

Godfrey Barnes Care Ashby Limited

# Ashby House

## Inspection report

80 Ashby Road  
Burton-on-trent  
DE15 0NX

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Ashby House is a care home providing personal care to seven at the time of the inspection. The service can support up to seven people.

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

#### Right Support

Staff supported people to have the maximum possible choice, control and independence, be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. The provider had planned refurbishments to ensure people received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. The manager was updating people's care records at the time of the inspection to ensure they remained accurately in place.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. People could take part in activities and pursue interests that were tailored to them. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. There was a new manager in post who had a good oversight of the service and was making improvements to people's experiences of care.

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

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The inspection was prompted in part due to concerns we found at another location under the same provider.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ashby 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 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

One inspector carried out the inspection.

#### Service and service type

Ashby 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; however, this manager was no longer in post. The service had a newly appointed manager who was in the process of registering with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 two people who used the service and five relatives about their experience of the care provided. People who used the service who were unable to verbally communicate with us used different ways of communicating including their body language. We observed people's interactions with staff.

We spoke with seven members of staff including the manager, a senior team leader, a team leader and support workers, we also spoke with the maintenance staff member.

We reviewed a range of records. This included one person's care record and extracts from a further two and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### 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 one professional who regularly visited the service as an independent advocate.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People and their relatives confirmed people were safe in their home. One relative told us, "It is peace of mind for me and my family, I am not worried, I know they are safe and being looked after." Another relative told us, "They are definitely safe."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff confirmed the processes they would follow if they had any concerns.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Since being in post the manager had identified people's risk assessments required reviewing and updating, at the time of the inspection the manager was in the process of reviewing people's records to ensure they remained accurate and in date. We saw records reviewed by the manager which guided staff to support people and meet their needs.
- People's care records helped them get the support they needed because it was easy for staff to access and review. Staff confirmed they reviewed people's care records for further information in relation to any change to a person or new risk identified. One staff member told us, "If anything changes we get updated and read and sign the information."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One staff member told us, "The staffing level is very good, people are well cared for and we are never understaffed."
- Staff recruitment and induction training processes promoted safety and the provider did not require the use of agency staff.
- Staff knew how to take into account people's individual needs, wishes and goals. One staff member told us, "The staff level and their experiences are really good, people's needs are always met."

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and

store medicines safely.

- At the time of the inspection not all staff supported people with their medicines. Since being in post, the new manager planned to ensure all support staff received training to help support people with their medicines.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- We saw people were given time and support when they received their medicines. Staff adapted their approach to meet people's individual preferences.

#### Preventing and controlling infection

- 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The kitchen cupboards were wooden and hard to keep clean and some carpets required replacing. Some high touch areas had chipped making these areas harder to keep clean. The manager was aware of the required refurbishments and plans were in place for the completion of the work.
- 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.
- The manager ensured their visiting approach was in line with government guidance. Processes were in place to ensure people's safety when visiting during this time.

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.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The manager had revised the document staff completed following an incident to help identify any patterns and themes to reduce the risk of them happening again.
- Following any incident, the manager held a debrief with people and staff to check their wellbeing and to explore the incident with ways of doing things differently.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Staff completed an assessment of each person's physical and mental health either on admission or soon after.
- The manager was in the process of reviewing people's care plans to ensure they were up to date, personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. At the time of the inspection the manager had prioritised completing high risk areas. For example, one person's diabetes support plan, and people's health care action plans.
- People's care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. Since being in post the manager had identified where training updates were required and supported staff to complete these.
- Updated training and refresher courses helped staff continuously apply best practice. Staff confirmed they had the right training to meet people's needs.
- People and their relatives confirmed staff knew people well and knew how to support and meet their needs. One relative told us, "Staff know them and their needs, they have got used to them now."

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

- People received support to eat and drink enough to maintain a balanced diet. People's relatives confirmed people were provided with and encouraged to eat healthy options. One relative told us, "[Person's name] has a healthy diet, they are offered different things and make a choice."
- People were involved in choosing their food, shopping, and planning their meals. A recent residents meeting documented the discussion of nutrition and hydration and people's involvement in menus.
- The manager told us how one person had recently disengaged in activities and reduced their food intake. Staff supported this person to create a personal meal plan which included their choice of food. As a result of the routine this person's food intake had increased and subsequently, they gained weight.
- People were able to eat and drink in line with their cultural preferences and beliefs. One relative told us staff met their loved one's cultural needs through the food provided. They also told us they recently arranged to bring prepared meals of a culture dish for their loved one.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with a range of health and social care professionals to ensure people received

consistent, effective and timely care.

- Staff made referrals to relevant professionals as and when required to meet people's needs. These included, General Practitioners (GP), physiotherapists and Occupational Therapists (OT).
- We spoke with an external professional who worked regularly with the service. They confirmed staff communicated well, were very open and shared the required information. The professional told us the manager had contacted them when required and involved them with any meetings or reviews.

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

- The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs.
- The manager had identified required improvements to ensure people's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. Plans for refurbishment were in place including the kitchen and flooring replacements and we will check this on our next inspection.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. We saw one person was involved in the redesign plans of their room. Staff supported them to create a visual moon board with their ideas. The manager confirmed they planned to complete this to support the person to keep their room tidy and clutter free.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff confirmed they raised any issues to relevant agencies.
- People played an active role in maintaining their own health and wellbeing. People's care plans detailed their independence and things they did to maintain their health. One relative told us, "[Person's name] independence skills had improved since living there".
- The manager was in the process of reviewing people's health action plans. We saw a completed one which included oral health. It documented the monitoring and support in attending regular appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. People and their relatives told us how people were supported to make everyday choices, such as their clothing and activities. We saw one person chose their preference of body wash for their bath.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's records contained professional and relative input.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. Staff and people's relatives confirmed the home felt like a family. One staff member told us, "It really is nice a place, it is so homely, I don't feel like I am at work."
- Staff were patient and used appropriate styles of interaction with people. One relative told us, "[Person's name] is never rushed, they always take their time and staff work with them."
- Staff members showed warmth and respect when interacting with people. One staff member told us, "It really is a nice environment to work in, there is not a job like this."

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

- People were given time to listen, process information and respond to staff and other professionals. Staff confirmed they supported people to be involved in their care. One staff member told us, "People's choice is a big thing here, you give people options, sometimes just small ones, so you don't overload them."
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff knew people's individual ways of communicating. One relative told us, "[Person's name] will tell you things in their own way, and staff understand".
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. One relative told us how staff bought particular food for their loved one to meet their culture needs.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. People's relatives told us staff respected this and staff confirmed the importance of it. One staff member told us, "We definitely respect people's privacy and dignity, I completely agree with how it works here, in that aspect." We also saw staff knocking before entering people's bedroom.
- People had the opportunity to try new experiences, develop new skills and gain independence. Staff continuously supported people to try different activities. For example, staff told us about one person who did an activity for a period, when they did not want to continue with it they were supported to choose another activity.
- People's independence was promoted through their everyday routines and documented in their care records. We saw people tidying up after themselves and washing up after they had eaten. One staff member told us, "We give verbal prompts, so people brush their teeth, make drinks themselves. We encourage them to put things in the basket when shopping and help with daily cleaning."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff offered choices tailored to individual people using a communication method appropriate to that person. For example, staff asked one person to come and show them what they wanted.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. One staff member told us, "Care is very tailored to the person, their likes and mood that day can all depend too."
- Staff support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. One relative told us, "The care is excellent, staff have helped improve [Person's name] independence, they walk to the shop with support and chose what they want, this was not the case before they lived here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. Information displayed and contained in people's care records were in easy read and pictorial formats. The manager was aware of the accessible information standard to ensure people had ways of understanding information.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. We saw staff were aware of people's individual methods of communicating and people and their relatives confirmed this.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. We saw one person's which had recently been updated and included information collated by the Speech and Language Therapy (SaLT) assessment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations. The manager had identified further specific information was required to guide staff to support people in achieving their goals.
- People were supported to participate in their chosen social and leisure interests on a regular basis. People had recently attended music sessions which the manager arranged for everyone.
- Staff provided person-centred support with self-care and everyday living skills to people. People could try

different activities which staff confirmed were tailored to them and their interests.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff explained to people when and how their complaints would be addressed. At the time of the inspection there was record of one complaint. It was responded to in a timely manner and included an acknowledgement and action taken. The manager had supported one person in making their complaint, and we saw where actions had already been completed to resolve the issues.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. The complaints process was accessible in an easy read format.

#### End of life care and support

- At the time of the inspection no one was receiving end of life care. We saw people had end of life support plans in place which contained their final wishes and preferences. For example, people's favourite song and flowers they liked.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since being in post the manager had continued to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff and people's relatives confirmed they could see the benefits the manager had already made. One relative told us, "The manager seems really efficient, any changes will be good for the home."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff, people's relatives and a visiting professional praised the new manager. Staff told us the manager acted on things straight away. One relative told us, "It is going in the right direction with the new manager."
- Management and staff put people's needs and wishes at the heart of everything they did. Staff spoke passionately about care people received. One staff member told us, "Staff work as a team, we try and give people as much choice as we can for their individual needs and a healthy lifestyle."

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

- The provider apologised to people, and those important to them, when things went wrong. Staff confirmed they always informed people's relatives of any incidents.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. One relative told us, "They [Staff] are very open, the communication is very good, they always ring if there are any changes."

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

- Staff have recently been through a period of transition with a new manager in place, the staff group and morale seemed settled at the time of our inspection, one staff member told us, "The changes have been brilliant, the manager now has a bond with people and staff."
- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. Although the manager had been in post for a short amount of time, we found they had a clear oversight of the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff knew people's needs and preferences and spoke passionately about caring for them.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Since being in post, the manager had provided people and staff with the opportunity to feedback and develop the service through resident and staff meetings. The manager had already acted on items people raised, including meal choices, and employee of the month.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "We feedback if something is not right, staff always listen and act on it."

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements. The manager told us the provider acted when they raised any required improvements to improve people's experiences of care.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to improve people's wellbeing.
- The provider had recently arranged the completion of an external audit. The manager had already started to make changes in response to the findings. This included staff medicine competencies, supervisions and the reviewing of people's care records.