

Ashurst House Limited

Ashurst House

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

Ashurst House is a residential care home providing personal care to seven people with a learning disability at the time of the inspection. Ashurst House accommodates up to eight people in one adapted building.

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

A new leadership team had been appointed since our last inspection and had made significant improvements to the care and support people received. People told us they were happy and fulfilled at the service and staff were kind and supportive. Relatives told us the service had vastly improved and the management team were "on top of things".

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The leadership team had developed a culture centred around people's preferences and goals. Staff were flexible to people's changing needs and wishes and supported them to make informed decisions. Staff actively asked people for their views on all areas of the service, including their care and support, and these were acted on. People had privacy, held keys to their bedrooms and staff only entered their room with permission. Staff ensured people were treated with dignity and respect at all times. They were confident to challenge the practice of their colleagues and raise any concerns they had with the leadership team.

People were relaxed in the company of each other and staff and people no longer felt scared of each other. Staff had supported people to understand the risks of abuse and how to raise any concerns they had. Concerns raised had been acted on and people were confident action taken would keep them safe in the future.

People were supported to take positive risks to develop their skills and maintain their independence, such as making hot drinks and going out alone. Staff had supported people to have health and medicine reviews and any advice was followed. This had improved people's quality of life and people were more independent.

Recruitment processes had improved and people were now involved in interviewing staff. Something they told us they enjoyed. The number of staff on shift each day had increased and this enabled people to go out more, as well as doing more at home. Staff worked well as a team, were motivated and felt appreciated. New staff told us they had a career path and were supported to develop in their role.

Medicines were now managed safely, and people received their medicines as prescribed. Regular medicines audits were completed to identify and address any errors. Other audits had been effective, and action had been taken to resolve any shortfalls and stop them happening again.

The service was clean. People understood COVID-19 restrictions and were supported to follow the latest government guidance. They received visitors safely and were supported to remain as safe as possible when they went out. People were involved in household tasks such as cleaning their bedrooms and doing their laundry.

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 Inadequate (published 8 December 2021).

This service has been in Special Measures since 10 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 June 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 safe care and treatment, good governance, safeguarding people from abuse, staffing, fit and proper people employed and notifications.

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. 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 Inadequate 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 Ashurst House 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.

Ashurst 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. 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.

As part of this inspection we looked at the infection control and prevention 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

This inspection was completed by one inspector.

Service and service type

Ashurst 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 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 commissioners. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from health care professionals who supported people.

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 Inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to operate effective systems and processes to effectively prevent abuse of service users. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected against the risks of harm and abuse. Following our last inspection, the management team had supported people to understand safeguarding risks and how to raise any concerns they had. People told us staff had listened to their concerns and had acted to make them feel safe. One person told us, "[Staff member's name] was nasty to me but they aren't here anymore". People told us they felt safe living at Ashurst House.
- When people or staff had identified safeguarding risks the management team had acted quickly to keep people safe. They worked with others, including the local authority safeguarding team, to investigate concerns and prevent them reoccurring. The provider's policies had been followed and staff who may pose a risk to vulnerable people had been referred to the Discloser and Barring Service. The area manager kept us informed of the progress of investigations and we were assured they had done everything they could to protect people.
- Staff had completed safeguarding training and knew how to raise concerns with the leadership team and outside of the organisation. Information about safeguarding was now available to people in a format they understood.
- Staff had worked with health and social care professionals to understand people's anxieties and frustrations and support them to communicate when their wishes. Staff agreed with people how and when things would happen and followed the person's lead. When one person felt themselves becoming anxious, they asked staff to leave them alone and staff followed their request. There had not been any incidents at the service since October 2021 and this was a significant improvement. People were no longer scared of each other.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and mitigate risks with people, to keep them safe while supporting their independence and development. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- People were supported to take positive risks to develop their skills and maintain their independence. Previously people were not always able to make their own drinks because of there were not enough staff to support them to use the kettle safely. The management team had purchased a one cup kettle and people now made themselves a hot drink when they wanted.
- Risks of people developing pressure ulcers had been assessed and care had been planned with them to reduce the risk of developing skin damage. People were supported to use pressure relieving equipment and to change their position often. Staff knew how to identify changes in people's skin health and followed care planned to reduce the risk of further breakdown. This included the application of prescribed creams to specified areas.
- People had been supported to have diabetes reviews with a specialist nurse. Detailed guidelines had been agreed and put in place for staff to follow to support people to remain as healthy as possible. Staff communicated with health care professionals before and after one person's regular treatment to ensure their diabetes was always well managed.
- Following our last inspection, staff had worked with Speech and Language Therapists (SALT) to understand people's risks of choking. Staff followed the SALTs advice and one person now had mashed rather than pureed food. This enabled the person to go out to eat and staff supported them to choose food from the menu which could be mashed. The person was also encouraged to eat without staff support, making them more independent and giving them control. Another person had been supported to receive dental treatment and this had reduced their risk of choking.
- Fire checks were now completed regularly to ensure equipment was working effectively. Any issues had been rectified promptly. People and staff had taken part in fire drills during the day and at night to practice and gain confidence in what to do in an emergency.

Learning lessons when things go wrong

At our last inspection the provider had failed to operate effective processes to assess, monitor and mitigate risks relating to people's safety. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective systems had been put into operation to ensure lessons were learnt when things went wrong at the service. Accidents and incidents were now recorded correctly and were monitored.
- All incidents and accidents were reviewed by a member of the leadership team and action was taken to reduce the risk of them occurring again. For example, when a person had slipped on a ramp action was taken to change the surface of the ramp so the person did not slip again.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely. The leadership team had supported people to have medicines

reviews with a health care professional. Guidance had been provided to staff about people's when required medicines and this now reflected the prescribing advice from the GP.

- Detailed guidance had been put in place around one person's emergency medicine and staff knew how and when to administer it. The person now took the medicine with them when they went out, so it was always available when they needed it.
- People's medicines were stored safely and the temperature they were stored at was monitored. Effective action had been taken since our last inspection to ensure medicines were not stored at temperatures over 25°C.

Staffing and recruitment

At our last inspection the provider failed to operate effective recruitment processes to ensure staff were of good character and had have the qualifications, competence, skills and experience necessary to complete their role. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were protected by safe recruitment processes. People were now part of the interview panel and asked candidates' questions which were important to them. They also showed candidates around the service and the leadership team observed candidates' engagement with people. Two people told us they enjoyed being part of the interview panel and asking the candidates important questions. One person told us the new staff were "nice".
- A full employment history, with a satisfactory written explanation of any gaps in employment had been obtained for staff employed following our last inspection. Adequate checks had been completed on staff's character and conduct in previous roles. The provider had obtained evidence all staff had received two COVID-19 vaccinations before they began working at the service.

At our last inspection the provider had failed to deploy sufficient numbers staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed to keep people safe and support them to take part in pastimes they enjoyed. The provider had increased the number of staff working at the service during the day and at night. Negotiations were taking place to fund additional support some people were receiving to keep them safe and happy.
- People and staff told us an additional staff member during the day enabled them to go out more and do more in the house. We observed people coming and going with staff and being supported to complete day to day tasks such as laundry and shopping. Some people had been supported to go on holiday and others were now going out for drinks and meals at least weekly. Shortly before our inspection people had gone out to watch the local Christmas lights being turned on. Something they had enjoyed.
- Vacancies in the staff team were covered by agency staff. This was planned in advance and the same agency staff supported people. This gave people the opportunity to get to know the agency staff and be confident to tell them how they liked their care provided.

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.

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 Inadequate. 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.

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

- The culture at the service encouraged and supported people to be as independent as possible. Following our last inspection, the provider appointed a new management team with the right values and ethos to drive improvement at the service. They had developed an open culture where everyone was equal, and everyone's views were important. New staff told us they had felt welcomed by people and staff when they joined.
- People told us they liked the new management team. They spent time in the office with managers and were supported to complete tasks such as purchasing items for the service. During our inspection a couple of basic food items ran out and one person happily went to the shops to buy them. People felt supported and valued by managers and were encouraged to be as involved as they wanted. People wanted to be part of our inspection and the staff supported them to speak with us and share their experiences.
- Staff shared the managers' vision for an empowering culture and supported people to make decisions and share their choices. One person felt unwell and discussed with the deputy manager if they should go to work the following day. The deputy manager listened to the person's views and assured them they were making a good decision. When the person's employer called the person spoke with them confidently and explained their decision. Another person told us staff respected a decision they had made not to go to an event other people were going to.
- One person had always wanted to learn to swim. They now regularly visit the local swimming pool with staff, something they really enjoyed. Another person told us they were being supported to do more for themselves, which made them happy.
- People were given information in ways they understood to help them make informed choices. One person's diet had recently changed. Staff had chatted with the person about the changes and the impact on their health of eating certain foods. They had provided the person with an easy read summary, including pictures, which the person referred to whenever they wanted. Staff also patiently answered any questions the person had and reassured them when they were making choices. The person found staff's responses helpful, made healthy choices and remained well.

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

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Records in relation to all areas of the service had improved since our last inspection. The registered manager had identified records about the support people received each day were task orientated and did not include information about how people had spent their time or their mood. This information was important when reviewing people's care and supporting people to review and set new goals. They were supporting staff to complete more informative notes, and this remains an area for further improvement.
- The new management team provided clear leadership to staff. The standards of care and support they required were clear to staff and staff were held accountable for their practice. Staff had regular supervision meetings to discuss their practice and development goals.
- The previous manager had left and a new manager had been appointed shortly after our last inspection. The new manager was registered with the Care Quality Commission. They had experienced of leading a service for people with a learning disability and autism and were supported by a deputy manager and area manager. Staff told us the management team were approachable and supportive.
- Staff worked as a team and supported each other. New staff told us experienced staff had "taken me under their wing" when they started and made sure they knew about people. Staff were motivated, felt appreciated and told us they felt they had a career path where they could progress and develop.

Continuous learning and improving care

At our last inspection the provider had failed to operate effective processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective action had been taken to improve the service since our last inspection. The provider had developed an action plan, which they reviewed monthly to ensure progress was made and sustained. Weekly medication audits were completed to identify any errors quickly. How errors occurred was investigated and staff involved stopped administering medicines until their skills and competency had been checked.
- Regular checks and audits were completed by the provider and the area manager. Monthly audits covered high risk areas such as medicines, staff conduct and people's finances. An action plan was developed to address any shortfalls, such as minor discrepancies in people's finances or gaps on medicine administration records. Action taken had been effective and there had been no further errors.
- People's support plans had been reviewed and updated with them and now contained the detailed guidance staff needed to support people safely and in the way they preferred. Previously all information about people was held electronically. Poor internet connectivity made it hard for staff to access the information they needed and people had no access at all. All records were now in paper form, with easy read versions of some information, such as the support people needed to look after their pets.

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

At our last inspection the provider had failed to seek and act on feedback from service users, staff, relatives and other stakeholder for the purposes of continually evaluating and improving the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were now at the centre of the service and were involved in all decisions which affected them. The registered manager had set up a keyworker scheme and people had chosen the staff member they wanted to be their key worker. People told us they got on well with their key workers who supported them to do their shopping and plan their care.
- The registered manager had met with people each week to gather their views and feedback. Concerns people had raised before our last inspection had been addressed. Other suggestions people made had been acted on, including going out for meals and drinks.
- Three people had requested to go on holiday, and this had been arranged. People showed us pictures of them enjoying themselves and having fun and told us they would like to go away again next year. Plans were being made and people had suggested going to the Isle of Wight and Cornwall.
- People, their relatives and staff had been asked about their experience of the service. People were satisfied with the service they received. One person's relative had commented, 'Ashurst House is welcoming, clean and staff are lovely. My relative is very happy here. They have looked after and cared for my relative, as well as other people, through the pandemic amazingly. I couldn't thank them enough'.

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

At our last inspection the provider had failed to notify CQC of allegations of abuse. This was a breach of regulation 18 (Notification of other incidents) of the of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Services that provide health and social care to people are required to promptly inform us of important events that happen in the service. This is so we can check appropriate action has been taken. Since our last inspection the management team have notified us of all significant events and the action taken to prevent them reoccurring. We were assured significant events had been managed and people have been protected from ongoing harm or abuse.
- The leadership team had been open and honest with people, their relatives and health and social care professionals when things had gone wrong. They had apologised and explained the action they were taking to reduce the risk of things going wrong again.

Working in partnership with others

- Staff had developed good working relationships with health and social care professionals and worked with them to improve people's health and well being. The management team had built relationships with the community learning disability team and people were now receiving assessments and support to develop their independence.
- One person's needs were assessed by a physiotherapist and new equipment had been provided to help the person walk around safely. Other equipment had been provided for when the person became tired so they could continue with activities and not have to return home. Another person met with an occupational therapist (OT) weekly with the goal of being more confident when they went out. The person told us they enjoy seeing the OT.
- The registered manager was working with the GP practice nurse practitioner to use RESTORE2 assessments at the service. The aim of RESTORE2 is to identify when people's physical health is

deteriorating or at risk of deterioration and provide health care professionals with the information they need to make timely decisions around people's health care.

- The area manager and management team continued to work with local authority social workers and commissioners. This was to ensure the care purchased for people met their needs and was to the required standard. The local authority commissioners were pleased with the progress made and had reduced their contract risk warning flag.
- The local authority safeguarding lead for people with learning disabilities had visited the service and provided training to staff. Staff knew how the safeguarding process worked and were confident to consult with the safeguarding team about any concerns they had.