

April Rai Limited

# Ashville House

## Inspection report

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London  
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ashville House is a residential care home which provides support for up to 3 people needing personal care and mental health support. The home is an adapted terraced house in a residential area. At the time of our inspection there were 3 people using the service.

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

During this inspection recruitment records were not accurate or easily accessible. We found disclosure and barring service checks were not always up to date and references were missing in one recruitment file.

We were not assured people were being supported to receive medicines on an as required basis appropriately, as medicine administration records were not accurate and there was no protocol to explain when people should receive them.

Staff training was not up to date, we were not assured the registered manager had effective oversight to manage staff training to ensure they completed their learning before expiry. Staff were not receiving regular supervision support. This meant we had concerns staff did not have up to date knowledge to support people at the home.

Quality assurance was not effective in the home audits, were not being completed for medicines and recruitment checklist audits were not accurate.

Equality and diversity was not always understood by staff where people were at risk of being discriminated against. We have made a recommendation about equality and diversity.

People were supported to have enough to eat and drink but choices were not always respected. We have made a recommendation about nutrition and hydration.

People, relatives and staff views were not always gathered within the home to drive improvement. We have made a recommendation about engagement with people, relatives, staff and health professionals.

There were enough staff to support people at the home and people told us they felt safe living there. People's other prescribed medicines was administered safely.

People's risk were assessed and measures put in place to reduce the risk of harm. Staff knew people's risks and how to keep them safe. Staff knew their safeguarding responsibilities despite not receiving up to date training in the area. The home was clean and infection was managed well within the home.

Consent to care and treatment was requested before care began and staff asked people for their permission before providing personal care support.

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

The home worked well with health professionals to ensure they received prompt care and support and the registered manager found ways to support a comfortable experience for people when medical procedures were being carried out.

The home was warmly decorated and people could personalise their rooms as they wished. The home was accessible for people living there with access to a small garden.

People told us staff were kind and caring. Staff were patient with people and treated people with respect. Privacy and dignity was respected within the home and staff encouraged people's independence.

People's care plans were personalised to reflect their preferences and people's communication needs were met. People were able to enjoy different activities and supported to travel abroad. Systems were in place to respond to people's complaints.

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

#### Rating at last inspection

The last rating for this service was good (published 29 August 2018).

#### Why we inspected

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

#### Enforcement and Recommendations

We have identified breaches in relation to the safe management of medicines, safe recruitment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ashville 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Ashville House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashville House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 2 staff, 2 people who lived at the home and 1 relative. We observed interactions of care. We viewed 3 care records including people's medicines records. We viewed 4 staff records in relation to recruitment and their training. We also reviewed a variety of records relating to the management of the home, which included policies and procedures.



# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- The provider did not always operate safe recruitment processes to ensure staff working with people were of suitable character and safe to do so.
- Out of the 4 recruitment records viewed only 1 was complete to show the provider was satisfied staff were suitable for the job. The other 3 were not complete in that there was either a missing or old Disclosure and Barring Service (DBS) check and missing references.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The provider was not following safe recruitment practices. This placed people at risk of potential harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to provide safe care and treatment to people. We viewed staff rotas and confirmed shifts were covered.
- Staff were observed supporting people in a timely manner. People told us they could find a member of staff to help them easily. A member of staff said, "I can go to [Registered manager] or [staff] and they will help me."
- Staff told us there were enough staff and they had enough time to support people's needs in line with their care plan.

### Using medicines safely

- People were not always supported to receive their medicines safely.
- There was no protocol for PRN medicines, when the registered manager was asked to provide the protocol they were not aware of what this was.
- PRN medicine was administered to people in the home, there was no record as to the reason why they had been given this medicine. The registered manager showed us the back of the MAR where staff had recorded the date and PRN medicine given but this did not always match what was on the MAR chart.
- Staff had to complete a medicine competency check to ensure they knew how to administer medicines and what to do if an error occurred. However, these checks were not up to date for all staff.

The systems to manage medicines was not safe and put people at risk of potential harm.

The above was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

## Regulations 2014.

- People living at the home told us they received their medicine on time.
- People's other prescribed medicine was administered on time and the MAR chart reflected this.
- Staff could explain how to administer medicines safely, they were also aware of the process to follow should a medicine error occur. A member of staff said, "I always check the name and the medicine to see it matches and check the time to give it. I will sit and tell [person] it's time to take their medicines."

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

- People were protected from the risks of potential abuse.
- People told us they felt safe within the service. One person said, "I feel safe here." A relative felt their family member was being looked after well and kept safe. They said, "Yes [family member] is safe here."
- Not all staff had up to date safeguarding training, but staff knew the different types of abuse and how to report it.
- Staff were confident the registered manager would take action if they were informed of abuse. Staff were aware of the different organisations they could contact to whistleblow if they felt the registered manager was not taking appropriate action or to report poor practice.

### Assessing risk, safety monitoring and management

- People's needs were assessed and risk monitored to reduce the risk of potential harm.
- Records confirmed risk assessments were reviewed annually or whenever there was a change in need.
- Risk assessments were in place for personal care, nutrition and mobility. Staff were mindful to monitor risks around the home to ensure there were no hazards to pose a risk of harm towards people.
- A member of staff said, "I check the risk assessment, there is one for supporting [person] with walking I make sure to support them when walking around the home."
- Health and safety was monitored within the home, records showed electrical equipment was tested, gas safety checks carried out and regular fire drills performed to ensure people could be evacuated in time.

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

There were no restrictions on visiting within the home. People's family and friends were able to visit them at the home.

### Learning lessons when things go wrong

- Systems were in place for the provider to learn and improve if things went wrong.



- Staff told us they had not had any recent incidents but told us they attended meetings with the registered manager to discuss preventative measures.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to ensure all staff had up to date training and supervision support while they supported people.
- Records showed not all staff had up to date training relevant to their role. One member of staff had completed the care certificate and was able to show us their up to date training. The Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A member of staff told us it had been more than a year since they had completed training. The registered manager told us staff had recently completed digital training but could not provide evidence of training relevant to supporting people's needs within the service.
- Records showed staff were not receiving up to date supervision. We could not be assured staff were receiving support from the registered manager in their role. Staff told us they could speak to the registered manager but we were unable to see any evidence of up to date discussions.

There were ineffective systems to ensure staff were receiving appropriate training and support. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they thought staff were good at their jobs and knew what they were doing. One person said, "Yeah, I think [staff] is good."
- A member staff said, "I always get help when I need it." Another member of staff said, "I completed moving and handling 2 months ago from my care certificate."
- After our site visit we were sent training documents for a member of staff to show the training they had completed.

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

- People were supported to have enough to eat and drink at the home.
- We received mixed feedback about the food choices available to people. One person told us they enjoyed the food provided and another person wanted more cultural specific types of food.
- People's choices for drinks was respected, we observed people being given drinks they wanted throughout the day.
- A menu was prepared with the involvement of people at the home during resident meetings. However, during lunchtime we observed people were provided with a different option without asking them. One

person said, "I didn't ask for quiche." We observed they were offered an alternative but it was not clear why this was not confirmed from the outset.

- After the site visit the registered manager confirmed people were offered and ate their chosen cultural meal.

We recommend the provider seeks guidance around meeting individual nutrition and hydration needs.

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

- People's needs were assessed before they began to live in the home, this was to ensure the home could meet people's support needs.
- Records showed people were involved in initial assessment with support from health professionals and family were present.
- The majority of people had been at the home for many years. Where there had been a new admission the registered manager was able to discuss in detail the process, how they visited people to assess their needs and choices.

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

- The registered manager worked well with health professionals to ensure people received prompt health support.
- We observed people being visited by health professionals for review and the registered manager confirmed they arranged for a number of health appointments to take place at the home where possible.
- Records confirmed referrals and health appointments were made for people with their GP, mental health team and social worker. The registered manager provided an example of how they prepared people who were anxious about health appointments. The registered manager said, "I involve people and talk to them about appointments, we sit together and read health appointment letters."
- Another example involved the registered manager arranging for a phlebotomist who took blood from children to support taking blood from an adult with small veins. This meant people had a positive and comfortable experience due to the joint working with health professionals and the home.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- People were able to decorate their room how they wished where they had displayed personal belongings and photos.
- The home was accessible and uncluttered. We observed people moving around freely and safely. One room had ensuite washing facilities and there was one shared bathroom facilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.
- People told us staff asked for permission before providing support.
- Despite all staff not having up to date training in the Mental Capacity Act, staff understood to ask for consent before providing care. A member of staff said, "You have to ask, try to persuade people. I do not force people to do anything."
- Appropriate DoLS authorisations were in place for people who required this.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support from staff who treated them with kindness and respect.
- People were complimentary of the staff team. One person said, "The staff are kind and they help me." Another person nodded when asked if staff were kind and caring.
- A relative provided positive feedback on the caring nature of staff, they said, "[Person] is well cared for they seem to be kind."
- Staff took pride in the support they gave people. They spoke well of the people they supported and respected them as individuals. A member of staff said, "Everybody is vulnerable and need company. I like to sit down and talk to them I ask about their family. I've built trust with people." Another member of staff said, "[Person] likes it when we just chat, they like jokes. I like to take care of people when they are happy, I am happy."
- Staff knew to respect people as individuals but not fully aware of equality and diversity where someone living at the home may have a protected characteristic which included age, race, gender, sexuality, religion, sex and disability. This was also due to staff not having up to date training in this area.

We recommend the provider seeks guidance in supporting people's equality and diversity within the home.

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

- People were supported to express their views and make decisions about their care.
- People within the home told us they could easily speak to any staff within the home and to talk about their care needs.
- The home operated a key worker system who was responsible to speak directly with people about any changes with their care and if any additional support was needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected within the home.
- People told us staff knocked on their door before entering. Staff respected privacy and dignity, they told us they closed people's doors and curtains when supporting people with personal care.
- Staff encouraged people to remain independent and offered help and support during personal care and other activities as required. A member of staff said, "I offer help when they need it, [person] can do a lot for themselves."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were individual to them and met their needs and choices.
- Care records showed each care plan was planned around that person's needs. It was clear to see people's likes and dislike and personal history.
- People told us they did tell staff what they liked, and this information was transferred to their care plan.
- Staff told us care plans told them how to provide support to people clearly and information contained was up to date. A member of staff said, "We have time to read and understand the care plan, get to know their likes and dislikes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented within their care plans and met by the service, records confirmed this.
- People told us they understood the information that was displayed within the home and knew they could speak to staff for additional support.
- No one living at the home had any additional communication needs due to a disability or sensory loss.
- The registered manager told us they could provide information in different formats such as large print or if people did not understand information a member of staff would support them.

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People told us the home did well in supporting them to take part in activities they enjoyed and to travel. One person said, "I like to travel to Paris." The registered manager told us they had arranged for this person to have a short break in Paris.
- Other short holidays, day trips and weekly outings were arranged by the home. Where it was part of people's care plan we could see the registered manager and staff were supporting people to take part in activities they enjoyed.

- During keyworker meetings and daily talks the registered manager and staff told us people discussed different community activities they would like to do, such as going to church or the local pub. A member of staff said, "We talk about this and tell people whenever they are ready we will support them to attend these activities."

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

- Systems were in place to respond to people's complaints or concerns.
- There were no recorded complaints at the time of the inspection. People told us they knew how to complain and had raised issues within the home which related to repair work and these had been documented to action, but not as formal complaints.

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- No one at the time of this inspection required end of life support. Staff were due to complete refresher training in this area to provide them with the skills to support people at the end of their life.

# Is the service well-led?

## Our findings

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

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

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- The provider had not consistently created a learning culture at the service for staff to be fully equipped with the skills needed to help people's care improve.
- Recruitment records were not easily accessible or organised. We noted a recruitment checklist had been completed for a new recruit to say they had received their references but none were on their file.
- The registered manager could not locate the recruitment file for a new recruit on the day of the inspection this was shown to us at a later date.
- There were no PRN protocols and MAR charts were not accurately completed when people had received PRN medicine.
- Staff had not received up to date training relevant to their role, this included mandatory training and specialist. We were sent records of a new recruit who completed training after the inspection. We were not assured the registered manager had effective oversight of staff learning and support.
- Audits were not effective, the registered manager had not kept up to date with medicines audits. The last medicines audit we saw was from July 2023, due to this, the registered manager had not been able to identify the issues with PRN recording on the MAR chart.

Systems to monitor the quality of the service and risk were not effective as they did not ensure a safe service was always being provided to people living at the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us external audits for infection control and medicines had been completed with no issues found, records confirmed this.
- Staff told us they were told what was expected of them during team meetings. Records confirmed team meetings took place with a focus on providing good care for people living at the home.
- The home was preparing for Christmas and asked people what food they would like to have on the day so that staff could prepare it for them.

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

- People and staff were involved in the running of the service.



- The registered manager had not completed a formal survey for staff for some time. We were sent one survey after the inspection but we were not sure when this had been completed.
- People's views were captured during resident meetings where they were asked how they felt and meals they would like to eat. We noted they were not taking place regularly and fed this back to the registered manager.

We recommend the provider seeks guidance on engagement with people, relatives, staff and health professionals.

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

- The atmosphere in the home was warm and positive. The care provided to people focused on their individual needs.
- People told us they enjoyed living at the home and like the staff team who supported them. We observed people feeling relaxed and calm and staff told us they enjoyed working at the home. A member of staff said, "I feel like I've achieved something when I work here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager was able to explain what needed to be reported to the Care Quality Commission and they were open and transparent when things had gone wrong.

Working in partnership with others

- The provider worked in partnership with others for additional support.
- The registered manager told us they worked with the GP, district nurse, local authority and local pharmacist.
- The registered manager told us they had support from the provider and they could access additional support from other care providers.

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  The registered person failed to have safe and effective systems for the management and recording of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not in place to monitor the quality of the service. The registered manager could demonstrate they had effective oversight of recruitment records, medicines and staff training and support. 17 (1) (2) (a) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The recruitment procedures established did not operate effectively. Information regarding references and criminal records checks were not always present. 19 (1) (2) (3) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered person failed to ensure persons employed received appropriate training and support to enable them to perform the role. 18 (1) (2) (a)

