This advice was included in the medication care plan detailing how to support the person safely.
- Medicine administration records were clear and concise and detailed when and how medicines should be given.
- Staff received training in medicine administration and had their competency assessed by an appropriately trained person.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- Audits were completed on a regular basis and had identified risks. Action had now been to reduce risks. For example, action was taken following a medication audit with clear delegation of whose responsibility it was to drive improvement.
- The registered manager had implemented a monitoring system to review all audits. Actions had been taken and clearly documented.
- The registered manager understood regulatory requirements. The registered manager was aware of their responsibility to notify CQC of certain incidents. Our records evidenced that we received notifications appropriately.
- Staff were clear about the role they played caring for people. Staff told us, "It's a really nice place to work, I know that if I need any information I check the care plans or speak to one of the nurses". During our observations over lunch time we observed staff supporting people in line with their support plans.

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

- People and staff felt confident and supported by the management team at the service.
- The registered manager promoted person centred care and involved people and their loved ones in care planning. For example, one relative told us, "I have been kept in touch throughout the pandemic with any changes to my [relative's] care plan and I am asked if I am happy for them to make changes when needed before they are made."

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 understood their duty of candour and acted appropriately when things went wrong.

- The registered manager was open and honest and apologised to people when shortfalls in care had been found. For example, incidents and accidents were reported and explained to people and their representatives in a timely manner.

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

- People using the service and their relatives were encouraged to speak up about the care they receive. Quality assurance surveys were sent out and an analysis of findings made, these findings were fed back to staff, people and their relatives.
- People were supported to make their own choices and were treated with respect. For example, staff told us, "People are treated with respect, they are supported with their needs and get to express their views and make decisions about their care, people's dignity is always kept and their independence supported".
- Staff were encouraged to share their view and suggest improvements at team meetings and supervisions.
- People's bedrooms had been decorated according to their wishes. For example, religious artefacts with personal significance had been displayed around one bedroom.

Continuous learning and improving care; Working in partnership with others

- Incidents and complaints were reviewed and acted upon in a timely manner by the registered manager. Recent concerns raised by people and their loved ones in relation to personal belongings had been taken on board and a new system implemented.
- Staff worked with medical, health and social care professionals to ensure people received the care and support they needed. When people's needs changed, staff ensured appropriate referrals were made to external professionals.