

# Pathways Care Group Limited

# Ashleigh House

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection of Ashleigh House took place on 28 March, 6 and 24 April 2018. It was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. During this period we also received information from the registered manager, such as an action plan and discussed the expected changes to the service with them and the area manager.

We last inspected this service in 28 September 2015, and found the service was complying with all the regulations and we rated the service as 'Good.'

In November 2017 owners of Salutem Healthcare replaced the directors of Pathways Care Group Limited and took over the operation of the service. This change of leadership also meant that the provider has become a part of a wider Salutem Healthcare consortium. Pathways Care Group Limited remains listed, as an active legal entity on Company House and thus remains appropriately registered with CQC. However, some of their documentation contains information about this new company, as does the website.

During this inspection we found the service needed to take action to ensure they met all the fundamental standards we inspected against.

Ashleigh House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashleigh House is registered to provide care and accommodation for up to 30 people who are living with dementia or a mental health condition. On the day of our inspection there were 15 people using the service.

Whilst reviewing the information for the service we found that since the last inspection the provider's website had changed and stated that Ashleigh House provided 20 places for people living with dementia and people with a mental health condition in to two 10 place units. However, we found this was not the case as 27 places were available for people with mental health needs. The provider rectified the website immediately.

The registered manager told us that the service was being redesigned and would offer services for people living with mental health conditions who needed 24 hour support and then progressive step-down and transition services, which were aimed at supporting people to move to their own accommodation. The regional manager also discussed future plans for the service such as employing a clinical nurse lead and opening a day unit that provided drop-in services, a meal on a Sunday, access to welfare and citizens advice for local people living with mental health needs. The intention they told us was to offer wider services so that outreach and supported living provision could also be offered from Ashleigh House.

We discussed with the regional manager and registered manager the need to submit an application to vary their conditions of registration so the number of available places could be reduced to 27. As some of the

people at the service were also living with a learning disability that this needed to be added their service user bands. They undertook to do this immediately.

The service had a manager who became the registered manager in September 2015. 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.

On the first day of the inspection we found that the lift had been out of order for a year. Also the local NHS Trust's infection control team had visited the previous year and required a number of changes to the environment to be made immediately, which included replacing flooring. We found that although some of the damaged flooring had been replaced other areas such as stairs needed immediate attention. The outside of the building was tired and some areas of the façade were cracked. When we returned on 6 April 2018 action had been taken to repair the lift and replace the badly damaged flooring on the stairs. The registered manager also provided evidence to confirm that work had commenced to repair the cladding and exterior facilities, bathrooms and flooring. The regional manager discussed the provider's intention to complete a full refurbishment of the service over the next year and how the finances for this work had been agreed.

We found that upstairs the service had been divided into three units and staff used a key to access two units. One unit could only be accessed one-way. We queried the impact this change had on the management of the service and fire safety. The registered manager immediately fitted a means to leave the unit both ways. They confirmed on 29 March 2018 that fire safety measures were robust and in the event of a fire all of the doors automatically released. Therefore two fire exit routes were available per unit, which meant that people would be able to evacuate safely in the event of a fire.

We found that although staff had previously received training in working with people who lived with mental health conditions they needed further training in this specialism, for instance completing risk management with people who have an offending history and understanding the use of the Mental Health Act 1983 (amended 2007) in the community. We noted that training around working with people who had mental health conditions did not form part of the provider's mandatory training.

The care records contained no information about people's capacity and no Mental Capacity Act (MCA) assessments or 'best interests' decisions had been completed. However, we found a DoLS authorisation had been requested and some people had appointees for their finances, which suggested some individual's lacked the capacity to make decisions.

We found that staff needed to be more proactive and find out if people were subject to any court restrictions, conditional discharges from sections of the Mental Health Act 1983 (amended 2007) or Community Treatment Order conditions.

Staff knew the people they were supporting but the initial care records we reviewed did not reflect this knowledge. The care records were very difficult to navigate and had not been updated for several years. They did not support staff to fully understand people's histories, the impact of their mental health needs on their behaviour, be able to contextualise and formulate risk profiles for people or determine what restrictions were in place. When we returned to the service we found that the registered manager had adopted care record templates from a sister service and had updated care records. We found the completed care records were far more informative and addressed risks that may be posed. The regional manager also

discussed how the provider was in the process of designing bespoke care records for service.

Although the domestic staff tried their best to keep the service clean, we found many areas of the service were in need of cleaning. Also we found that staff had not been trained around best practice when completing cleaning tasks. The registered manager immediately ensured a deep clean was completed and told us that staff had been enrolled on diploma's in working in this field.

On the first day of the visit we found two staff were on duty during the day and night. Additional staff members were being employed to work during the day and were in post when we returned to the service. The regional manager discussed the plan that was in place to ensure there were sufficient staff in place to support all of the people and offer re-ablement programmes.

The registered manager also explained they intended to admit a person who may have mobility difficulties. We found the current facilities would not support people who had mobility impairments and no consideration had been given to installing aides or that the lift would be located on the unit for people who were independent. The registered manager immediately ensured the environment was assessed and purchased equipment that would support people who had mobility needs. We found on our return that an occupational therapist had assessed the person and equipment was in place.

We found that the provider was in the process of introducing new systems for assessing and monitoring the performance of the service but those that had been in place were not effective. The registered manager had been completing audits but these had not picked up issues we highlighted, for instance the broken lift and uninformative care records.

Safeguarding and whistleblowing procedures were in place. Staff we spoke with understood what actions they would need to take if concerns arose. However, we noted that although staff understood what to do when people raised complaints they did not always record this in the complaint's log. We discussed this with the registered manager who took immediate action to ensure all concerns and the action they had taken was recorded.

People were on the whole complimentary about the staff at the service and their attitude. They told us the service was met their needs. People told us that staff were kind and caring.

We found the systems for the management of medicines ensured people received their medicines safely.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment; the need for consent; staffing; and having good governance systems in place.

You can see what action we told the registered provider to take at the back of the full version of the report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)"

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risk assessments needed to be improved.

The service was not clean or well maintained.

Medicines were safely and appropriately managed.

Staff could recognise signs of potential abuse and reported any concerns.

Appropriate recruitment procedures had been completed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Assessments did not contain sufficient information to ensure staff understood people's needs, their history and potential triggers for offending behaviour or the measures that could be used to reduce any risks.

People's consent was not always sought. The documentation linked to the application of the Mental Capacity Act 2005 was not in place.

Staff needed to gain the knowledge and skills to fully support people who used the service.

People were provided with a choice of nutritious food and their on-going healthcare needs were managed.

The environment met people's needs.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

Staff knew people well and involved them in conversations about their care.

Staff interacted with people in a way which was kind, compassionate and caring.

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

The service was not always responsive.

Although the registered manager updated care records following our first visits previously these had not been reviewed for several years and were out of date.

People could take part in activities but most were very independent and organised their own day.

The people we spoke with were aware of how to make a complaint or raise a concern, however at times staff needed to ensure these and the action taken was recorded in the complaint's log.

**Requires Improvement** ●

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

The service was not always well-led.

The systems for assessing and monitoring the performance of the service were not always effective.

The provider had been making changes at the service but these were at an early stage and therefore it was unknown if these would be sustained.

People and relatives' views had been sought.

**Requires Improvement** ●

# Ashleigh House

## 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 registered 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 unannounced inspection took place on 28 March, 6 and 24 April 2018. The inspection team consisted of an adult social care inspector, an inspection manager, a specialist advisor who was an occupational therapist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service.

Before the inspection, we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also reviewed reports from recent local authority contract monitoring visits and attended multidisciplinary meetings held about the service.

We used information the provider sent us in the 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.

During our inspection we spoke with nine people who used the service and two community nurses. We also spoke with the regional manager, the registered manager, deputy manager, three support workers and a member of the domestic staff team.

We observed the meal time experience and how staff engaged with people during activities. We looked at six people's care records, as well as records relating to the management of the service. We looked around the service and (with people's permission) went into some bedrooms, all of the bathrooms and all of the communal areas.

# Is the service safe?

## Our findings

On the first day of the inspection we found that the lift had been out of order for a year, which the registered manager immediately ensured was repaired. They told us the sensor had been faulty and this meant the lift had to be condemned but this was repaired and when we returned on 6 April 2018 the lift was operational. The registered manager sent us further information to show additional work was being completed to upgrade the lift.

The NHS local Trust's infection control team had visited the previous year and required a number of changes to the environment to be made immediately, which included replacing flooring. We found that although some of the damaged flooring had been replaced other areas such as stairs needed immediate attention. When we returned on 6 April 2018 action had been taken and the damaged flooring on the stairs had been replaced. The registered manager also provided evidence to confirm that the bathroom, flooring and windows were to be refurbished.

The external building was tired and some areas of the façade was cracked. The registered manager took immediate action to complete work to replace the cladding on the exterior and upgrading external facilities. When we revisited work was in progress to repair the external plaster work, new plastic facades had been purchased and were to be fitted and one of the people who used the service had tended to the gardens.

On the first day of the inspection we found that upstairs the service had been divided into three units and staff used a key to access two units. One unit could only be accessed one-way. We queried the impact this change had on the management of the service and fire safety. The registered manager immediately fitted a means to leave the unit both ways and checked whether fire safety measures were robust. They confirmed that in the event of a fire all of the doors automatically released and therefore two fire exit routes were available per unit, which meant people would be able to evacuate safely in the event of a fire.

Everyone was responsible for keeping their own rooms clean. Although the domestic staff tried to keep the communal areas of the service clean, the cleanliness of the service needed to be improved. We found the cleaning records stated the toilets and bathrooms had been checked on at least three occasions during the day but we found they were visibly dirty. The registered manager took immediate action to ensure a deep clean was completed and introduced a system whereby they checked the cleanliness of the service each day.

When exploring risk management strategies with staff there was clearly a knowledge gap as staff did not know what to look for when assessing whether these were changes in people's potential to re-offend, a need to work with other organisations or how to check if people were posing a risk to others when out.

Staff knew the people they were supporting and could discuss what assistance people needed on a day-to-day basis. However, on the first day of the inspection we found that clear and detailed risk assessments were not in place around managing potential risks of reoffending, self-harm or fire setting. The assessment information and the care plans did not provide any information about people's recent offending behaviour,



last incidents, any indicators that might suggest an increased potential for individual's to offend and how to reduce the potential for this to occur. Risk assessments had not been created to address recent concerns such as people placing themselves at risk by sleeping rough in local parks. When we went back to the service we found that the registered manager had improved the risk assessments but recognised that more work was needed in this area and the regional manager told us that action had been taken to ensure staff accessed training around risk management.

Although, we found that as soon as these issues were brought to the attention of the registered manager they were rectified. However, we noted that the provider's quality monitoring systems had not picked them up.

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

Three staff were on duty during the day and there were two staff on duty at night. In addition to this the registered manager and deputy manager worked at the service during the week. Also domestic staff members worked at the service for 40 hours per week.

The registered manager discussed the redesign of the service and how the downstairs unit would support people with all their needs, then as people became more independent they would move to the three units upstairs with the one at the heart of the service being for people who were independent. The regional manager told us that in order to facilitate this change a clinical nurse lead, two cooks who would support people to develop their independence skills and a maintenance person were being recruited. Also they intended to employ dedicated staff who work operate the day service. They anticipated that as re-ablement programmes commenced further staff would need to be recruited.

Most people thought it was "alright" at Ashleigh House and they felt safe. One person told us, "The staff are good and always helpful, we get on well."

Accidents and incidents, involving both people who used the service and staff, had been appropriately recorded and no accidents had occurred in over a year. In discussions with the registered manager we found they understood how to analyse information to determine if there were trends and patterns that could be altered by the adoption of remedial action.

We found the registered manager and all staff we spoke with understood their responsibilities with regard to safeguarding and staff had been trained in how to protect vulnerable people. Information such as local safeguarding contact numbers and procedures were readily available for staff.

Personal Emergency Evacuation Plans (PEEPs) were in place. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the service and storing them. We looked through the medication administration records (MARs) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included

seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people from working with vulnerable children and adults.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

Records showed that staff had received training around the use of the MCA and DoLS but it was clear further training was needed. None of the care records we reviewed contained any MCA information or records. Initially we were told that all of the people who used the service had capacity to make decisions but then found that an application for a DoLS authorisation had been sought for one person. Also some people had appointees for their finances, which suggested they had some difficulty making decisions. We discussed the need to ensure capacity assessments and 'best interests' decision records were developed.

We found that curfews were in place and therefore people were expected to return to the service before 11pm. Also the service had recently adopted a policy of not allowing people to drink alcohol on the premises. However, we could find no evidence to show this had been raised and agreed to by the people who used the service.

We found that staff did not have a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and the associated Code of Practice. Thus staff had not supported people who were on sections of the Mental Health Act 1983 (amended 2007) understand the conditions that were in place and their right to appeal this section.

When people were subject to Community Treatment Orders and conditional discharges from a section 37/41 of the Mental Health Act 1983 (2007), staff did not appreciate that they did not adhere to the conditions of their discharge they could be recalled to hospital. We found that staff needed to be more proactive when finding out if people were subject to any court, Ministry of Justice or Community Treatment Order conditions and restrictions.

Also the provider's record templates did not prompt staff to establish who had enacted lasting power of attorney for care, welfare and finance and if the Court of Protection had appointed anyone to act as an individual's deputy.

This is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (regulated

activities) Regulations 2014.

On the first day of the inspection we found that the assessment information the staff compiled did not give full details around people's life histories, issues they had in the past, current issues or what had worked to reduce any challenging behaviours or risks. We found the level of detail in the care records was minimal so it was difficult to understand the needs of people. The registered manager immediately took action and introduced new assessments, which we found were more informative. The regional director told us that work was being completed to develop a bespoke assessment tool for staff working with people who lived with mental health needs and for people living with a learning disability. They expected these to be rolled out at Ashleigh House in the next few months.

People told us that most of the staff were trained to cater for their needs but only to a certain level. It was felt that staff were not trained to deal with confrontations. Staff told us they received a wide range of training but could not recall when they last completed courses around working with people who live with mental health conditions and how to support individuals who display behaviours that may challenge. The registered manager told us that all of the staff had completed diploma level two training around working with people living with mental health needs. However, of the five staff files we reviewed only one staff member had completed training in working with people who live with mental health conditions and two staff members had completed training in working with people who display behaviours that may challenge. Both of these courses had been completed online and on the same day.

We found that although staff had received previously training in working with people who lived with mental health conditions they needed further training in this specialism, for instance completing risk management with people who have an offending history and understanding the use of the Mental Health Act 2003 (amended 2007) in the community. On 6 April 2018 the registered manager discussed the new training company the provider had employed and we saw from their information that condition specific training was to be routinely completed. The regional manager discussed the training programme that was being set up and how the provider's expectation was that staff would complete a full range of training around working with people who lived with a variety of mental health conditions.

We found that as soon as these issues were brought to the attention of the registered manager they were rectified. However, we noted that the provider's quality monitoring systems had not picked them up.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People told us that they felt the staff were very supportive. One person said, "I have a good bond with them." Another person said, "One knows me to a 'T'." Another person told us, "Think staff do a good job and cope well with the people in here."

Records showed staff had received training in subjects that the service deemed to be mandatory, such as moving and handling, health and safety, safeguarding and first aid and this had been kept up to date. Mandatory training and updates were deemed by the provider as necessary to support people safely. We found that this training had been kept up to date. We saw that staff had also completed some condition specific training such as working with people who are living with dementia, people who are living with a learning disability and supporting individual's to manage their diabetes. Following the first day of the inspection the provider had ensured the registered manager and staff completed training around dealing with ligatures and managing this risk.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. One staff member told us, "We regularly sit down with the manager and discuss how we are getting on."

People told us, "Staff cooks on a teatime but I can cook my own", "I have the evening meal but see to myself during the day", and, "I make food during the day but get tea cooked by staff." The regional manager discussed how they were in the process of employing two cooks, as currently care staff made meals. The intention was that the cooks would support people, if they wanted, to develop their cooking skills plus make a lunch and evening meals. They wanted to both support people develop these catering skills but also free up care staff time so they could offer other elements of a re-ablement programme.

Staff made the evening meal and during the day people to made their own meals. The main kitchen was locked after the evening meal but food and facilities are always available in the dining room. Small kitchenettes were available for people to make their own meals. The downstairs small kitchen had cupboards, sink, fridge, toaster, tea and coffee, kettle, bread and bread bin, ready-made juice in dispensers and extra hot cross buns and muffins. However one upstairs did not have a fridge or cooker so the person who used this unit was reliant on microwave meals. We discussed this with the registered manager who undertook to ensure the person had a fridge and access to a cooker.

There is also a large industrial kitchen at the rear of the building, which currently provided storage facilities. However, the regional manager told us that this was to be refurbished and used to support people to improve their cooking skills. It was also to be used to allow staff to provide hot meals for people who used the day service.

The majority of people made their own arrangements to see other healthcare professionals, but when appropriate staff support individuals to see their GPs and community nurses and ensured they attended regular appointments with these healthcare professionals. Staff encouraged people to maintain a healthy diet and checked that individuals maintained healthy weights.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them, such as photographs. However, the service was being redesigned and we found that the provider was considering using the games room as a day service so this was not in use and neither was the main kitchen. Work was being completed to improve bathing facilities as these were dated and the flooring was lifting and coming away from the walls.

## Is the service caring?

### Our findings

People we spoke with thought that some staff work really hard and were respectful of their privacy and dignity. They told us that staff always knocked on their doors before entering, spoke to people in private and encouraged them to be independent. Most people attended to their own personal care but we were told that if people needed this type of assistance it was completed in a dignified manner. People told they were happy with the care provided at the service.

People's comments included; "Good, always ask if you are alright, any problems, ask for ideas and opinions", "I think they are great", and "The staff do a good job. I like them all."

We spent time observing care practices in the communal areas of the service. We saw staff interacting with people in a very caring, affectionate and professional way. We saw that people and staff were routinely engaged in conversation and appeared to have a good rapport with each other. People told us that they "all got on well" and "had a good laugh."

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from our discussions that the staff encouraged them to develop their independent living skills. We heard how since moving to the service people had become more confident and this had led to them feeling able to socialise and develop an active lifestyle.

The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach. We saw staff sought the individual's views and engaged them in conversations about their day. Staff spent time chatting, encouraging, laughing, and joking with them.

Staff were compassionate when working with people who used the service. Staff told us, "This is people's home and we need to respect that."

Staff knew how to access advocacy services but at the time of the inspection this was not needed. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views. We discussed with the registered manager that the people who were subject to sections of the Mental Health Act 1983 (amended 2007) were entitled to a solicitor who would be paid via legal aid if they chose to appeal their section or these were automatically referred to the Mental Health Tribunal.

## Is the service responsive?

### Our findings

On the first day of the inspection we found the care records were very difficult to navigate. They had not been updated for several years so we could not be assured that people's current needs were being identified and met. For instance one person records showed they self-harmed but information was unavailable to determine if this was a current or historical issue. Another person had previously committed offences and we could not establish whether they were still subject to probation requirements. The support plans did detail what actions staff needed to take in relation to working with people. The majority of the people were able to manage their own personal care needs and organise their day-to-day lives. However, they required support with their medication, managing their emotional regulation and developing the skills needed to live independently. Thus the support plans concentrated on these areas.

We raised this with the registered manager and when we returned to the service we found they had obtained a new care record template and was in the process of replacing all of the previous care documentation. We found the information the registered manager was recording in this new care record was more informative.

We found procedures were in place to investigate and respond to complaints but this referred to raising matters with CQC if people were not happy with the outcome and gave the old address. CQC does not investigate complaints and this document should have referred people to their placing authority or the Ombudsman. One person told us they had made a complaint, which was not a major one but the registered manager sorted this out straight away. We found that another person routinely raised concerns about how staff cleaned the service but staff had not logged either of these in the complaint's book. We found the registered manager had looked into the matters but nothing was recorded to show the action that was taken and how they resolved the concerns. We discussed this with the registered manager and they took immediate action to rectify these issues.

We found that as soon as these issues were brought to the attention of the registered manager they were rectified. However, we noted that the provider's quality monitoring systems had not picked them up.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The majority of people who used the service did not need staff to support them with their personal care but did require assistance to manage their medication, to deal with any deterioration in their mental health condition, and develop the independent living skills. We found that the staff worked to meet the individual needs and goals of each person.

Although the staff organised some activities the majority of people followed their own routines. Where people did need support when going out in the community we found that staff were at hand to provide this and people told us they had no problems finding staff to go with them.

We found that 'residents' meetings were held and staff routinely sought people's views. All of the people

who used the service were able to communicate and therefore did not need to use assistive technology but the registered manager knew how to access this equipment.

At the time of our inspection no one was receiving end of life care. However we found that staff clearly understood the actions they needed to take if this was the case.



## Is the service well-led?

### Our findings

Currently the statement of purpose and registered service user bands for this service only stated that people with mental health needs or people living with a dementia can be admitted to this service. However, the service also provided accommodation to people who have a learning disability. We discussed with the regional manager and registered manager that the provider needs to ensure that this is reflected in their registration by adding this category of care to their service user bands.

Also Ashleigh House is registered to provide care and accommodation for up to 30 people who are living with dementia or a mental health condition. However, we found this was not the case as 27 places were available for people with mental health needs. We discussed with the regional manager and registered manager the need to submit an application to vary their conditions of registration so the number of available places could be reduced to 27. They undertook to do this immediately.

We found the provider's quality assurance procedures lacked 'rigour', as a number of senior staff, such as the health and safety manager had offices within the service but had not highlighted or addressed the deficits in the service we found.

Although the registered manager had been completing audits these had not picked up issues we highlighted, for instance the cleanliness of the service, broken lift, the uninformative care records, the lack of robust risk management plans and that staff had not recently received specific training to enable them to work in this specialism. The registered manager took immediate action to address these deficits in the care records and reviewed everyone's risk assessments to ensure these contained accurate information.

The registered manager told us that the service was being redesigned and would offer services for people who needed 24 hour support and then progressive step-down and transition services, which were aimed at supporting people to move to their own accommodation. Also the large games room and adjacent main kitchen was being refurbished so that the service could provide day services. At present these changes are at their early stages and there was no information available to show what the admission criteria was for the day services, the residential and step down facilities. We discussed with the registered manager that prior to commencing refurbishment work this should be in place as otherwise there was potential for the wrong facilities and equipment to be installed.

We found from our discussions with the regional manager that the provider was introducing a new system for overseeing the service and some aspects of this were in place but as this was at an early stage we could not confirm it would be effective.

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

We also discussed the redesign of the service with the regional manager who clarified how the provider was working with local commissioners to create a service that would be of benefit to the area. We found they had

developed action plans with clear timelines around completion but work was yet to commence ensuring the building and resources were in place. They expected that by the end of the year Ashleigh House would be fully operational as a re-ablement service.

Following the first day of the inspection we found that the registered manager developed an action plan using out feedback and took immediate action to rectify the deficits. The provider gave them access to all the finances they needed to improve the premises and deal with the health and safety risks such as the broken lift, the damaged flooring and cladding.

The registered manager also ensured an occupational therapist visited the building to determine what sort of moving and handling equipment was needed. This was then purchased and installed.

Following the first day of our visit, the provider ensured staff could access training around working with people who had mental health conditions and employed a new company to deliver bespoke training.

The manager became the registered manager in September 2015. The registered manager told us that since coming into post they had made a conscious effort to be available for people to approach on an adhoc basis and always kept their office door open. People who used the service and staff told us they felt able to speak with the registered manager about anything and found them very approachable. Staff told us, "The manager is easy to get along with and always very keen to run a good service."

The people who used the service were complimentary about the registered manager. One person said. "[Registered manager's name] is a lovely and always listens to what I have to say."

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured staff understood the requirements of the MCA, MHA and court orders regarding areas where restrictions could be imposed on people.</p> <p>Neither had they ensured that staff obtained people's consent to their care and treatment and if people lacked capacity the MCA code of practice was followed.</p> <p>Regulation 11 (1), (2), (3) and (4)</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that the systems and processes that were in place to assess and monitor the quality of the service were effective.</p> <p>Regulation 17 (1)</p>   |