

Ashlyn Healthcare Limited

# Ashlyn Care Home

## Inspection report

Vicarage Wood  
Harlow  
Essex  
CM20 3HD

Tel: 01279868330

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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

Ashlyn Care Home is a residential care home providing personal care for up to 60 older people. At the time of the inspection there were 56 people living at the service.

Care is provided over 2 floors, with separate communal rooms such as dining rooms and lounges. The first floor mainly accommodates people living with dementia.

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

People and their representatives were positive about the support provided by staff and the culture of the service. A relative told us, "We choose this place because it's definitely homely not like a hotel. The staff are so friendly and staff are responsive to our concerns if we have any."

There were systems in place to safeguard people from abuse. Risk was well managed at the service. There were enough skilled, safely recruited staff. Medicines were administered safely. Staff supported people to minimise the risk of infection.

There was a new manager in place who had applied to CQC to be registered. There were well supported by the provider as they settled into their new role. There were effective systems to measure the quality of care and safety at the service. Action was taken and lessons learnt when concerns were raised or things went wrong.

Staff knew people well and supported them to receive consistent care. People achieved positive outcomes. An ongoing project was enhancing the experience of people living with dementia.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 April 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**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.

# Ashlyn Care Home

## Detailed findings

### Background to this inspection

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#### The inspection

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

#### Inspection team

The inspection team consisted of 2 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 care service. The Expert by Experience visited the service and made phone calls to relatives.

#### Service and service type

Ashlyn Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashlyn Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Manager

This provider is required to have a manager to oversee the delivery of regulated activities at this location. A manager is a person who has registered with the Care Quality Commission to manage the service. Managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the service did not have a registered manager. The former registered manager had moved recently to one of the providers other services. There was a new manager who had already applied to CQC to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service, including information from a monitoring phone call we carried out with the service in May 2023. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### The inspection

We spoke with 8 people who used the service and used observation to understand people's experience of care. We met with 9 family members and 1 external professional who were visiting the service. We reviewed 8 people's care records and multiple medication administration records.

We spoke with the manager, the deputy manager, reception staff, 6 care staff, domestic and maintenance staff. We met with two provider representatives.

We looked at 3 staff files. We also looked at a variety of records relating to the management of the service and quality assurance arrangements.

After our visit we continued to seek clarification from the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. People and relatives said there were enough staff to keep people safe. However, they told us sometimes, particularly at weekends, there were not enough staff to provide stimulating activities. We saw this had started to be addressed by the management team and we received feedback this area was improving.
- Staff were attentive to people's needs. Call bells were answered promptly. We observed the staff team worked confidently and smoothly together. They were knowledgeable about the people they supported.
- The provider had measures in place to ensure staff had the necessary skills to meet people's needs. In addition to induction and training, staff were encouraged to learn through reflection, such as in joint supervision sessions.
- The provider operated safe recruitment processes.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. All staff spoken with had received safeguarding training and were able to describe types of abuse and explain what they would do in the event of suspected abuse.
- Individual safeguarding investigations were thorough and information used to improve safety, for example, a person had been referred to a health professional to review their medicines after concerns were raised.
- The provider had systems in place to measure safeguarding trends and ensure any improvements benefited people across the service.

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

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. People had personalised risk assessments and care plans which outlined individual areas of risk. These included areas such as skin integrity, pressure care, falls and mobility. There were people at the service who were at risk of choking. They had detailed assessments and care plans relating to this risk. Staff, including the chef, were knowledgeable about thickened fluids and different meal textures as they prepared meals or supported people to eat.
- We observed staff took effective action and communicated well when a person fell whilst walking at the service. They prioritised checking for injuries and supporting the person. Once the person was safe and sitting comfortably, staff completed body maps and incidents forms. Staff also let the person's family know what had happened.
- Monitoring information, such as body maps were used to support senior staff to learn any lessons and improve safety for people. Lessons were shared with staff and used to drive improvements. For example, practical lessons were shared with the staff team about a person's care following a complaint by a family

member.

#### Using medicines safely

- People were supported to receive their medicines safely and as prescribed. We observed staff were patient and caring in their approach, communicating well with people and checking how they would like to take their tablets. People were encouraged to be independent where possible when taking medicines.
- There was an electronic system to record medicine administration which supported safe care. Medicines were stored safely, and records were completed accurately. Medicines were in-date and stock tallied with medicine records.
- Staff only administered medicines if they had received the required training and had their competency checked by appropriately qualified staff.

#### Visiting in care homes

- The service was promoting visits to the service, in line with current guidance. During our visit we observed people receiving visitors. The atmosphere was welcoming and staff knew people's relatives and friends.
- We were assured the provider was preventing visitors from catching and spreading infections.

#### Preventing and controlling infection

- We were assured the provider promoted safety through the layout and hygiene practices of the premises. The environment was clean and the domestic staff we spoke with were knowledgeable about infection control.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff wore gloves and aprons as required, such as when serving food.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

#### 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Senior staff assessed and monitored people's capacity to make decisions and where necessary ensured decisions were made in the person's best interest. Any applications to restrict people of their liberty were made to the local authority in a timely way.
- Our observations and discussions found staff promoted people's rights to make decisions. Staff were able to tell us who had capacity and how to support people with making a choice about their care. A relative told us staff supported their family member to have control over their care. They said, "[Person] chooses what time to go to bed. Staff explained this gives them some control over what they do again."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture which focused on people's wellbeing. Staff spoke about how they continually adapted the support they provided people. A member of staff said, "I've just started armchair exercises, so it is like a get-together and exercise. We also have a personal trainer guy who does exercising once a week which people love."
- The provider had systems to provide person-centred care that achieved good outcomes for people. They were introducing changes to enhance the wellbeing for people living with dementia. Bedroom doors had a 'traditional dementia door wrap' applied to give the impression of a front door. Each door was in a different colour, personalised to help people find their rooms easier. Corridors were decorated with familiar murals and tactile objects to provide stimulation. Some areas were still to be redecorated, however recent and planned changes demonstrated the provider was positive about introducing changes in line with best practice.
- People and their representatives told us people achieved positive outcomes. A relative told us, "I have seen [Person's] health improve so much since moving here. Their physical health and mental health have improved and I will never be able to thank them enough."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a new manager who had recently arrived at the service. They were well supported by the provider and the internal management team. This was a potentially unsettling time; however, the changes had been well managed to ensure consistency of care at the service. An established team also promoted continuity at the service.
- The provider had a clear management structure to monitor the quality of care to drive improvements in service delivery. Risk was well managed and systems were used effectively to help monitor people's safety. There were regular meetings where staff discussed people individually and action taken where necessary. For instance, after a clinical risk weekly meeting staff had referred a person who had lost weight to a dietician.
- There were regular audits to check the quality of care and make improvements. A visiting senior manager had checked key information was available to staff for a new person recently arrived at the service. Another quality check had prompted review of a Legionella risk assessment. This risk assessment is needed to identify and assess any risks in the building's water system.

- The provider had created a learning culture at the service which improved the care people received. Staff had meetings to reflect on lessons learnt when things went wrong.
- The management team drove improvements in a practical way. We observed a senior member of staff walking round the service, checking locked doors for safety and offering advice to staff as they went round.

Working in partnership with others;

- The provider worked in partnership with others. We had positive feedback from a visiting health professional who told us, "Staff always follow the advice of my team. They are helpful and quick to let us know if there are any problems."
- There were structured meetings with professionals such as the community matron and GP where prompt action was taken where necessary. This effective communication helped people receive consistent care from different organisations.
- The local authority had carried out a recent audit of the service which found the service was providing good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider understood their responsibilities under the duty of candour and communicated well with people and their representatives when things went wrong. 'Residents and relatives' meetings were open and practical, with concerns or issues discussed alongside possible solutions. For example, there had been an open discussion about the need to improve activities.
- Staff understood and took into account people's protected characteristics when planning and providing care. Activities had been arranged to reflect people's individual preferences and cultural or religious needs.
- People and their representatives and staff were consulted about the running of the service. They told us senior staff listened to them. A relative told us, "I had a chat with the manager and they were responsive to my concern about activities. Now [Person] has games and music which is the most important thing to them. It worked out well." Another relative had raised concerns about the lack of oral care and this had been discussed with staff at a team meeting.
- We had contact with 2 people and 3 relatives when monitoring the service in May 2023. The feedback was positive about staff and the management team. A relative told us, "Staff are attentive and caring to all needs of the people they care for. They also add a touch of humour. I cannot fault their dedication."