

# Ashley Healthcare Limited

# Ashleigh House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ashleigh House is a care home which provides accommodation and support for up to 10 people aged 65 and over and those with mental health conditions. At the time of our inspection 10 people were living at the home.

### People's experience of using this service

Not all elements of the service were safe. The service was not meeting the requirement to ensure non-exempt visiting professionals were vaccinated against COVID-19. Medicines were not always stored and administered safely as guidelines for administration were not always clear. Not all risks to people's health and wellbeing were adequately assessed and mitigated as the risk of fire had not been fully assessed for some people.

Care plans did not always represent people's care and accommodation choices and preferences. People had not been fully consulted about some aspects of their living arrangements.

The provider took immediate action to resolve the issues we identified. People were happy with the care and support they received, and they told us staff were kind and caring. Health and social care professionals who worked with the service to plan and deliver care and support spoke highly of how the service was managed to ensure people achieved good outcomes.

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:

The last rating for this service at the last inspection was good (published 8 March 2018).

### Why we inspected

As part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. We planned a targeted inspection of this service to check the IPC practices the provider had in place. During the inspection we identified some concerns which prompted us to broaden the scope of the inspection to consider the key questions of safe and well-led.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

### Recommendations

We have made recommendations about reviewing medicine procedures, risk assessments, care plans and quality assurance processes.

### 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?

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. 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

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 we looked at both 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.

#### Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service including notifications about incidents and events that occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including care and support plans for three people. We looked at records of recruitment, training and supervision. We spoke with three people who used the service to get their feedback about the care and support they received.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two care workers to get their feedback about the service. We also gathered feedback from a range of health and social care professionals who worked with the service to plan and deliver care and support.

# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

### Using medicines safely

- People's medicines were not always stored, administered, and managed safely. One person was prescribed a medicine which was to be given 'when required'. However, there was no information in place to let staff know what the medicine was for and in what circumstances they should give this. We raised this with the registered manager, and they have asked the GP to provide clear administration guidance for this medicine. The GP has also made a referral to the local community pharmacy service who will work with the provider to improve the guidelines for staff.

We recommend the provider reviews their processes to ensure medicines are stored, administered and managed in line with current best practice guidance.

- At the time of the inspection there was no process in place to ensure medicines were being stored at the correct temperature. Thermometers that had been in place could not be found on the day of inspection and there were no written records kept of the temperature of the medicine storage area. Staff who supported people to take their medicines had completed appropriate training, however their competency had not been assessed in line with best practice guidance. We raised these issues with the registered manager and they have taken action to assess staff competencies and put in a process to ensure medicines are stored at the correct temperature.
- The registered manager checked medicines regularly and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly to indicate people had received their medicines as prescribed.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were not always assessed thoroughly. There were a range of risks that had been identified and measures put in place to mitigate these however, the provider had not identified all potential risks to people's safety. The risk of harm from fire had not been fully assessed as we identified two people who were at increased risk of harm from fire due to smoking however this risk had not been identified. We raised this with the registered manager, and they have taken immediate action to assess and mitigate the risks.

We recommend the provider reviews their risk assessment processes to ensure they identify and mitigate all fire risk factors.

- There were risk assessments in place to ensure people could maintain their independence in the

community safely. People were happy with how the service was keeping them safe. One person told us, "I feel very safe here. I've got no worries."

- The home had commissioned a fire risk assessment of the building which identified a range of actions. All necessary actions had been completed. The service ensured each person had a personal emergency evacuation plan which was developed with them which explained how they should evacuate their home in the event of an emergency.

#### Preventing and controlling infection

- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.
- At the time of the inspection we found the service did not have effective measures in place to ensure this requirement was being met as there were not always records kept of the vaccination status of visiting professionals. We raised this with the provider and they have updated their procedure to ensure staff record the vaccination status of all eligible people entering the care home.
- There were systems in place to ensure high standards of cleanliness were kept and the home was clean and hygienic when we visited. The registered manager conducted regular infection control audits of the environment.
- Visitors to the home were asked to complete a COVID-19 test, wear appropriate personal protective equipment (PPE) and follow hand hygiene procedures before entering the home. The provider had made adaptations to the building to reduce the amount of people entering the communal areas of the home.

#### Staffing and recruitment

- The provider was not always following safe recruitment processes as one staff member's file did not contain a full employment history or a reference from the most suitable previous employer. We raised this with the registered manager, and they took immediate action to resolve these issues and have obtained suitable references and a full employment history for this employee.
- Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were sufficient staff on duty to meet people's safety needs.

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

- Safeguarding systems and processes were in place to protect people from harm or abuse. Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. Staff knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.

#### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- Significant incidents were shared with staff during the handover to ensure all staff were aware of issues and learning could be shared within the team.



# 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 not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Care plans did not fully reflect people's care and accommodation arrangements and choices. Two people were sharing a room but there was no evidence they had been fully consulted about this arrangement and there was no guidance in place to ensure it did not compromise their comfort, privacy and dignity. We raised this with the registered manager, and they have consulted with people who have said they are happy with the arrangement. The provider has also put guidelines in place to ensure their privacy and dignity will be maintained. They have also submitted plans to change the room arrangements so any future residents will not need to share a room.
- People's care plans also lacked detail regarding how they would like to be supported with personal care. We raised this with the registered manager, and they have reviewed the care plans and have now documented people's needs and preferences.

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

- There were systems in place to monitor the quality and safety of the service. Although the provider's own audits and checks did not identify all the issues we found, the provider has taken immediate action to resolve the shortfalls we identified with care plans, risk assessments and recruitment files.

We recommend the provider continues to develop their quality assurance processes to ensure care records are kept in line with current best practice.

- Despite the shortfalls we observed we received positive feedback from people about the service they received. We received comments such as, "It's a good place here. The staff treat us very well. I've got no complaints" and "Yes, I'm ok here. Any problems and I can talk to the [registered] manager."
- The registered manager and other members of staff were clear about their roles. Staff received an induction and regular supervision to support them in their role.
- Staff were positive about how the team worked together to provide the care and support people needed. Positive comments from staff included, "It's a family atmosphere. I say if you treat the clients as well as you would your own family member you can't go wrong" and "We all work together as a team to make sure people get the service they need and want. We discuss any issues we have and overcome them together."

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 duty of candour and the regulatory responsibilities around reporting to the CQC, and sent the required notifications.

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

- The provider engaged with people receiving care, members of staff and health and social care professionals who worked with the service. The provider sought feedback from people by asking them to complete satisfaction surveys. The most recent survey showed that people, staff and health and social care professionals were overall very happy with the care and support being provided.
- People were allocated keyworkers who took more responsibility in monitoring people's individual care and support. Each person met with their keyworker every month to discuss their care plan and agree any changes or plan new goals. Assessments and care plans considered people's cultural and religious needs and people were supported to engage in activities of their choice.
- There were regular residents' meetings to discuss the running of the home, health and safety, menu planning and activities.
- Staff told us that managers listened to them and took action to resolve any concerns. Positive comments from staff included, "The [nominated individual] and the [registered] manager are very supportive. They listen to staff and take things on board" and "If we do have any concerns we can discuss them in supervision."

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals including care coordinators, district nurses, GPs and psychiatrists to ensure people's health and social care needs were met.
- We received positive feedback from professionals who worked with the service to plan and review care and support. Positive comments included, "Ashleigh House works well with other professionals within the borough and across boroughs towards providing appropriate care for their service users. Staff are friendly, approachable, kind and compassionate in the care they give" and "The registered manager is very efficient and provides updates by email whenever there is a change in people's circumstances."