

Nash Care Homes Ltd

# Ashleigh House

## Inspection report

39 Redstone Hill  
Redhill  
Surrey  
RH1 4BG

Tel: 01737761904

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ashleigh House is registered to provide accommodation and personal care for up to nine people with physical and learning disabilities including Autism. Eight people were using the service at the time of our inspection. The service is larger than current best practice guidance, however the new management team had begun to take steps to create a more domestic and homely feel. Since the last inspection, people had been actively supported to start personalising their rooms and communal areas.

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

People had greater choice and control of their lives and staff were beginning to support in a less restrictive way and promote their best interests. The outcomes for people showed signs of reflecting the principles and values of Registering the Right Support.

People were better safeguarded because management and staff now understood what constituted abuse and how to protect them from harm. Risks to people were assessed and managed in a way which gave people access to more meaningful lives.

The culture of the service was improving, and support was moving towards a more person-centred approach. The restrictions imposed by the COVID-19 pandemic had curtailed people's access to many activities, but staff had worked more creatively to support people appropriately within the service.

There was now a strong leadership team within the service that were working hard to effectively coach and constructively challenge staff practices. Staffing levels had been increased and maintained at a level that kept people safe and engaged. Shortfalls in recruitment practices had been addressed.

Medicines were now being given as prescribed with better systems to continually monitor safe management.

There were formal systems in place to monitor the quality and safety of the service. A key priority since the last inspection had been responding to the infection risks posed by the pandemic and these had been managed well.

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

### Rating at last inspection (and update)

The last rating for this service was Inadequate (published 7th May 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the new management team were working hard to address the breaches in regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service in March 2020 where multiple breaches of legal requirements were found.

We undertook this focused inspection to check the provider had followed their action plan and to confirm the breaches in regulations had been addressed. This report only covers our findings in relation to the Safe and Well-led key questions which contained the most serious requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashleigh House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

As we only looked at two key questions, the overall rating for this service is still 'Inadequate' and the service remains in 'special measures'. We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took in to account the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what action was necessary and proportionate to keep people safe at Ashleigh House.

We will now request an action plan from the provider to understand what they will do to continue to improve the standards of quality and safety. We will then continue to monitor the service closely and work with our partner agencies to ensure people are safeguarded. We will re-inspect the service to ensure the service continues to make significant improvements to the care that people receive.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ashleigh 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Ashleigh House 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 new registered manager was appointed following our last inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed all information we had received about the service since the last inspection. Due to the concerns raised at the last inspection, we had been engaging with the new registered manager on a weekly basis since March and this information was used to inform our planning. We have sought regular feedback from the local authority and professionals who work with the service.

We completed a structured conversation with the registered manager in May 2020 using our Emergency

Support Framework to gain an insight into how the Covid-19 pandemic had affected the service. We also conducted five staff interviews via video call on 17 July 2020 to corroborate the information shared by the registered manager.

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

We used all of this information to plan our inspection.

During the inspection

We met with all the eight people who used the service and observed the care that was provided to them. We spoke with seven members of staff including the registered manager, the three deputy managers and three care workers.

We completed an audit of the infection prevention and control measures in place and looked at the systems in place to manage people's medicines. We also looked at three staff files in relation to recruitment and staff training and supervision.

After the inspection

We spoke with relatives for each of the eight people living at the service. We continued to seek clarification from the provider to validate evidence found and reviewed a variety of records that we requested relating to people's care and the management of the service. On 4 September 2020 we had a video call with the management team to discuss our inspection findings.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant that improvements to people's safety had been made, but we need to be assured that these changes are now fully embedded and sustained.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from the risk of abuse. This was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the new registered manager wrote to us to confirm the action they would take to address this breach.

At this inspection we found that people were better safeguarded and whilst new systems were still being embedded, people were now protected from harm. As such, we found enough improvement had been made and the provider was no longer in breach of Regulation 13.

- People were observed to be at ease with staff and engaging positively with those that supported them. Staff were seen to be treating people with dignity and respect.
- Relatives told us they felt their loved ones were safe at Ashleigh House and that people had positive relationships with staff. One parent commented, "I have no concerns or worries at all."
- The new registered manager and his team were confident about the processes in place to safeguard people from the risk of abuse. A lot of time had been spent coaching staff to support people in a way which protected their human rights and treated them as equal partners in their care. The management team spoke candidly about the previous culture of institutional abuse and the action they continued to take to address this. One member of the management team reflected, "The culture within the service is changing, but it will take time and we are definitely not there yet."
- Incident reports and supervision records evidenced a more open culture in which triggers to behaviours were considered and staff practices challenged where necessary. We identified that whilst incidents were now being documented and addressed, there were some occasions where situations had not been reported to the relevant agencies. This was discussed with the registered manager and before the end of the inspection, all necessary reports had been made with assurances that going forward, referrals would be made without delay. We will continue to monitor this, and the registered manager has agreed to send us copies of their monthly audit of accidents and incidents to demonstrate ongoing compliance.
- Staff had completed safeguarding training since the last inspection. Staff told us, that the training along with the individual coaching sessions with the management team had improved their understanding of abuse. Staff were now confident that they must record and report any behaviour or action which might constitute abuse. Staff knowledge about the role of other agencies in respect of safeguarding was variable, but all those spoken with now understood the different types of abuse.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to safety were managed without being restricted. The provider had further failed to ensure incidents and accidents were appropriately recorded and analysed to prevent re-occurrence. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the new registered manager wrote to us to confirm the action they would take to address this breach.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Relatives told us that they believed their loved ones were receiving safe support. One parent told us, "He is safe, healthy and happy living at Ashleigh House."
- Safety was no longer achieved by restricting people's freedoms and people now had greater control over their movements and activities. We observed that people were safely engaged in activities that were meaningful to them and able to spend time in the parts of the home they chose. The staff team reflected that there had been a reduction in people displaying behaviours resulting from boredom or frustration.
- Care records showed that people's needs had been reviewed, and support plans were being updated accordingly. Staff spoken with were familiar with the risk assessments in place for people and their practices reflected the support guidelines in place. For example, one person was at risk of self-harming, but it had been identified this could be reduced through a sensory distraction. During the inspection we saw that staff supported the person to bounce a basketball at the floor during periods of heightened anxiety. All staff on duty were familiar with the support plans for this person.
- Incidents and accidents were now fully documented and used to review triggers and support needs. The management team had recognised an increased pattern of behaviour for one person and made an external referral for specialist support in respect of this.
- The management team reflected that as part of their ongoing management of risks, staff needed more specialist training in positive behaviour support. This had been difficult to access due to the pandemic, but they were now working closely with the Community Team for People with Learning Disabilities. We will follow the progress of this area at our next inspection.

### Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection, the provider had also failed to operate safe and effective recruitment procedures. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the new registered manager wrote to us to confirm the action they would take to address these breaches.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulations 12 or 18.

- During our ongoing engagement with the new registered manager following the last inspection, they told us that they had personally reviewed staffing levels and increased minimum numbers to five care staff during the day. They told us that members of the management team were in addition to this number. When we arrived unannounced, there were five care staff, the registered manager and three deputy managers. All staff confirmed these numbers were typical.



- We observed that people received appropriate levels of support from staff. Where people received funding for 1-1 hours, we saw that staff were allocated to this role. There were sufficient staff to support people safely and facilitate the activities they wanted to do.
- Staff told us that staffing levels now enabled them to support people effectively. One staff member said, "It's a lot more relaxed now and there's a lot more staff. We have so much more time to really spend time with the people." Likewise, another staff member commented, "I'm really happy to be working here. We have five care staff on duty and at least one female member of staff at all times." The last inspection highlighted that some people liked to only be supported by female staff.
- The new management team explained that they had put a lot of focus on recruiting a permanent team of staff that they could then train to meet people's complex needs. This process was ongoing, but good progress had been made and at the time of our inspection, only one regular agency worker was employed to work at the service. We will continue to monitor the progress on them building a team of skilled and competent staff and follow-up at our next inspection.
- The new management team had addressed the shortfalls in the recruitment system and ensured that previously outstanding checks had been followed up. We saw that where new staff had been employed, appropriate recruitment checks had been carried out to help ensure staff were safe to work with people who used care and support services. Recruitment information included a full employment history, written references and the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

#### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the new registered manager wrote to us to confirm the action they would take to address this breach.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulations 12.

- People were now receiving their medicines as prescribed. There were now appropriate systems in place to ensure medicines were managed and stored safely.
- The registered manager showed us that they had introduced a new electronic system to record the information about the administration of people's medicines. The new system had only been live in the service for five days prior to our inspection, so the registered manager was still monitoring it closely and training staff.
- Staff were being individually trained by the registered manager to use the new system and told us that it reduced the risks of mistakes because it prompted them about the action they needed to take.
- The registered manager had completed weekly medicines audits when he took over the running of the service and we saw that this had led to a reduction in errors being made. The new system enabled remote monitoring of medicines as it generated an e-mail alert to the registered manager if a medicine was given in error or late.

#### Preventing and controlling infection

- To date the service had remained free of Covid-19 and the systems in place had kept people safe.
- Relatives told us they had confidence in the way the service had responded to the infection risks as a result of the Covid-19 pandemic. One parent said, "The managers have done a very good job during the

pandemic; they have been very on the ball with using personal protective equipment (PPE) and measures in place to keep people safe." Similarly, another relative who had recently visited the service commented, "I was very impressed by the procedures in place to keep people safe from Covid. There were strict protocols in place, and I was pleased to see them being followed."

- Feedback from visiting professionals confirmed that good infection control systems had been observed during their visits.
- During our inspection we found safe infection control processes were being implemented. The service was clean, and staff had access to sufficient PPE. Systems were in place to take the temperatures of people, staff and visitors and routine Covid-19 testing had recently been completed for people and staff.
- A detailed risk assessment had been undertaken which explored a range of Covid-19 related risks and how they were being mitigated.

#### Learning lessons when things go wrong

- People had benefitted from the changes that had been made in response to the failings that had been identified at the last inspection.
- Relatives told us they felt the new management team were more open about things that had gone wrong. One family member said, "Communication has improved greatly and [the management team] have been very responsive to my messages and questions."
- From the ongoing engagement with the registered manager since the last inspection, it has been evident that the seriousness of the concerns raised have been treated seriously and continually shared with staff. A copy of the last inspection report was displayed in the staff area and the minutes from staff meetings or 1-1 sessions had been used as an opportunity to reflect on the changes that had been made and how they were working.
- A series of audits and feedback systems were being continually used to monitor progress against the service's improvement 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved, but these changes needed to be embedded and sustained to ensure a consistent, high-quality, and person-centred care approach to care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there was an effective monitoring system in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the new registered manager wrote to us to confirm the action they would take to address this breach.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulations 17.

- Relatives had mixed views about the quality of service their loved ones received at Ashleigh House. Several family members described a feeling of having "Been let down by the providers." The restrictions on visiting due to the pandemic had further increased relative's concerns about the care of their loved ones.
- Where relatives had been able to visit the service more recently, they shared a sense of improvement. One parent told us, "I put my trust in the providers and this had been broken. Having said that, the new management team are very on the ball .... I am happy to see that improvements are being made." Likewise, another relative who reinforced that they had never had concerns stated, "I can see that the new registered manager is very experienced and have confidence that the service will continue to improve."
- Following the last inspection, the providers stepped down from managing the service and a new registered manager was employed. This person has engaged effectively with us and provided weekly updates to the improvement plan they put in place. This inspection has corroborated that the improvements they told us about have been made.
- The new management team had introduced a new system for monitoring and reviewing the quality of care. This has included both internal and external oversight of the services provided.

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

- People were starting to receive a more person-centred approach to their support. The management team had recognised the culture within the service was institutional and were making positive steps to changing

this. One staff member told us, "People are being given more choice and control over their lives, but it is taking time for them to embrace this due to their Autism."

- Staff had involved people in the changes that were being made. For example, a new sensory room had been created. One staff member explained, "We had to introduce things slowly, so the sensory room became something positive for them and didn't increase their anxiety." Similarly, there were plans to get rabbits in the garden and we saw a hutch had been built. A staff member told us, "We have got the hutch first so people can get used to the idea of having a pet before we bring the rabbits in."
- A new relative's portal had been introduced which allowed information to be shared with family members online. One parent told us, "The new parent gateway is working well, and I find it reassuring to see the photos of [person's name] each day engaged in activities he enjoys and looking happy." Some family members however did not use online facilities and as such they felt engagement with them could be improved. The registered manager said they were currently exploring different options for sharing information with those parents without internet access.
- People's religious needs had been affected by the national lockdown. For example, some people had regularly gone to church or place of worship, but this had not been possible due to the restrictions imposed by the pandemic. One family member said, "I would like to see some way of [person's name] still being able to maintain their faith during lockdown so that routine isn't lost." We shared this with the registered manager who agreed to explore other options for people to practise their religions remotely from their usual place of worship.
- People living at Ashleigh House had diverse cultural heritages and some family members identified that they would like to see more opportunities for their loved ones to appreciate their roots. One relative commented, "I would really like to see [person's name] having regular African meals as that is an important part of his cultural identity." We discussed this with the management team who explained that they were already working on a new menu that gave people the opportunity to sample meals that celebrated the different cultures of both people and staff.

As this was a focused inspection, we did not fully explore the previous breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will continue to monitor the progress made in this area and fully assess compliance at our next inspection.

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

- Previous concerns about the safety and quality of the service had now been taken seriously and action taken to learn and make improvements.
- The new management team had developed a more open culture in which concerns were treated seriously and acted upon. We saw that where complaints had been made, investigations had taken place and action taken to prevent reoccurrence.
- Following the last inspection, the provider had written to people affected by the service and apologised for the mistakes that had been made and their commitment to making improvements.
- Other professionals confirmed that the service was now open to accepting their advice and working better in partnership to improve outcomes for people.