

Sunbreeze Healthcare Limited

Ashlee Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashlee Residential Care Home is a care home providing personal care for up to 21 people. There were 19 people living at the home at the time of our inspection. The service provides support to older people with a range of support needs including complex health conditions and dementia. The service is provided in one adapted building over two floors.

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

Risks associated with people's care and support and the environment were not always effectively monitored and managed. The service did not have a registered manager, they had recruited a manager, but the deputy was acting as manager at the time of our inspection.

Medicines were managed safely, they had an electronic system in place which effectively prompted times which medication should be administered.

There was enough staff to meet people's needs and safe recruitment practices were followed.

The carpets required cleaning throughout the home, some needed to be replaced as they were worn out.

People were not always supported to have maximum choice and control of their lives; people were not always consulted on decisions within the home which would affect them.

People were supported with their health needs and had access to healthcare services. People were supported by staff who had not always had up to date training in current practises.

People were supported well by staff who cared for them and treated them with dignity and respect. Family members spoke highly of the staff team and felt that people were well looked after and kept safe.

People were not given a choice of activities, they shared an activities co-ordinator with another home and only had activities every other day. We were advised that staff carried out some activities but at the time of our inspection we did not see anyone engaged in meaningful activity.

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

Rating at last inspection

The last rating for this service was Good (Report published 19 August 2019).

Why we inspected

We received information regarding the management and overall cleanliness of the service. There were also concerns about the staffing levels and lack of PPE during the pandemic.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires Improvement'.

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 well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

Ashlee Residential Care 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. 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 CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control practise was safe and the service was compliant with IPC measures. This was a targeted inspection, looking at the IPC practises the provider has in place.

Inspection team

This inspection was carried out by one inspector and an assistant inspector. The assistant inspector made telephone calls to relatives and staff who were not on duty at the time of the inspection.

Service and service type

Ashlee Residential Care 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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. We did however, check on entry what the status of the service was in relation to Covid 19.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of care staff, the cook, the deputy manager, and the provider.

We reviewed a range of records. This included four people's care records and multiple medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence including staff recruitments files and training matrix. We spoke with four relatives by telephone to ask about their experience of the service. We spoke with three members of staff who were not working on the day of the inspection.



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 Good. At this inspection this key question the service had deteriorated to requires improvement. 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.

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

- Some risk assessments were in place but not all risks had been assessed and mitigated. For example, we were told that one person was at risk of choking, this was not reflected in the care planning and there was no risk assessment. Staff knew people well and the associated risk but there should still have been written information which was relevant and updated.
- People were protected from some environmental risk; communal areas were tidy and free from obstruction and areas where equipment was stored was not readily accessible to people using the service. However, carpets throughout the home were very soiled and posed a risk of infection.
- Fire risk assessments were in place at the service and we found that servicing of equipment and health and safety checks were carried out in a timely manner. People had personal emergency evacuation plans in place.
- There was no information in the kitchen regarding people's diets or any allergen information. People were not consulted about the menu or any changes. After our inspection visit we received the minutes of a residents meeting where people had been asked about menu choices, and, there had been a full allergen list written.
- Systems to learn from incidents and accidents were not use effectively and information was not recorded effectively. For example, one person had a crash mat and sensor mat in place due to risk of falls but this was not translated into the care plan or risk assessment.
- One staff member stated that they had received no training at all. The training matrix showed the start date and then stated training would be due two months after that date. This meant that new staff would be unable to use equipment and wouldn't have the knowledge to deliver some aspects of care. This posed a risk to aspects of care being delivered safely.

Using medicines safely

- Medicines were not always managed safely.
- Protocols for the administration of 'as required' medicines were not in place. This meant that staff may not always know when people needed medicine to be given 'as required'. After the inspection the provider sent us PRN protocols.
- Systems to ensure the safe administration of medicines were not always effective. On one audit it asked if thickener was signed for when used. The audit clearly stated that they had not been signed for but there was no action to follow this up and ensure that signatures were obtained. This meant that issues may not be identified or addressed.

The lack of effective risk assessments and oversight and the poor medicines management is a breach of

regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to spot the signs of abuse and could tell us who they would report to if they were unhappy about a situation. Staff knew that there was a whistleblowing policy and knew how to use it.
- Staff had received training in safeguarding and in equality and diversity.

Staffing and recruitment

- At the time of our inspection we observed that there appeared to be enough staff to support people. However, one relative told us that they did not feel that there were sufficient staff. One staff member told us that they struggled in the morning and that they were asked to wake people up really early to enable them to get everyone washed and dressed for breakfast.
- We found that some staff had background checks prior to starting employment. However, some of the information was missing with regard to references and proof of identity. The provider sent us information on background checks after the inspection.
- Staffing levels were based on a dependency assessment which clearly laid out people's needs and staffing hours. However, we saw no collation of this to inform the home how many staff were needed collectively to inform the rota and to meet the needs of those living at the service.

Preventing and controlling infection

- The environment was generally in need of decoration and furniture was worn and old. The acting manager told us that new furniture had been ordered and they were expecting delivery.
- Equipment was clean and there was no malodour.
- There were two cleaners on duty at the time of our inspection. One member of staff told us there is always one cleaner working.
- There was enough PPE and we saw staff wearing masks, gloves and aprons. Staff had regular changes of PPE when they were delivering personal care. Staff were practising social distancing where they could and there was a room where staff could change into workwear and to don and doff PPE.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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; Continuous learning and improving care;

- There was no registered manager in post at the time of our inspection and the deputy manager was acting as manager and overseeing the service. A registered manager had been employed and was due to start later in the month.
- Governance and oversight of the service was fragmented, the provider followed up audits and had an action plan but this did not cover all of the day to day actions required. For example, there were missed records of fridge temperatures and cleaning records and these had not been picked up by the manager.
- Systems to check the safety and quality of the service were being used but not always effectively. There was no allergen list in the kitchen and no information on residents' dietary requirements. We spoke to the provider about this and they had implemented this information after the inspection.
- We saw a range of audit tools for various aspects of the home including medication, health and safety and infection prevention and control. However, there were a lack of recorded actions from issues highlighted in the audits, this made the audits ineffective. The provider did have some oversight and we saw where some of the issues had been followed up.
- The acting manager understood the importance of making improvements from information received from audits. There was no action column on the audits carried out by managers within the home and the only follow up was from the providers who were not in the service every day. This meant that there was no seamless management oversight.

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

- The deputy manager was approachable, and staff told us that they felt supported by management.
- The provider was open and honest and acted promptly on improvements suggested at the time of our inspection.
- Notifications had been submitted to CQC regarding events that the provider is required to notify us of by law.

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

- People using the service told us had not been consulted on aspects of their care or improvements to the service. After our inspection we were sent meeting minutes where people had been invited to discuss menu

choices and preferences.

- People were not always provided with high quality, person centred care. We did not see people being engaged with in a meaningful way, there were no activities taking place at the time of our visit.
- We could see no evidence of change or improvements from feedback received. There was no formal method of collecting people's views and using it as a method to improve the service. The provider told us that they did send surveys out to people to complete and sent some evidence after the inspection.

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 acting manager understood their duty to be open and honest with people. There was some evidence of learning lessons from accidents and incidents and making improvements, but this needed to be developed further to be effective.
- Staff were confident about how they could raise any issue of concern and told us they felt sure they would be listened to and taken seriously if they needed to raise anything.

Working in partnership with others

- The acting manager told us they worked in partnership with external health and social care professionals. We could see evidence of this in the care planning.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Lack of effective risk assessments and poor medicines management.