

Ashley House Care Homes Limited

# Ashley House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Good</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 5 December 2017 and it was unannounced. We last inspected the service on 3 September 2015 where the service was rated as Good. This is the first time the service has been rated Requires Improvement.

Ashley House Care Home is a residential care home for up to three people living with mental health needs and or older people care needs. The service is a terraced house and accommodation is provided over two floors. The ground floor communal areas comprise of an open plan kitchen and dining room and a sitting room. All rooms are of single occupancy. Ashley House 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. At the time of our inspection, two people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had failed to fulfil their statutory obligation to notify us of four police incidents which occurred at the service.

People and a relative told us the service was safe and they enjoyed living at the service. The provider identified, assessed and managed risks to people's health and care. Staff were provided with sufficient information to provide safe care. There were sufficient staff to meet people's individual needs. People's medicines were managed safely and staff were competency assessed to ensure they were administering medicines in a safe manner. The provider met infection control requirements and the service was clean without any malodour. Staff were appropriately checked and vetted to ensure they were suitable to work with people who used the service.

Staff received regular training and supervision to do their jobs effectively. People's nutrition and hydration needs were met and they were encouraged to maintain a healthy lifestyle. Staff knew and understood people's needs, abilities, likes and dislikes. The service worked well with healthcare professionals to provide effective care to people. Staff sought people's consent before supporting them and gave them choices.

People told us staff were caring and treated them with dignity and respect. Staff were trained in dignity and respect, and equality and diversity. People's care plans detailed their likes and dislikes and their religious and cultural needs. Staff supported and encouraged people to carry out various activities as per their wishes. People's end of life care wishes were documented in their care plan.

People, a relative and staff told us the service was well managed. They further said the registered manager

was approachable and helpful. The registered manager worked closely with staff and involved them and people in improving quality of the service. Staff worked well together and told us they felt well informed by the management on aspects related to care delivery.

The service carried out regular monitoring and audit checks to identify any gaps and areas of improvement in quality and safety of the service delivery.

We found the registered provider was not meeting legal requirements and there was a breach of Regulation 18 Registration Regulations 2009 notifications of other incidents.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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.

People told us they felt safe with staff and there were enough staff there to meet their needs. The provider followed safe recruitment practices. Staff knew signs of abuse and how to report any concerns of poor care and abuse.

Risk assessments were regularly reviewed and gave detailed information to staff on how to manage risks to people. The service kept accurate accident and incident records and learnt lessons from them to prevent future reoccurrences.

People were given medicines on time by staff who were trained in safe medicines administration.

The provider met infection control requirements.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who understood their needs. Staff received regular training and supervision to support people effectively.

People told us they liked the food and planned their weekly food menus. The provider worked well with healthcare professionals in meeting people's needs.

Staff asked people's consent before supporting them and people told us they were always given choices.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring and helpful and listened to their needs patiently. The service involved people in planning their care.

Staff supported people to remain independent by encouraging

them to things by themselves. People's religious and spiritual needs were met as and when requested.

People told us staff treated them with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans and person-centred plans were comprehensive and included their likes and dislikes.

Staff were aware of people's wishes and preferences. People told us they received personalised care.

Staff encouraged and supported people to engage in various indoors and outdoor activities. People told us their concerns were listened to and addressed in timely manner.

Staff had end of life care discussions with people and people's care plans detailed information on their end of life care and funeral wishes.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led. The provider had failed to notify CQC of police incidents.

People, relatives and staff found the management approachable and supportive. They were consulted by the management to improve the quality of service.

Staff told us they were well supported and enjoyed working at the service.

The service had systems for auditing and monitoring the quality and safety of the service. The registered manager worked with community organisations to improve the quality of the service.

# Ashley House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 December 2017 and was unannounced. The visit was undertaken by an adult social care inspector.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. Due to technical problems, the provider was not able to complete a 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 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 and two staff members, including the registered manager. We looked at a range of records including two people's care and medicines records and four staff personnel files including recruitment, training and supervision records. We also looked at other records relating to the management of the service including policies and procedures and quality assurance. Following the inspection, we spoke with one staff member and one relative.

# Is the service safe?

## Our findings

People told us they felt safe at Ashley House Care Home. One person said, "I suppose, I feel safe here." Another person commented, "I feel safe and comfortable here." A relative said, "[Person using the service] is safe in the house."

Staff received yearly training in safeguarding and demonstrated a good understanding of various types and signs of abuse, and knew how to report any concerns of poor care, neglect or abuse. One staff member commented, "Our role is to protect clients from abuse and I would report any concerns straight to the manager." The local authority's safeguarding adult alert contact numbers were displayed in the registered manager's office; the office was also accessed by the staff team. Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to contact the local authority or CQC if a person's safety was at risk. There had been no safeguarding cases since the last inspection. We looked at training records that confirmed staff had received safeguarding training.

Risks associated with people's health and care needs were identified, assessed and managed safely. People's risk assessments detailed information for staff on how to provide safe care whilst meeting people's individual needs. We looked at people's risk assessments and found them to be comprehensive and regularly reviewed. The risk assessments were for areas such as medical and mental health needs, non-compliance with medicines, nutritional needs and behavioural needs. For example, one person was identified as being at high risk of not taking their medicines, their risk assessment instructed staff, 'to encourage her not to throw her medicines away and check under the tongue to be sure [person] was not hiding it only to throw it away later on.' Staff members working with this person told us they ensured the person had swallowed the medicine by checking they had not hidden it under their tongue. Another person who smoked cigarettes had a detailed risk assessment around dangers relating to smoking and the person told us they smoked cigarettes only in the garden area to avoid fire risk. There were detailed fire evacuation procedures to ensure people were appropriately supported in case of fire emergency. Staff we spoke with were aware of risks to people and knew how to provide safe care. This meant the provider had taken sufficient measures to ensure people's safety.

The provider followed safe procedures in assisting people in managing their money. We reviewed people's financial record sheets and found them to be accurate. The financial record sheet detailed information on money withdrawn from the bank, expenses made and the total balance left. These sheets were checked at handover meetings by the staff and audited by the registered manager on a weekly basis.

People told us there were enough staff at the service to meet their needs. We looked at staff rotas and found the staffing levels were consistent. The registered manager told us that mostly staffing levels remained the same however, depending on people's preferred activities; at times supplementary staff were allocated. On our inspection visit, we saw people's needs were met by staff in a timely manner and people were able to go out with staff support when they wished. The provider had their own pool of bank staff that they used for staff emergencies and absences.

The provider followed safe recruitment practices. We looked at staff personnel files which showed all staff had recruitment, reference and criminal record checks before they started working with people. This meant people were supported by staff who were appropriately vetted and had required skills and knowledge.

People told us they were happy with medicines support. We looked at people's medicines administration record (MAR) charts and found they were appropriately completed without any gaps. Staff were trained in safe medicines administration and their competency was assessed to ensure they knew how to safely administer medicines. Records seen confirmed this. Medicines were stored securely and safely in a lockable cupboard that was only accessed by staff administering medicines. We looked at the medicines cupboard temperature records which showed they were maintained at the recommended level. Medicines were counted by staff at the end of each shift to ensure the service did not run out of people's medicines.

The service followed safe infection control procedures to prevent spread of infection. During inspection, we found the service was clean and there was no malodour. People told us they were happy with the cleaning standards maintained by the service. We looked at infection control checks which were all in date.

We looked at fire equipment test, emergency drill evacuation records, water tests and maintenance and electric equipment testing records, and they were all up-to-date.

The service maintained clear and accurate accident and incident records. There had been six incidents since last inspection, four were about a person going missing and two were minor injuries. The registered manager discussed and worked with the staff team where areas for improvements had been identified and any lessons learnt to prevent future reoccurrences. For example, we saw that an incident had taken place where the person had sustained a minor injury whilst exercising in the garden. The records showed that the person was given appropriate first aid following the incident. The registered manager spoke with the person about not using the garden for exercising as the area was not suitable for that, and discussed with staff how to prevent the person using the garden area whilst still able to exercise. As a team they came up with the solution of encouraging the person to subscribe and use gym membership instead of exercising in the garden. Records seen confirmed this. No similar incidents had been noted since. This demonstrated the service as a team learned from incidents and made improvements.



## Is the service effective?

### Our findings

People told us their needs were met by staff that were well trained. One person said, "Staff understands me and knows how to support me." A relative commented, "The staff are very good and the service is excellent. They [staff] treat him well and look after him well."

People's needs were assessed by the registered manager before they started living at the service. The registered manager met with people, their relatives, social worker, psychiatrist and other healthcare professionals involved in people's care to identify their physical and mental health needs and abilities. This information enabled the registered manager to work with people to develop a support plan that met people's individual needs. Staff we spoke with demonstrated a good understanding of people's needs and abilities.

New staff received induction training around the provider's policies and procedures including safeguarding, accident and incident, health and safety before they were enrolled onto other training courses. New staff observed and shadowed the existing staff before they started working on their own with people using the service. The registered manager told us it was important for them that all their staff had appropriate knowledge and skills to support people with their individual physical and mental health needs. We looked at staff training records that showed staff received various training in areas such as mental health, challenging behaviour, communication, infection control, health and safety, nutrition and hydration and food safety. Staff received yearly refresher training in mandatory areas such as medicines, safeguarding, and health and safety.

Staff told us they received sufficient training and supervision to do their job effectively. One staff member commented, "If any gaps [in the training] felt, I speak to the manager and she arranges training right away. We had training last week; it was on palliative care, safeguarding and Deprivation of Liberty Safeguards." Another staff member said, "The training is carried out at least four to five times a year. She [registered manager] always asks if need more training. I feel very confident in my role." We looked at staff supervision records that showed staff received one to one supervision every eight weeks and yearly appraisal. Staff told us they found supervision helpful as they were able to discuss their role and responsibilities, and training and development needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were trained in the MCA and DoLS and records seen confirmed this. Staff we spoke with told us they always sought people's consent before supporting them. During our inspection we saw staff asking people what they wanted to eat, where they wanted to go, how they wanted to spend their day. Staff were seen giving people choices and seeking people's consent before supporting them. People told us staff gave them choices and asked permission before providing care. We saw people's care plans had signed consent forms for care and treatment, information sharing and use of their pictures.

People were supported with their nutrition and hydration needs. People told us they chose what they wanted to eat. Every Friday people spent time with staff to decide the following week's food menu. Staff told us people were mostly happy to have food as per their chosen menu but occasionally they would change their minds and staff were able to accommodate their preferences. When people ate something other than what they had chosen, staff recorded it in their daily care logs to ensure they had the accurate record of what people had consumed. Records seen confirmed this.

One person told us they liked shopping for their own food and stored some snack food items in their bedroom. On the inspection day, we saw this person had been out for food shopping. People told us they liked the food staff prepared and at times helped staff in preparing food. We looked at people's chosen food menus which showed people were encouraged to have a balanced diet. As a good practice, people were weighed on a monthly basis and we looked at people's monthly weight monitoring charts that showed people's weights were maintained. On the inspection day, we saw people made themselves cups of hot drinks and helped themselves to fruit from a basket full of fresh fruits on the dining table.

Staff worked well together to ensure people received consistent and effective care. There were daily staff handover meetings where people's healthcare needs and concerns were discussed including any healthcare appointments and healthcare professionals' feedback. This ensured staff arriving at the next shift were informed of the support people had received earlier in the day and what support was required to meet their needs. Records seen confirmed this.

People told us they received support to access healthcare services. We looked at healthcare professional visit records that confirmed people received regular medical intervention when required such as doctor, psychiatrist, community nurse, and dietician. The service worked well with healthcare professionals in following up on their recommendations to ensure people's individual healthcare needs were met. For example, the registered manager referred a person to their psychologist when they complained about mood swings and displayed aggressive behaviour which was not an expected behaviour pattern. Records seen confirmed this.

We saw people walked around the service with ease and they told us they liked the home and their bedrooms. One person commented, "I like my room, it is big enough. Maybe I can change my bed." The registered manager told us they had supported this person to browse online for various types of bed and arranged a day to go bed shopping. Another person said, "I am happy with my room, it is comfortable."

## Is the service caring?

### Our findings

People told us staff were caring and friendly. One person commented, "Staff are kind and friendly." Another person said, "Staff are fine and caring." One relative told us, "Staff are wonderful; they really do care for him. When we go there [Ashley House Care Home], staff are very lovely, warm and welcoming."

During the inspection, we found the atmosphere was open and inviting, communal areas were decorated with festive ornaments. We observed caring and positive interactions between people and staff. Staff were patient and sensitive towards people's needs and supported them with compassion. We saw people having discussions with staff around their plans for the day and how they wanted to be supported. People told us they were well looked after. One person said it was their home and they, "liked living here".

Staff shared a good relationship with people and it showed in the way they communicated with them. We saw staff supporting people at their pace and not rushing them. For example, we saw a staff member encouraging a person to put their coat on and gather their things before getting into the cab that had been waiting for them for some time.

We saw staff were respectful towards people and always asked their permission before supporting them. People and a relative told us staff treated them with respect and dignity. Staff were trained in equality, diversity and inclusion, and in dignity and respect. Staff we spoke with gave examples of how they provided care in a dignified way. One staff member said they treated people as individuals and despite knowing their likes and dislikes, they always asked them for their preference and did not make assumptions. Another staff member commented, "Our role is to provide care in a dignified way, for example, [person] is always supported by female staff as per her wish. We knock on their bedroom door before entering."

People told us they were involved in planning their care. We saw records of discussions where people were asked if they would prefer advocacy support and involvement. People were supported to maintain contacts with their relatives and friends, and chose whether they wanted their relatives to be involved in their care reviews. For example, one person's care records showed they did not want their relative to be involved in their care and visit them at the service. This person's wish was respected and when the person wanted staff made arrangements for them to see their relative.

Staff supported and encouraged people to maintain their independence. For example, we saw a person being encouraged to assist in preparing their lunch. People managed their own petty cash money and chose to store it securely with the registered manager. Staff assisted people in withdrawing cash and planning their budget. A staff member told us they encouraged people to do things for themselves wherever possible, "I tell them you can do it." Another staff member commented, "I support him [person] by encouraging him to be independent, doing things that he could such as tidying his bedroom, doing laundry and food shopping."

People's confidential and sensitive information was stored safely and securely in lockable drawers in the registered manager's office. Staff knew the importance of maintaining confidentiality and told us they

discussed people's matters only with relevant staff.

## Is the service responsive?

### Our findings

People told us staff knew their likes and dislikes and received personalised care. A relative told us, "[Staff] let us know promptly if there are any changes in [person's] health. They are very responsive like that." The registered manager told us they had requested an urgent assessment for a person whose emotional well-being had deteriorated. We looked at this referral request.

People's needs were assessed by the registered manager and the information was used to develop care plans and person-centred plans. We looked at people's care plans and person-centred plans and saw that they were individualised, comprehensive and regularly reviewed. People's care plans captured information about their background history, medical history, likes, dislikes, aspirations, nutrition and hydration, cultural and spiritual needs and weekly activities. For example, one person's care plan under their religious observations stated the person had requested assistance with contacting local place of worship and celebrating religious festivities. The person told us they celebrated Christmas and Easter every year and had been involved in decorating the Christmas tree. They further said staff supported them to visit local place of worship every week and this was part of their weekly planned activities.

The person-centred care plans had specific information on people's individualised goals that they wanted to achieve and how they wanted to be supported by staff. For example, one person's person-centred plan stated one of their goals was, 'to maintain stable level of mental well-being' and the person preferred having some alone time in their bedroom and or in the garden. The instructions for staff were to provide the person with space and reassure them when required.

Staff displayed a good understanding of people's behavioural needs and there was detailed information on this in people's person-centred plans and the corresponding risk assessments. People's person-centred plans and risk assessments included information on when people's behaviour changed, triggers that influenced people's behaviour and how staff should support people to manage their behaviour. For example, for one person who sometimes became restless and agitated when their relative was around, action points for staff included, 'maintain calm manner when interacting with [person], staff to observe [person] closely, remove any objects that [person] can use to harm themselves.' Staff told us they found people's care plans and person-centred plans helpful.

People were supported and encouraged to develop weekly activities plans that promoted social, leisure, interactive experiences and enhanced their daily living skills. For example, people's weekly activities included playing indoor games, watching television, going for walks, lunch in café and pub, church service, cinema, writing letters, knitting, food shopping, tidying bedroom, laundry, change beddings and ironing clothes. During the inspection, we saw people being assisted in carrying out their chosen activities such as food shopping, laying dining table, tidying their room and going to a pub.

People attended bimonthly meetings where they were encouraged to give their feedback and raise any concerns or specific wishes. Records seen confirmed this. People told us they would speak to staff or the registered manager if they were not happy about something. Staff encouraged people and relatives to raise

concerns. One person said, "Staff does listen to me. If I was not happy about something I would speak to the manager and I am certain she would do something about it." A relative commented, "I have never had to complain, the service is excellent. If I had any concerns I would speak to [registered manager] or [staff member] and I know they would act promptly." There had been no complaints since the last inspection.

We saw records of discussions that showed people were asked about their end of life care of wishes and preferences. Where people chose not to discuss it, their wishes were recorded in their care plan. People's care plans recorded details about their funeral arrangements and where they would like to end their last days. This meant the provider had systems in place to support people to plan their end of life care.

## Is the service well-led?

### Our findings

During our inspection, the provider informed us of the four incidents where a person had gone missing. We looked at the incidents records and found the provider had taken appropriate actions to ensure the person's safety, liaised with the person's relatives and with the relevant authorities including social workers and police.

However, the provider had failed to notify CQC of these police incidents as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and a relative told us the registered manager was approachable. One person said, "The place [Ashley House Care Home] was managed by a good manager." Another person commented, "She [registered manager] is very good and listens to me." A relative said the service was well-led and were very happy with the care their family member was receiving.

Staff told us the registered manager was supportive and always had time for them. One staff member said the registered manager had a good understanding of the needs and abilities of people using the service and provided hands on care when required. Another staff member commented, "Anytime I call her either weekends or bank holidays, she always answers my phone. She has a good technique to calm clients down and they listen to her." Staff told us they felt informed on matters related to their job and people's healthcare needs. They said the registered manager was at the service every day, maintained, 'an open door policy' and they found that helpful. At our inspection, we saw people and staff looked comfortable approaching the registered manager to discuss their concerns.

Staff meetings were held every month where staff were encouraged to give their feedback, raise concerns and issues, and matters related to care delivery were discussed. We looked at staff meeting records for the last six months that confirmed staff were informed on any changes and consulted on matters related to the care provision. For example, we saw records of staff and people's consultation meetings regarding the building renovation plans and their suggestions had been taken on board. The provider promoted a positive culture that enabled staff to understand people's needs and wishes better thereby promoting person-centred care.

The registered manager carried out regular internal audits and monitoring checks to ensure people's safety and quality of care, we looked at the records of the checks. We found the audits and checks identified gaps and areas for improvement and followed it up with action plans. For example, building renovation and improvement plans. People's care plans, risk assessments, medicines, daily care delivery records, finance records and staff training plans were regularly audited and reviewed. The registered manager worked closely with the staff team regarding lessons learned following incidents to prevent future reoccurrences.

The registered manager attended provider's quarterly managers meeting where they shared learning with each other to improve the service quality. We looked at the records of these meetings that showed various

aspects of care delivery were discussed including staff training, effective communication, and improving people's care experience. The registered manager recently introduced a quarterly newsletter for the relatives and commissioners that detailed what people did in the quarter including activities, any goals achieved and skills learned.

The provider was in the process of sending out annual survey forms to people and their relatives. We looked at 2016 survey results' analysis that showed people and relatives were happy with the service and staff enjoyed working with the provider and felt supported.

The provider worked with local organisations and got involved in the community events to improve the quality of care. For example, we saw records of one person participating in the Coca Cola and Haringey organised health living and active lifestyle event.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person failed to notify the Commission of any incident which is report to, or investigated by, the police.  Registration Regulation 18(1)(2)(f)

**The enforcement action we took:**

We served the provider with a fixed penalty notice.