

Ashfield Care Homes Limited

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Inspection report

99 Ashley Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashley Care Home Limited (referred to in this report as 99 Ashley Road) is a residential care home providing personal care for up to 10 people with a learning disability, autism and/or mental health. At the time of the inspection there were four people living there.

99 Ashley Road is an ordinary house and fits in with the other houses in the street around it. The bedroom accommodation is over 2 floors with communal living and dining areas.

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

People seemed happy and relaxed at home with the staff. We spoke with one person who said they were able to enjoy spending time on things which interested them. Surveys showed people were happy with their care.

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.

However, we found the provider did not have robust systems in place to consistently identify and manage all risks associated with the premises. The provider had not always provided appropriate training for the registered manager and staff to ensure they were competent to carry out their delegated duties relating to the management of the premises effectively and safely. The provider had not acted on the concerns in relation to infection prevention and control that we found at our previous inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

The home is registered to support up to 10 people. This is more than the number recommended, however, there was a strong focus on person centred care, independence and choice. We observed people were treated with respect and dignity and were asked for their opinions. Staff told us the new manager was making improvements to ensure there were no institutionalised practices and empowered people to make decisions to do things at times that suited them. The new manager had a positive vision to ensure people had a full quality of life in line with their own choices and interests. We observed people accessed the community to take part in activities, for example, choosing plants for the garden. Refurbishment plans were

in progress to increase the communal areas and provide more flexibility in how people could use the space within the home.

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 this service was good (published March 2019).

We made a recommendation that the provider followed relevant infection prevention and control guidance. At this inspection we found the provider had not followed this recommendation.

Why we inspected

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.

During our targeted inspection to look at infection prevention and control, we identified that the provider had not addressed concerns found at the previous inspection in relation to the poor state of repair in some areas of the home and the infection risk this created. We also identified new concerns with the management and control of legionella. As a result, we returned to widen the inspection to a focused inspection to review the key questions of safe and well-led only.

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 overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report. We have identified breaches in relation to infection prevention and control, staff training and governance of the home.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

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 ●

Ashfield Care Homes Limited

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.

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 one inspector.

Service and service type

Ashfield Care Homes Limited (99 Ashley Road) 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 manager's registration with the Care Quality Commission had been completed in the period between the first and second days of the inspection. 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.

Notice of inspection

We gave the service short notice of the inspection. This was because the service is small and people are often out, so we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used information we held about the service, including notifications and reviewed the previous inspection report. Notifications are certain events the provider must inform us of.

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 spoke with one person who used the service, four support workers and the registered manager. We spent time in communal areas observing staff interactions with people to help us understand their experiences of their care. We reviewed a range of records including three people's care plans and risk assessments, medicines and safeguarding records and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found and requested further documents. We received written feedback from two staff members and spoke with one health professional who knows the service.

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 requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- We were not assured the provider had systems in place to identify and manage all aspects of risk.
- The provider had not followed the Health and Safety Executive (HSE) guidance to identify the potential risks from legionella in the home.
- The provider had not ensured that the registered manager had received training in how to safely assess and manage risks associated with legionella. This is important in order to carry out the duties that had been delegated to them by the provider in relation to legionella management.

Following the inspector raising concerns, a legionella risk assessment was drafted by the registered manager, but this was not suitable or sufficient and did not identify potential risks in the home. When we discussed the risk assessment with the registered manager, they told us they had little knowledge of legionella.

- Legionella checks and controls were lacking and those that were in place were confusing and inadequate. Care staff had not received legionella training and therefore did not have the knowledge required to perform the checks effectively or to identify when the results of the checks were outside of safe limits. We signposted the registered manager to the HSE guidance.
- Following the inspection, we spoke with the provider's senior staff who were responsible for the management of legionella as we were concerned about the lack of provider knowledge and oversight of the management of legionella. We have given more information about this in the well led section.
- A basic fire risk assessment had been completed by the previous registered manager. However, this was not suitable or sufficient and had not identified all potential fire risks. For example, the inspector noted a hole had been drilled in a wall for a cable which had not been filled. This had created a risk of a fire breach.
- Hoists and wheelchairs were being stored under the stairs and a charger was plugged into a nearby electricity socket. This created a fire risk underneath an upstairs fire exit route. Whilst the upstairs accommodation was not in use at the time of the inspection, we have asked that this arrangement be reviewed to ensure fire safety.

Provider systems were not effective or robust enough to demonstrate that all of the risks from the premises was safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people's safety had been identified and measures were in place to manage these risks, such as safely securing people's wheelchairs in the minibus. Risks associated with people's health conditions, such as epilepsy and eating and drinking, were well documented and staff understood how to reduce the risks.

- Fire safety checks were carried out regularly to ensure alarms, fire doors and fire equipment was in good working order. Individual fire risks had been assessed for people. A staff member told us, "We've identified the [fire] risks for each resident. They all have a PEEP [Personal emergency evacuation plan]."

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- Whilst the home was undergoing some building work to create a new dining room, the decoration in downstairs communal rooms and bedrooms remained tired and worn, and a number of concerns identified at the previous inspection in March 2019 had not been addressed. For example, some floors and surfaces in bathrooms and shower rooms, and people's bedroom vanity units remained worn, chipped and porous, meaning these could not be hygienically cleaned, leading to increased infection risks. We raised this with the registered manager on the first day of the inspection. A review of maintenance was carried out following the inspection and an action plan sent to us with work to be completed by the end of August 2021. We have written more about this in the well led section.
- We also noted the covering of an easy chair in the lounge was ripped and worn, exposing the foam beneath. This was also an infection risk. The registered manager told us this was one person's favourite chair and they hadn't wanted to remove it but would look at what could be done.
- On the first day of the inspection we noted there were several toiletries in shared bathrooms and cabinets. This increased the risk of cross contamination. We also noted soiled toilet brushes in some bathrooms. The registered manager and staff agreed these should be removed. On the second day of our inspection, we noted most of the toilet brushes had gone but one remained in an upstairs bathroom. Some toiletries were also still in the bathroom cabinets.

The provider had not ensured the risks from poor infection, prevention and control had been effectively assessed, managed and addressed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had policies and procedures in place to reduce the risks from Coronavirus.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to report any concerns of abuse or concerns about people's care and support. Staff told us they had received regular training, and refresher on-line sessions, to ensure their knowledge was up to date and knew who to report any concerns to. Safeguarding concerns had been reported appropriately to the local authority and the Care Quality Commission.
- We spoke with a health professional who told us they had no safeguarding concerns.

Staffing and recruitment

- There had not been any new staff recruited since the last inspection in 2019 when all appropriate checks and procedures had been followed to ensure only suitable staff were employed.
- There were enough staff on duty to ensure people received care and support in line with their needs and wishes. People had support to access the community and take part in their chosen activities. We observed staff spending one to one time with people, sitting and chatting and talking about things that interested them.

Using medicines safely

- There were robust systems in place for the safe administration of medicines.
- Storage was secure and well organised. Unwanted or unused medicines were returned to the pharmacy safely.
- Medicines were administered by two staff members who checked the correct medicines were given and recorded. We did note that where handwritten instructions had been added to people's medicine administration charts, these had not been signed by a second staff member to confirm the transcribing had been checked.
- Staff had received training in administering medicines and competency checks were carried out to ensure staff remained competent. We observed one person receiving their medicines. Staff explained about the medicines before giving them and stayed with the person until they had taken them.
- Staff knew people's medical conditions and relevant medicines procedures well. On the first day of the inspection we observed a staff member contacting one person's GP to chase up blood results they needed urgently so they knew how much of their medicine to administer.
- Daily fridge temperatures were taken to ensure medicines which required cold storage were stored in line with manufacturer's guidelines. We did note that daily room temperatures were not taken and following discussion with the registered manager, this was to be implemented.

Learning lessons when things go wrong

- The registered manager reviewed and recorded any accidents, incidents or near misses and reported these as required to relevant agencies. Any learning from these events was shared and discussed with staff so that improvements could be made to safety and care practices.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and staff had been delegated duties by the provider to manage the risks associated with legionella which they were not trained or competent to carry out. This was a failing on behalf of the provider. We have asked that they review their policies and procedures to ensure these risks are more effectively managed across the organisation.
- We spoke with the provider's senior staff who had responsibility for legionella management about our concerns. They confirmed this was the provider's policy and that they were available to support the managers. However, it was apparent from our discussion that they did not have the relevant level of expertise either, and therefore were not in a position to support the registered manager.
- Following our discussion about the HSE guidance, they agreed to seek professional advice and review the provider's procedures, risk assessments and training. They later provided us with an action plan.
- Whilst flooring had been replaced, most of the issues raised at the previous inspection had not been addressed. The provider had not acted on our recommendations to follow appropriate infection prevention and control guidance and had failed to make the necessary improvements to the home. The porous surfaces in people's bathrooms and bedrooms meant the staff could not effectively clean these areas. The ability to hygienically clean communal rooms, bathrooms and equipment is especially critical during a pandemic.
- Following the first day of our inspection, the registered manager raised our concerns with the provider. A maintenance review was carried out and an action plan put in place to make the improvements by August 2021. The registered manager told us, "There will be a lot more done than I was hoping for. The resident's needs have changed. They all have mobility issues. The house hasn't changed with their needs."
- The provider had delegated the fire risk assessment to the previous registered manager. The risk assessment was generic, following the provider's template and had not identified all potential risks specific to the home. We discussed this with the registered manager and suggested they seek advice and review the risk assessment to ensure all risks were identified and appropriate measures were in place to reduce the risks. This was especially relevant due to the building work that was underway, and the alterations to the layout and use of rooms within the home.

The provider had not ensured the manager and staff were suitably trained, competent and supported to carry out their delegated duties. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not acted on feedback in relation to infection prevention and control risks in a timely way. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Communication in the home was effective. Staff held handover meetings between shifts to ensure important information was shared. The registered manager had held a staff meeting which enabled them to share their vision for the home and offered staff the opportunity to contribute their ideas. Updated policies and guidance were shared via an electronic system. These had to be opened and read by staff before they could move on to other messages.

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

- Staff spoke highly of the new registered manager and her vision for people who lived at the home. One staff member told us, "[Registered manager] Yay! She has made such a difference. She has a forward vision for the home. It's all about the residents. It's been a bit institutionalised, but that's all changing. She encourages residents to do things when they want." They told us, for example, that people were getting used to being able have a cup of coffee when they wanted one rather than waiting, and as staff they felt they had permission to encourage people to try new things in new ways.

- The registered manager told us they were striving to create an inclusive home and for people to have family and friends involved in their lives. They said, "I want it to be a family home. I want everyone invited to birthday celebrations. We had a [video call] with [name's] brother. He watched him opening his presents. I want to arrange a day trip to the Isle of Wight because they can't go on holiday at the moment. Staff have really grown with the changes. It's more person centred. If they [people] want to make a coffee, make a coffee. Don't wait for 11am. The staff are brilliant. We want to grow it now. I love it, absolutely love it. It's a home from home."

- We spoke with one person who showed us their collection of cars. They seemed happy and relaxed and enjoyed telling us about their favourite cars.

- People had access to their community and during the inspection we saw people were regularly out and about with staff support. Some people had been to the garden centre to choose plants for the outside of the home and were excited when they returned home and were involved in deciding where they should go. Another person had visited the Barber shop and gone to the local beach café for coffee.

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 registered manager understood their responsibilities under Duty of Candour and when to notify us of significant events.

- The provider had appropriate policies in place to ensure staff acted in an open and transparent way in relation to care and treatment should people come to harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved in planning their care and support. Staff had reviews with people and checked they were happy with their support and if they wanted to change anything. Some people had family members who were involved in their lives and one person had an advocate who helped them make some decisions.

- A satisfaction survey had been carried out in September 2020 and the feedback was all positive. People felt safe and happy at the home and staff said they felt well supported in their roles. The registered manager had not yet sent surveys to relatives or health professionals, however, they agreed this would be a good idea so that they could have a benchmark at the early stages of their improvement plans.

- An electronic system was in place for maintaining care records and audits which could be accessed by the

registered manager and staff. Audits were carried out, for example for medicines and infection prevention and control. Some were recorded on paper and others on the electronic system. The registered manager told us this was a work in progress and would be improved as staff became more familiar with the systems. Issues identified from the audits were shared with staff for learning and driving improvements.

Working in partnership with others

- The home worked with other agencies and health professionals to ensure a holistic approach to people's care and support. For example, speech and language therapists, occupational therapists and district nurses.
- We spoke with one health professional who told us, "They are pretty good. They have escalated concerns. They called the GP out as they were trying to change the meds [medicines]. They did that with us in line with the GP. Communication was good. When I've been there it has all been calm and quiet, very positive."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the risks from poor infection, prevention and control had been effectively assessed, managed and addressed. Provider systems were not effective or robust enough to demonstrate that all of the risks from the premises was safely managed.</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 acted on feedback in relation to infection prevention and control risks in a timely way.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured the manager and staff were suitably trained, competent and supported to carry out their delegated duties in relation to premises management.</p>