

South West Care Homes Limited

# Ashley House - Langport

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Ashley House- Langport is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection 21 one of these were staying at the home for a period of respite and another was in hospital. The service can support up to 25 people.

This inspection took place on 19 February 2020 and was unannounced.

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

People living at the service, and their relatives, shared positive comments and experiences of the service with us. They told us the service was safe and staff were kind and caring. One person commented, "Staff are good". Staff engaged with people with kindness and compassion.

Most environmental risks had been managed. The provider was aware that seven hot water taps in people's rooms exceeded 44 degrees. Warning signs to advise people of the risk of hot water had been put up and individual risk assessments had been completed. We identified two outlets where people were at possible risk of scalding. Action was taken during the inspection to have thermostatic water valves fitted to ensure the water was at a safe temperature. We also discussed two radiators which were not protected to reduce the risk of burns to people. The provider had risk assessed these but made the decision to switch these radiators off.

Fire safety overall was well managed. Regular fire checks were carried out and people had an individual risk assessment for evacuation in the event of a fire, which was regularly reviewed. We raised with the management team about two routes of escape from the conservatory, one with worn paint on steps highlighting the steps and bushes overhanging the second. Action was taken to address these.

Recruitment folders at the home did not contain all the information required. We received assurances from the provider's operations manager that they had comprehensive recruitment processes and checks were undertaken at the provider's head office but had not been filed. People and staff felt there were enough staff to meet people's needs.

Medicines were safely managed. Where there were issues these had been identified through audits and actions were being taken. People were protected from abuse because staff understood their safeguarding responsibilities. The provider's audits had identified a few gaps in staff receiving safeguarding training which were being addressed.

The home was clean throughout. Staff had access to protective equipment to protect people from the risk of infections.

In September 2019, a new nominated individual began working for the provider. Their role includes Director of Operations; they have a team of four staff with their own quality assurance responsibilities. Arrangements were in place to monitor the quality and safety of the service. Regular audits were completed and where

areas for improvement were identified action were taken. However not all of the concerns we found at the inspection had been identified by the provider's audits.

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

#### Why we inspected

The inspection was prompted due to concerns over the provider's governance of their services and whether we could be assured people were receiving safe care. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only. We found the service was being managed well, however, we identified a few areas which placed people at risk from unsafe care. We raised these concerns with the provider, and they took action to address the concerns.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The last rating for this service was Good (published May 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashley House- Langport on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Ashley House - Langport

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Two inspectors completed the inspection.

#### Service and service type

Ashley House-Langport is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had been promoted within the company and was supporting a new manager into the role. Owing to the unforeseen absence of the new manager, the registered manager had needed to temporarily step back fully into their role as registered manager.

#### 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 and we used this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with eight people living at the home and two relatives to explain our role and observed how staff supported them. We spoke with nine staff including the registered manager,

operations manager, care staff and ancillary staff. We reviewed care records, complaints and compliments, survey outcomes, staff files, records of accidents/ incidents, audits and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

### Assessing risk, safety monitoring and management

- People told us they felt safe at the home. Staff had completed risk assessments for people in relation to individual risk assessments for falls, nutrition monitoring and skin integrity. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. We discussed that a person receiving respite support had been at the home for over 36 hours had not had any risk assessments completed. These were completed on the day of the inspection.
- Most environmental risks had been managed. For example, window restrictors were checked, and hot water temperatures recorded. The provider was aware that seven hot water taps in people's rooms were above 44 °C. They had placed warning signs to advise people of the risk of hot water. Staff had also completed an individual risk assessment regarding the risk of scalds for these people. We raised that one person was registered partly sighted and the sign in their bathroom was water damaged and difficult to read. However, we established with the management team that the person was at low risk of harm. The provider's operations manager told us these rooms were scheduled to have thermostatic valves fitted. We also found the hot water temperature in the bath on the first floor had been recorded slightly above the recommended temperature for several weeks, and although the provider had taken action to protect people by having it repaired, it had become faulty again. Action was taken during the inspection to have a thermostatic mixing valve fitted to this bath to ensure the hot water temperature did not exceed the safe recommended temperature.
- We found some radiators on the ground floor and first floor corridor which were not protected to reduce the risk of burns to people. Most were turned off but two on the ground floor were hot to touch and posed a burn risk to people as they were located next to a fire exit and exit to the conservatory. The provider had completed a risk assessment but chose to remove all risk, by switching these radiators off at the time.
- Fire safety overall was well managed. Regular fire checks were carried out and people had an individual risk assessment for evacuation in the event of a fire, which was regularly reviewed. We raised with the management team about two routes of escape from the conservatory, one with worn paint on steps highlighting the steps and bushes overhanging the second. Action was taken to address these.
- Accidents and incidents were reported by staff and appropriate action taken. They were reviewed by the registered manager to identify ways to reduce risks as much as possible.

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

- People were protected from the risk of abuse and avoidable harm. Staff had a good understanding of alerting safeguarding issues. The provider's audits had identified where there were safeguarding training gaps, and these were being addressed.

### Staffing and recruitment

- There was a pleasant atmosphere at the home during our visit. Staff were busy but took the time to speak with people and support them when required. Staff rotas showed there was a minimum of a team leader and three care staff allocated each day and two care staff at night. They were supported by the registered manager, deputy manager, maintenance person, cook and ancillary staff.
- Unexpected staff shortages due to sickness and staff vacancies were covered by staff when needed. The registered manager said, "Very occasionally we cannot cover shifts internally." They gave an example of Christmas when they last used an external care agency.
- Recruitment folders at the home did not contain all the information required, however additional information was found during our visit. We received assurances from the provider's operations manager that the provider had a comprehensive recruitment process. They said checks were undertaken at the provider's head office prior to all new staff starting at the home and this information had not been filed. We saw in the folders we reviewed disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

### Using medicines safely

- Medicines were safely managed. Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines and had their competency assessed.
- During the inspection the person administering medicines was disturbed several times by staff asking questions and needing to answer the telephone. The registered manager told us staff usually wore a red tabard advising staff not to disturb them to minimise risk of errors, which was being laundered. They said during the week usually one of the management team were in the home to answer phone calls and deal with issues that arose. However, due to annual leave and unexpected absences this had not been the case on the day of our visit.
- Where people had medicines prescribed as needed, (known as PRN), there were protocols in place for when and how they should be used.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Staff completed a running total of medicines to monitor medicines stock.
- The pharmacist providing medicines to the home had undertaken a review in September 2018 and had only identified a few minor issues.
- Regular audits were undertaken to identify and concerns. The provider's operations manager had completed an audit and identified a few areas for improvement which were being addressed.

### Preventing and controlling infection; Learning lessons when things go wrong

- People lived in a home which was clean. With the exception of one corridor area, there were no odours in the home. The odour in question was due to a leak under the floor which was being addressed. Staff were very proactive washing the carpet in the area of the leak.
- There was plenty of protective equipment, such as gloves and aprons in the home for staff to use when providing personal care. This helped to protect people from the spread of infections.
- The laundry room was small but was well managed. Soiled laundry was segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.
- The management team were in discussions with staff about the appropriate way to empty and clean commode pots when soiled. A recent staff meeting had reminded staff following an audit about where to empty and clean commode pans.
- Accidents and incidents were reported, investigated and monitored for themes and patterns.



# 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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

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

- There was a friendly warm atmosphere at the home. People were seen to be relaxed chatting with staff. The lunchtime experience we observed was a social occasion with people chatting to each other. Where people required support, staff were discreet and offered assistance respectfully.
- Staff engaged with people with kindness and compassion. They were attentive, caring and there were lots of positive interactions with people. They knew people's likes and dislikes and had formed good relationships and people received care in the way they preferred.
- The home used electronic care plans which relatives were able to access remotely. This supported good communication and promoted person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had been promoted within the company and a new manager had been appointed at Ashley House, which the registered manager was supporting. Owing to the unforeseen absence of the new manager the registered manager had needed to step back fully into their role as registered manager. They were present for the inspection.
- The registered manager was supported by a new deputy manager and representatives from the provider's management team. The provider's operations manager had completed an in-depth audit where an action plan had been put into place. The registered manager was in the process of taking action to address these areas.
- The provider had used an external auditor and was awaiting their report. The operations manager said they would put in place an action plan from their findings.
- Arrangements were in place to monitor the quality and safety of the service. Regular audits were completed and where areas for improvement were identified action were taken. For example, it had been recognised that improvements were needed in the monitoring of nutrition. The registered manager was working with staff to address this; however, it was not yet embedded.
- The provider had systems in place to monitor that staff received regular supervisions and required training.

- Accidents and incidents were reported, and lessons learnt when things went wrong. The management team reviewed all accidents and incidents to ensure all appropriate steps were taken to minimise risks.

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; Continuous learning and improving care; Working in partnership with others

- In September 2019, a new nominated individual began working for the provider. Their role includes Director of Operations; they have a team of four staff with their own quality assurance responsibilities. CQC have met with this new team in October 2019 and continues to meet with them every six weeks.
- Complaints were taken seriously, and actions were recorded, the registered manager planned to add further detail to show their good practice.
- People said the registered manager and management team were very approachable. Relatives said there was good communication with the service and confirmed they were informed of any incidents or accidents.
- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred.
- It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection was on display at the home and on the provider's website.

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

- Meetings for relatives and people had taken place to enable them to share their views and be included in any changes taking place.
- Regular staff meetings took place. Meetings were used to keep staff informed about ongoing development, concerns and gather ideas from staff. Staff felt well supported and were happy in their jobs. This created a cheerful and caring atmosphere for people to live in. One member of staff said, "It is friendly here, everybody gets on. Because it is small everybody gets to know each other, it's like being at home."