

EC Romford Holdings Limited

Ashling House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashling House supports people aged 65 or over, some of whom have dementia care or mobility needs. It is registered to accommodate and support up to 14 people. At the time of the inspection, 10 people were living at the home. The home has 2 floors with adapted facilities and en-suite rooms.

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

People were safe and protected from the risk of abuse. Risks to people's health were assessed so staff could support them safely. People's medicines were managed safely. The provider recruited staff appropriately and checked they were suitable to work with people. There were enough staff working in the home to support people. Systems were in place to prevent and control infections. Procedures were being put in place to learn lessons following accidents and incidents in the home.

There were processes to assess people's needs to determine if the home could meet their needs. 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.

People were supported to be as independent as possible and achieve positive outcomes. People received care and support that was personalised for their needs. Staff were trained to carry out their roles and received support with their development. People were able to access healthcare appointments with professionals. They were supported with food and drink to maintain their nutrition and have a balanced diet.

People's dignity, privacy and human rights were respected by staff. Their equality and diversity needs were assessed and understood. People took part in house activities and were supported with visits from relatives. Procedures were in place to manage complaints about the service. People's communication needs were met. Feedback was sought from people and relatives to help make continuous improvements to the home. The management team had systems to monitor the quality and safety of the home and the care provided.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 28 February 2018.

The new provider of the service registered with us on 24 March 2022 and this is the first inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashling House on our website at www.cqc.org.uk.

Why we inspected

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

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 COVID-19 and other infection outbreaks effectively.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashling 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.

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 carried out by 1 inspector.

Service and service type

Ashling 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. Ashling 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

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the proprietor of the home and 4 care staff. We carried out observations of people's support and spoke with 3 people for their feedback on the home. We reviewed documents and records that related to people's care and the management of the service. We reviewed 4 people's care plans, which included risk assessments. We looked at other documents such as those for medicine management, staff training and infection control.

After the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with 3 relatives by telephone for their feedback.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home was safe. A person said, "Yes, I am safe. The staff are always here." A relative told us, "The home is safe. My [family member] feels very comfortable there."
- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The registered manager ensured they raised alerts when there were concerns about people's safety.
- Staff understood their responsibilities to keep people safe. They had received training in safeguarding people from abuse. They were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Assessing risk, safety monitoring and management

- The provider ensured risks were being monitored and mitigated against to keep people as safe as possible. Risks relating to people's health and care needs were assessed.
- Risk assessments contained information about specific risks to people for staff to be aware of. These included risks related to people's mobility, nutrition, continence, oral health and physical health, including health conditions such as diabetes.
- Details of people's food allergies and risks around their environment and personal care were assessed and included in their care plans.
- Gas, water, electrical and fire safety systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.

Staffing and recruitment

- There were enough staff to support people in the home. The provider had assessed the staffing levels needed. Agency staff were used to cover absences.
- Staffing rotas showed the numbers of staff required in the day and at night and we saw the correct number of staff working in the home. Staff were able to respond to people's alerts and buzzers, which were activated from their rooms, and provide assistance. A staff member said, "We have enough staff. We are supportive of each other and not overly rushed."
- The provider carried out appropriate recruitment checks to ensure staff were safe to work with people. This included criminal background checks, obtaining references, proof of their identity and eligibility to work in the UK.

Using medicines safely

- Medicines were managed safely and people received their prescribed medicines on time.
- Staff ensured that medicines were stored securely. They followed robust systems and processes to administer medicines safely. People were supported by trained and competent staff to take their medicines.
- There were protocols for medicines to be taken 'when required.' Topical medicines administration records provided staff with information and body maps on where and when medicines needed to be applied.
- Staff sought guidance from healthcare professionals about people's medicines and shared this information appropriately with all members of staff and the management team. This included medicines that could be administered to people covertly or crushed, if it was in their best interest.
- Medicine Administration Records showed the medicines each person had taken and at what times. We saw these records were up to date and accurate.
- Medicine stock balances were calculated correctly to ensure all medicines were accounted for. The management team carried out audits and took action to resolve any discrepancies.

Learning lessons when things go wrong

- There were procedures for the recording of incidents and accidents in the home.
- Records showed the registered manager investigated accidents or incidents. Action, such as reviewing a person's risk assessment, was taken to make sure they remained safe.
- The registered manager was developing their procedures to ensure lessons that were learned from incidents, were recorded to improve the quality of care to people.

Preventing and controlling infection

- There were systems to help prevent and control infections.
- The provider followed government guidance to ensure visitors and professionals were protected from the risk of infection.
- Personal Protective Equipment, such as face mask and gloves were used effectively and safely. Staff followed good hygiene practice and washed their hands thoroughly before and after providing personal care.
- The provider was accessing testing for COVID-19 for people using the service and staff.
- Safety through hygiene and cleaning practices of the premises was promoted. The home had a house cat who was looked after by the staff and provided company to people in the home. The registered manager ensured a risk assessment was in place to protect people, staff and animals coming to harm, such as from infections and allergies.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with current government guidance.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with practice standards and guidance. Assessments were carried out when a person moved into the home to determine if the home and staff could meet their needs.
- People's needs, choices and desired goals would be assessed so that people could receive effective care that led to good outcomes.
- The assessment contained details of the person's health conditions, their communication, dietary, medical and personal care needs and any risks relating to their mobility.
- The registered manager involved the person, relatives and relevant professionals in the assessment process to ensure people's preferences and choices could be met.

Staff support: induction, training, skills and experience

- Staff received training and had the skills and experience needed to support people with their needs. Staff were required to complete an initial induction after they were recruited followed by training. This included understanding the home's systems, policies and procedures and reading people's care plans.
- Records showed staff were up to date with their training. They had been trained in a range of topics that included safeguarding adults, infection control, dementia awareness, the Mental Capacity Act (2005), moving and handling people, medicines and nutrition. The training was a combination of online and practical courses.
- Staff told us the training helped them develop their skills to support people safely and effectively. They received refresher training to update their knowledge. A staff member said, "The training was useful and I feel supported by the manager."
- Staff received supervision with the registered manager or other senior staff to discuss their work and any issues. The registered manager also carried out yearly appraisals of staff performance to aid their development.

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.

- People's ability to consent to decisions made about their care were assessed and recorded. This included aspects of their care, such as their personal care, medicines and their food and drink.
- People's care plans included the involvement of the person and their relatives to ensure care from the provider was delivered with their consent.
- Best interest decisions that had been made for people were recorded and showed they were made with the assistance of people's relatives or professionals, such as their doctor.
- DoLS applications for each person were up to date along with restrictions and conditions for people's personal safety. The registered manager kept a tracker of DoLS applications that had been made, were in progress or had been approved.
- Staff understood the principles of the MCA and had received training. They told us they asked for people's consent at all times before providing them with support. People's choices and decisions were respected.

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

- People were supported to eat and drink to maintain their health and diet. Staff monitored people's dietary risks, such as those related to their weight, health or swallowing, for example the risk of choking. Some people required soft foods to aid swallowing or required alternative choices because they were diabetic. We saw these meals were available for people during our inspection to meet their needs.
- We observed people enjoying their meals and eating independently where they were able. Staff assisted people and engaged with them. A person said, "Lunch was lovely, it's always nice."
- People's preferences and choices were clearly set out in their care plans and staff were able to tell us about them. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals.
- The kitchen area was clean and tidy. Information about people's dietary requirements was available for the chef, and we saw that people had been involved in choosing their meals. However, we did note that some items in the kitchen refrigerator, such as jars of marmalade or mayonnaise, were not always labelled with the date they were opened, as is standard practice in care homes. Some items, such as freshly cooked food, were labelled correctly.
- The chef and registered manager told us this was an oversight, and they would make sure they labelled all perishable food in future. This would ensure people were provided food that had not expired their use by dates. Appliances such as the refrigerator and freezers were checked to ensure they had maintained recommended temperature settings.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to maintain their health and were referred to health services such as the local GP, district nurses, community treatment teams and physiotherapists. Care plans included the contact details of health professionals or agencies involved in their care. Staff supported people to attend their healthcare appointments. The local GP also visited the home for check-ups on people's health.
- The staff and management team worked well with health professionals to ensure people were in the best of health.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- Ashling House is situated in a quiet residential area next to other houses of a similar type and size. There was a garden and open space for people to spend time in suitable weather. The proprietor of the home told us of plans to extend and renovate some parts of the home.
- People told us they felt comfortable and safe in the home. The design and decoration of the home was suitable for people who lived there.
- The premises was clean, homely and well kept. The fixtures, facilities and fittings were of good quality. People were able to personalise their rooms with items of their choosing. A relative said, "It's really nice and welcoming."

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.

This is the first inspection of this newly registered service. This key question has been rated 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; equality and diversity

- People were treated well and supported by staff. People and relatives told us staff were kind, caring and respectful. One person said, "The staff are lovely. Very nice. They look out for me."
- Staff engaged with people during the day and checked how they were and if they needed anything. Staff told us they had got to know people well and had positive relationships with them.
- People were well dressed for the day and records showed their personal care needs were met. A relative said, "I can't say anything negative. All the staff are really good and [family member] is very happy in the home."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected. When personal care was provided to people in their rooms, staff made sure they closed the door for privacy. A staff member said, "I close the door before supporting residents with personal care. I give them space as well and don't just stand and stare at them. I give them privacy while they shower or go to the toilet."
- People and relatives told us staff were caring and respectful. One relative said, "The staff are very respectful and treat [family member] with dignity. The staff are very caring and show warmth with a nice attitude."
- Staff understood the provider's equality and diversity policies and what it meant for people's protected characteristics such as their gender, race, religion, disabilities and sexuality. Staff told us they respected people's individual characteristics. Care plans included people's cultural or religious requirements. A staff member said, "I have had training on anti-discrimination and equality and diversity. I treat people as equals, I don't judge anyone based on their race, sexuality or religion."
- People's confidential information was stored securely and only accessed by authorised staff. Personal information was protected in line with regulations.

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

- People and their relatives were involved in decisions about their care. People's consent was recorded in their care plans. For example, people's specific wishes for the gender of care staff who provided them with personal care, were accommodated.
- Staff told us they encouraged people to be independent and make choices about their day to day care and how they spent their time.
- Where they were able to, people were observed expressing their views and making decisions. For example, about what they wanted to eat, what they wanted to do and where they wanted to go.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Care plans were in place for each person, to ensure their choices and preferences were understood and granted. They gave a person-centred profile of people and provided information about their healthcare needs, their likes, dislikes, interests, communication abilities and relationships.
- There was some information on people's life history and what was important to them. For example, 1 person's care records talked about their favourite types of food, what was a good topic of conversation to have with them and significant events that happened in their life. This gave staff a valuable insight into people's personal stories and how they would like to be supported. A staff member said, "The care plans are good. It is easy to find information."
- Care plans were reviewed monthly and updated with any changes to people's preferences or health.
- Staff told us they communicated with each other to ensure people received the support they needed. Handover meetings took place so staff could update incoming staff, such as night staff, of how people were and any issues.

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.

- People's communication needs were set out in their care and support plans. Staff told us they followed the person's communication plan.
- Staff explained that some people used gestures, prompts or pictures to help communicate their needs and make decisions for daily activities. A staff member said, "I follow the communication plan. If people are a little hard of hearing, I make sure I speak clearly and slowly and near their good ear!"

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 develop and maintain relationships with their family and friends. This helped to avoid people feeling isolated or lonely. We did not meet any visiting relatives on the day of our inspection but we noted that arrangements had been made for visitors and their preferred visiting times. A person said, "Yes my [relative] comes to see me."
- People were supported to follow their interests and took part in group activities. Staff helped to arrange activities such as bingo, ball games, painting and arm chair exercises. We saw these taking place during our inspection and staff spending time with people, chatting with them. Some people also enjoyed watching

tennis on the television.

- People could arrange appointments with a hairdresser who attended the home, as part of people's personal care needs. A person said, "Yes, the staff give us things to do."
- The management team also took note of people's birthdays and arranged celebrations, parties and events for people and for significant holidays.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home should people and relatives wish to raise any concerns about the home.
- Records showed the registered manager investigated complaints and followed the provider's complaints policy to resolve and respond to concerns within the timescales set out in the policy.

End of Life care and support

- People's wishes for end of life care and support were explored and respected in the event of changes in their health.
- The management team discussed their wishes with them and involved their relatives and relevant professionals. These were filed in people care plans.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 home was managed effectively. There were procedures in place to ensure the quality and safety of the home was being improved and maintained. The registered manager understood their responsibilities towards staff and people and carried out audits and checks on infection control systems, medicines, care plans and the premises.
- The registered manager was supported by a deputy manager with the day to day running of the home, as they also had responsibility for a sister home nearby, run by the same provider. The registered manager told us, "I am supported with my role to maintain 2 homes. The team are great and me and my deputy manager work together to manage each home. I work wherever I am needed. The owner and regional manager are very supportive."
- There was a system for continuous learning and improving the home. The management team met regularly to review the service and maintained a service improvement plan. We saw this was in progress to show what targets had been achieved and what was outstanding.
- Staff told us they were clear about their roles and responsibilities and were encouraged and supported by the manager to perform in their roles. A staff member told us, "[Manager] is really nice and very supportive."

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 notified the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The registered manager was open and transparent with people and relatives when things went wrong. Records showed they had notified and liaised with the local safeguarding authority regarding concerns of abuse.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us there was an open-door policy and could approach the management team with any issues. One member of staff said, "It's a lovely home. Beautiful house and residents. We only have a small number of people and it is really nice here. We all work together well. There is good management."
- People and relatives were engaged were kept informed and updated on any changes in the home. A relative said, "The manager is very approachable and I get regular communication. There is a nice

atmosphere in the home."

- Not all relatives gave positive feedback and 1 relative told us they planned to visit their family member and would speak with the registered manager to air any concerns they had.
- People and staff met together as a group to go through items such as menus, activities, fire evacuation drills and complaints. This gave an opportunity for people to provide feedback to staff and the registered manager.
- Staff meetings took place to share important information and discuss any issues. Topics included checking sensor mats and other equipment for people and completing paperwork, so that people were safe.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.
- The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. The registered manager analysed the feedback to make improvements to people and relative's experiences in the home. We saw that feedback was positive.

Working in partnership with others

- The provider worked with other social care agencies, GPs and the local authority to maintain people's health and wellbeing.
- The registered manager attended local provider forums and kept up to date with new developments in the care sector. They shared best practice ideas with their staff and the provider.