

Ashleigh Court Care Limited

# Ashleigh Court Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ashleigh Court Rest Home is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

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

Risks to some people's safety had not been assessed as the information about people's needs was conflicting. Although medicines were given safely, staff were not always aware of guidance available on when to give 'as and when required' medicines. People were supported by staff who knew how to identify and report concerns of abuse. There were sufficient numbers of staff to support people safely. Actions had been implemented to improve infection control practices.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Some staff training had not been updated for a number of years. The provider had identified this but action to make improvements had not been effective. People were supported to have choice at mealtimes, although there was a lack of interaction between people and staff during meals. People's healthcare needs were met.

Although staff had friendly relationships with people, this was task focussed and opportunities to engage with people outside of their care delivery was missed. People felt they had been involved in their care and people's independence was encouraged.

The care provided was not consistently person centred, although work was ongoing to improve the personalised information held about people. People did not always speak positively about the activities provided. End of life care plans were in place, and people knew how to make a complaint if needed.

Systems in place to monitor quality had not been effective in identifying the areas for improvement found at this inspection. The culture at the service was not consistently person centred. People told us they were informally asked for their feedback on care. We saw that the provider had worked with other agencies to drive improvements in some areas.

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 (and update)

The last rating for this service was requires improvement (published 18 February 2021) and there were three breaches of regulation. At this inspection enough improvement had not been made/ sustained, and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 18 February 2021). The service remains

rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

The inspection was prompted in part by a notification of a specific incident following which a person using the service sustained a serious injury. This inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of sudden injuries. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

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 coronavirus and other infection outbreaks effectively.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to ensuring people's rights are upheld in line with the Mental Capacity Act 2005, the provision of person centred care and governance at this inspection.

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

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Ashleigh Court Rest 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 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

The inspection was completed by two inspectors.

#### Service and service type

Ashleigh Court Rest 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. 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 also spoke with the provider and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection –

We spoke via telephone to three relatives about their experience of the care provided. We also spoke on the telephone with four members of care staff.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

At the last inspection the provider was in breach of Regulation 15 as there were concerns around the safety of the environment in relation to fire equipment and water safety. At this inspection, the provider had taken the required action and was no longer in breach of Regulation 15.

- The provider had sought external professionals to service essential equipment such as fire and electrical equipment. This ensured the safety of the physical environment.
- Where there were risks to people's safety, records were not always clear about the support required to reduce risk. For example, one person's care records held conflicting information about their mobility and the support they required with this. This meant staff did not consistently have access to accurate information on the risks to people's safety. However, staff we spoke with did understand how they should support people to remain safe.

### Using medicines safely

- Where people had medicines on an 'as and when required' basis, there were protocols in place guiding staff on when these should be provided. However, staff spoken with were not aware of these protocols or where they could be found. This meant there was a risk that the guidance in place would not be followed as staff were not aware of this.
- We asked the provider for evidence that temperatures in the area where medicines were stored had been checked. This is because some medicines are adversely affected when stored at certain temperatures. Although we were able to see temperature checks for medicines stored in the fridge, these were not available for medicines stored in the medicines trolley. The registered manager advised these temperature checks were completed, but could not locate the record of this.
- People told us they received their medicines on time. Staff had received training in medicines and were observed supporting people to take their medicines in a safe way.

### Learning lessons when things go wrong

- The registered manager told us an analysis of accidents and incidents was completed. However, evidence of these had not been provided. Although records identified where incidents had occurred, the registered manager could not show how this information was acted upon to learn lessons and reduce risks in the future.

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

- Staff understood their responsibilities in relation to safeguarding people from the risk of abuse. Staff were

aware of how they could raise concerns if they had these.

- Where incidents had occurred, the registered manager had responded appropriately and referred concerns to external agencies.

#### Staffing and recruitment

- People told us there were enough staff available to meet their needs. One person said. "There is always someone here and they come quickly if I use the buzzer in my room." Staff confirmed they did not feel rushed in their work and had time to support people safely.
- We saw there were enough staff to support people. Staff were visible in communal areas.

#### 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.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. 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 and whether any conditions on authorisation's to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the last inspection, the provider had made DoLS applications for all people living in the home. This was not an appropriate course of action for everyone. Some people had capacity and would not require a DoLS authorisations. The provider had not identified this which meant some inappropriate referrals had been made.
- For people who lacked capacity, the MCA and its code of practice had not been followed. Although mental capacity assessments had taken place, where it was found that the person lacked capacity, there was no documentation or evidence to show that any subsequent decisions made on the person's behalf was in their best interests and the least restrictive option.
- One person had been supported to quit smoking. Although there were clear health benefits associated with this, the provider could not evidence that the person had been involved in the decision to stop smoking. Care records showed that the person had since asked for cigarettes but this had been refused by staff. The provider had not reviewed the decision made when the person began asking for cigarettes again to ensure they were involved in the decision on whether they should smoke or not.

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had received induction training that included the completion of the Care Certificate. The Care Certificate is an identified set of standards that care workers should meet.
- Staff told us they had received training relevant to their role. One staff member told us, "We have training all the time, it is constant." However, records held in relation to training showed there were significant gaps in some staff training. For example, some staff had not had training refreshers in some areas for a number of years. We raised this with the registered manager who informed us staff had received e-learning to do during this time, but they had not completed this. The registered manager has since advised that all training has been booked and will be completed by July 2021.

#### Supporting people to eat and drink enough to maintain a balanced diet

- Mealtime's were seen to be quiet. There was a lack of interaction between staff and people during lunch; people mostly ate their meals in silence. Staff were task focussed during mealtime and were seen completing records and missing opportunities to engage in conversation with people. We raised this with the registered manager who advised this was not usually the case and that staff would engage with people.
- People told us they liked the meals available to them and had a choice of what to eat. One person said, "The food is alright. I get a choice but would eat whatever they [staff] put in front of me."
- Where people had specific dietary requirements, these were met. For example, vegetarian options were available for people.

#### Adapting service, design, decoration to meet people's needs

- There were signs around the building identifying communal areas. However, all of the bedroom doors had been painted in the same colour with no individualisation to ensure people living with Dementia would be able to locate their own room independently. We raised this with the registered manager who said people were currently able to access their own rooms without problems but consideration would be given to memory boxes outside the rooms to aid orientation.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to regular health appointments; including receiving home visits from the optician and dentist. One person said, "Yes all of those things are done. It has been a while, but I have seen a dentist."
- People told us they felt staff would seek emergency healthcare assistance if they became unwell and GP visits were arranged where needed.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. The provider had recently implemented a new electronic care planning system that had its own assessment form. This form considered any protected characteristics under the Equality act such as religion and sexuality.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives gave mixed views on their relationships with staff. For example, one person told us, "The staff are very nice". However, a relative said, "A few of the staff do not speak with me, like I go in and ask to see my relative and they just point in their direction rather than speak to me."
- Our observations throughout the day showed that staff interactions with people was mainly limited to when care tasks were being completed and there were missed opportunities for meaningful engagement with people. For example, some staff were allocated to work in communal areas. One of the staff members allocated to this living area was standing in the doorway and not engaging with the people in the room. There was no conversation occurring between people in the communal area and the staff member also did not engage in any conversations.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views and be involved in their care. One person told us, "I go for a cigarette whenever I like. I please myself and do what I like."
- Relatives also felt that they were supported to express their views in relation to their loved ones care. One relative said, "They notify me of everything."

Respecting and promoting people's privacy, dignity and independence

- Where people were able to complete tasks independently, they were encouraged to do so. For example, we saw one person had applied their own make up and chosen to wear heels as this was their preference. People told us they could go out independently if they chose too.
- People's privacy was respected, and we saw staff knocking on people's doors before entering their room. People's personal identity was respected, and staff used people's preferred names when speaking with them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

### End of life care and support

At the last inspection the provider was in breach of Regulation 09 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not been consulted about their end of life wishes. At this inspection we found this action had been taken. However further concerns were identified in relation to the provision of personalised care and the provider remains in breach of Regulation 09.

- The registered manager was in the process of implementing end of life care plans for people. They had consulted with people and families to gather personalised information about the persons wishes at the end of their life. For example, one plan had details of the music the person would like to listen to.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Work was being completed to ensure care records held personalised information about people and their preferences for their care. Some care plans held detailed information about people's likes and dislikes. However, some pieces of key information about people in care plans, such as their level of mobility, was not accurate and required updating.
- Some care plans had not been reviewed regularly. One person's record had not been updated since 2019. This meant that records may not hold the most up to date information about people's preferences.
- We found examples where people did not have choice or control. For example, we heard one person ask to go outside. The person was informed by staff that they could not go out as it was nearly lunchtime and were asked to go and sit in the communal lounge. There had been no consideration of whether the person's request to go outside could have been met whilst they awaited their lunch or any alternative options to meet their request. We raised this with staff, who then did offer the person an opportunity to go outside.
- The provider had applied for DoLS for all people living in the home. This was not a person centred approach as people's individual capacity to consent had not been considered.

This is a breach of Regulation 09 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave mixed feedback on the activities available to them. One person said, "There are no activities as far as I know, I don't do any." A relative added, "I must admit the activities only seem to happen once or twice a week. I thought there would be more to do."
- We saw some planned activities taking place. Staff completed these with people in the communal lounge and were seen encouraging people to take part. We saw video's evidencing that external entertainers had

visited the home before the pandemic. The registered manager told us some of the activities on offer had been affected by the COVID-19 pandemic but they were now starting to reintroduce some activities as visiting restrictions eased.

- Relatives told us they had been supported to maintain contact with loved ones during the COVID-19 pandemic. One relative said, "I can video call and speak to [person] whenever I like."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although no-one at the service had a sensory loss, there were communication care plans in place which identified how staff could effectively communicate with people. This included information on words familiar to the person as well as details of what non verbal cues may indicate.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they had never needed to complain but that if they did, they would know how to do this. One person said, "I go to the staff with any worries, they will help me." The provider had systems in place to address any concerns as they arose and there were signs placed around the building informing people how to raise concerns.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider was found to be in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the governance systems in place not identifying areas for improvement. At this inspection the required improvements had not been made and there is a continuing breach of Regulation 17.

- The registered manager had an auditing system in place. This included looking at medicines, health and safety and catering. However, these systems had not identified the areas for improvement found at this inspection. For example, the audits had not identified the staff member administering medicines was not aware of guidance around 'as and when medicines'. Audits had also not identified the conflicting information in people's care plans or the lack of reviews in some records.
- In addition, where the provider had identified areas for improvement, these had not been actioned in a timely way. For example, the provider had identified that some staff training had not been refreshed for a number of years. Despite this being identified, and the provider informing staff that this required updating, there remained significant gaps in some training. This meant the action taken by the provider had not been effective in driving improvements.
- The culture within the home was not consistently person centred. Although work was ongoing to make care plans more personalised, opportunities to engage with people were missed with interactions being limited to the provision of care and we saw instances where people were not given choice or control over what they wished to do.
- The provider had not consistently considered the mental capacity act code of practice when making decisions for people who lacked capacity. This meant the provider could not ensure people's rights were being upheld where decisions were needed.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives knew who managed the service. One relative told us, "I have a very good relationship with [registered managers name]. I will sit and have a natter with her." It was clear that people living in the home were familiar with the manager and were seen to speak with her during the day.

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

- People and their relatives did not feel they were asked for their feedback on their experience of the service. One person told us, "No, they have never asked for my feedback. Its normally me prompting them on things and approaching them." Other people felt they had been asked informally by staff for their feedback. One person commented, "lots of times the staff will ask if I am ok with everything."
- The provider informed us they had intentions to complete surveys with people and their relatives shortly and implement a 'you said, we did' board highlighting how the provider has acted on feedback. However, this was not in place at the time of 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 provider understood the duty of candour. Where incidents occurred, records showed the relevant external agencies, including the care quality commission, had been informed as well of the loved ones of people involved.

Continuous learning and improving care / Working in partnership with others

- The provider showed us how they had recently worked with an external infection prevention and control team to improve practices in this area. The provider had used the feedback provided and implemented an action plan to improve the quality of infection control within the home.