

Nash Care Homes Ltd

Ashleigh House

Inspection report

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Tel: 01737761904

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashleigh House provides accommodation and personal care for people with a learning disability and autistic people. The service is registered to support up to nine people, there were eight people living at Ashleigh House at the time of our inspection. The new management team were continuing to take steps to create a more domestic and homely feel.

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

Since the last inspection, staffing levels had significantly increased to enable people to be supported in a more person-centred way. People were better 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 now supported this practice. The provider needs to continue to take steps to embed and sustain these improvements. Please see the Effective, Responsive and Well-Led sections of this full report which identify how the service needs to continue to develop.

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.

The new registered manager was continuing to develop and improve the quality of support against their own action plan since taking over the running of the service. The outcomes for people were continuing to better reflect the principles of this guidance of providing; right support, right care, and right culture. The registered manager demonstrated a good understanding about what further action was required to further improve people's support. In order to embed and sustain improvements we have made a recommendation that the provider seeks support from a reputable source in respect of developing the strategic and independent monitoring of the service.

Right support:

- Model of care and setting maximises people's choice, control and independence

The registered manager was continuing to coach and mentor staff to develop their understanding of people's needs and support them in a more personalised way. Staffing levels had been significantly increased across both day and night and this had improved both the quality and safety of people's lives.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Care was continuing to become more person-centred and better promoted people's dignity, privacy and human rights. People's individual needs were now recognised, and diversity celebrated. Staff had a better understanding about people's emotional needs and the link between their anxiety and behaviours.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The new registered manager had continued the creating a more open and transparent culture which promoted learning from incidents and accidents through the process of reflective practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last comprehensive inspection rated the service as Inadequate (reported published 7 May 2020) and there were multiple breaches of regulation. We carried out a focused inspection (report published 16 October 2020) where we found the management team had made improvements to the service in line with their action plan. A further targeted inspection (report published 21 January 2021) confirmed these improvements were ongoing.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since May 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on actions that the provider told us had been taken to improve the service.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

Follow up

We will continue to work alongside the provider and local authority to monitor their 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 safe.

Good ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

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 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 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.

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. This included the feedback received from our partner agencies, complaints and statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about.

Since the new registered manager took over the running of Ashleigh House in January 2021, we have had regular online meetings with them as part of our ongoing monitoring of the service. We used the information shared in these meetings to help us to plan this inspection.

We also 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 met with seven 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. We reviewed a range of records. This included the care plans for three people and documents relating to medicines. 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 incidents and accidents and audits were also viewed.

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 also spoke on the telephone with five relatives of people living at Ashleigh House and received written feedback from other professionals who had regular involvement with the service. On 24 May 2021 we had a video call with the registered manager provide feedback and 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were now appropriate systems in place to protect people from the risk of abuse. Where incidents occurred, action was taken to safeguard people in a timely way.
- People were observed engaging positively with staff who supported them with dignity and respect.
- Relatives highlighted the improvements that had continued to be made at the service and reported that they felt their loved ones were kept safe from harm. One relative told us, "We have great peace of mind knowing [person's name] is happy and all ok."
- The new registered manager had worked hard to coach and mentor staff to understand the new systems for reporting and recording safeguarding concerns. Staff had completed external safeguarding training and were able to confidently describe the different types of abuse and their roles and responsibilities in preventing abuse. One staff member told us, "I would report any concerns to one of the managers and know they would do the right thing." A senior member of staff also confirmed, "The manager has now shown me how to make a safeguarding referral to both the Local Authority and CQC, so if something happens at a weekend we won't have to wait until the manager is in on a Monday to report it."
- A safeguarding advisor for the local authority confirmed that the service was making good progress with safeguarding within the service. They told us, "Historic investigations are now coming to conclusion and we have no new concerns about the way the service identifies, records and reports safeguarding concerns."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were now identified and managed in a way that better balanced people's safety and independence.
- Relatives told us that they felt their loved ones were safe and, in particular; the measures in place to keep people safe from COVID-19. One relative said, "They have been really hot with Covid testing and keeping people safe. They are very strict and making sure I comply with rules."
- Continued progress had been made to ensure that safety was not achieved by just restricting people's freedoms. Staff were better aware of the known risks to people and the management plans in place to mitigate these. For example, one staff member told us, "We now understand the importance [person's name] places on getting their cup of tea when he wants it. So, we have a special dispenser that enables him to safely help himself." Records showed that there had been a reduction in the number of incidents for this person associated with accessing drinks.
- The registered manager had been proactive in addressing new risks as they arose. For one person a significant change in health needs had presented a new risk of them accessing the stairs. As such, a best interests' approach had been taken to support this person to move to a ground floor room. The person told us they felt happy and safe in their new room.
- Incident reports and other records continued to evidence a more open culture in which triggers to

behaviours were considered and reflective practice was routine.

Staffing and recruitment

At our last comprehensive inspection, we found that the safe systems for recruitment had not been followed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found that new staff had been employed subject to the appropriate recruitment checks and the service was no longer in breach of Regulation 19. 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.
- Staffing levels were now sufficient to support people in a safe and person-centred way.
- During our ongoing engagement with the new registered manager, they told us that they had further increased staffing levels following the re-assessment of people's needs. They told us that to safely support people minimum staffing levels were set at seven care staff during the day and three waking staff at night. They also confirmed that members of the management team were in addition to this number. When we arrived unannounced, there were seven care staff, the registered manager and three deputy managers on duty. An eighth member of staff was also in the service completing training. All staff confirmed these numbers were typical.
- We observed that people received appropriate levels of support from staff. Where people received funding for one-to-one hours, we saw that staff were allocated to this role. There were sufficient staff to support people safely and facilitate the activity plans in place.
- Staff repeatedly told us how much better the service was with the additional staff on each shift. One staff member commented, "We have really good staffing levels now and that has enabled people to do more activities." Likewise, another reflected, "The increased staffing levels and giving people the right one-to-one support has made all the difference."

Using medicines safely

- People received their medicines as prescribed. There were appropriate systems in place to ensure medicines were managed and stored safely.
- Medicines were administered in a person-centred way that reflected people's individual needs and preferences. We observed staff supporting a person with their eye drops. Staff took the time to make sure the person was relaxed and comfortable and explained what they were doing throughout.
- Staff were now competent in using the electronic system for recording medicines. Staff told us that it reduced the risks of mistakes because it prompted them and managers about the action they needed to take. The management team confirmed that if someone's medicine had not been given then they received an alert message notifying them of a potential error. Recent medicine audits confirmed that no medicines had been missed or given in error.
- People now received their medicines in line with best practice guidance. This included written protocols being in place for the administration of occasional (PRN) medicines which had been prescribed to reduce anxiety, agitation or temporary pain. Staff were also now working in partnership with other healthcare professionals as part of the STOMP project. STOMP stands for stopping the over medication of people with a learning disability, Autism or both with psychotropic medicines.

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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We identified that the risk assessments in respect of staff and people moving across different settings needed to be more detailed and accurately reflect the mitigations in place. As there had been no impact to people's safety this area has been more fully documented under the Well-Led domain.
- 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.

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.

At the last comprehensive inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last comprehensive inspection, we found that the lack of personalised support people received in respect of mealtimes was part of a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that people had a much greater degree of choice and received more personalised support in respect of eating and drinking and the provider was no longer in breach of Regulation 9.

- People had greater choice and control over their meals, but further action was needed to ensure people were supported to achieve a healthier diet.
- We highlighted to the registered manager that staff were observed frequently using snacks as a distraction technique for managing people's behaviour. A visiting professional also told us that during their last visit they had raised the issue of staff offering their client a selection of crisps when they were on a plan to lose weight. The registered manager acknowledged this feedback and said that recognised Positive Behaviour Support (PBS) training for staff had been booked to improve staff skills in this area. We will review the effectiveness of this at our next inspection.
- We observed that people now had more freedom in respect of their meals and snacks. People were seen coming into the kitchen throughout the day and either helping themselves to what they wanted or asking staff to get it for them.
- Whilst people were seen enjoying their food, some relatives expressed concerns about their loved ones becoming overweight. One relative told us, "We have noticed [person's name] has put on quite a lot of weight and I keep reminding them how important it is for them to maintain a healthy weight."
- The registered manager had identified where people had been assessed as being overweight and made appropriate healthcare referrals for specialist advice in respect of this.
- Menus included choice for people and at lunchtime we saw this being offered in a meaningful way. Staff used pictorial aids and visual cues to help people make choices about their meals.
- People's specialist support needs were known and reflected in staff practice. For example, the local Speech and Language Therapist team (SALT) had made specific guidelines in respect of how one person's meals should be prepared. These guidelines were clearly displayed in the kitchen and all staff were familiar with them. At lunchtime, the person received their meal as recommended.

Staff support: induction, training, skills and experience

- People were better supported because staff had greater skills and experience to understand their needs

and deliver care effectively.

- Despite the restrictions imposed by the pandemic, the registered manager had been committed to improving staff skills. In addition to mandatory courses, all staff were working towards formal care qualifications. Care staff completed the Care Certificate and then worked towards a level 3 diploma in health and social care. The Care Certificate is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. Team leaders and managers were undertaking the Level 5 qualification.
- Staff engaged more effectively with people and demonstrated higher levels of competence in the way they supported people than we had previously observed. This improvement was also reflected in the feedback from other visiting professionals.
- Staff told us they felt confident in their roles and valued by the investment being made in their professional development. For example, one staff member said, "I get good training, good support and good teamwork here." Likewise, another member of staff commented, "We've had access to lots of training, and the more specialist face to face training has now been booked."
- Some specialist training had not yet taken place due to government restrictions. Recognised and accredited training in respect of PBS and Autism was necessary to further develop staff skills. The registered manager was actively arranging these courses to take place and we will monitor this through our ongoing engagement and next inspection of the service.

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 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.

At our last comprehensive inspection, the provider had failed to ensure the requirements of the MCA were appropriately applied. This was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

- People now received support in a less restrictive way and the importance of supporting people in this way was now recognised, assessed and understood.
- People were observed moving freely around the service and staff respected their choices about where to spend their time.
- Staff were seen to regularly ask for people's consent and advise people, rather than telling people what to do. For example, one person was due to go out for a walk and it was raining hard. We heard the staff member say to the person, "Would you like to put waterproofs on and still go out or would you prefer to do some art indoors instead?"
- Staffing levels were now reflective of people's complex needs and therefore staff were available to support

safe movement both inside and outside the service.

- The registered manager had taken steps to ensure restrictive practices were only implemented in line with the appropriate authority and in accordance with best interests' decision-making. For example, the location of the service is alongside a busy main road which posed a risk if people left the service independently. A lock and alarm had been added to the front door, in conjunction with updating people's DoLS applications and ensuring staffing levels facilitated people going out.
- Where people had required treatment, such as dental work or receiving the COVID-19 vaccine, appropriate consent and best interests' processes had been followed.

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

At our last comprehensive inspection, we found that the design and layout of the building did not reflect the principles and values of Right Support, Right Care, Right Culture. This was part of a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the new registered manager had continued to develop the service to create a more domestic and homely feel and the provider was no longer in breach of Regulation 9.

- Progress had continued to make Ashleigh House a more comfortable and personalised home. People had spent many years living in a very stark and minimalist environment, which had made it challenging for them to accept a change. Staff had however persevered with encouraging people to accessorise their bedrooms and communal areas with soft furnishings and meaningful items. This process was ongoing, and we will continue to monitor the progress at our next inspection.
- The layout of communal areas had been designed to give people the space to move about easily and freely. Whilst the sensory room provided people with the option of accessing a quiet space. We observed people making use of all the space now available to them.
- The garden was also being positively used and the vegetable patch that had been started when we last visited was now well established. The relatives of two people told us how much this project was enjoyed by their loved ones.
- Due to the changing needs of one person; pictorial signs had been introduced to help them navigate their way around the service and identify the different rooms more easily.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last comprehensive inspection we found that the provider had failed to appropriately assess and meet people's needs was part of a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that each person's care needs had been re-assessed with input from a range of other healthcare professionals and the provider was no longer in breach of Regulation 9.

- Due to Ashleigh House having been placed in Special Measures, the local authority had been working alongside the service in a formal provider support process. Part of this process involved all funding authorities conducting a full care needs review of their clients.
- The registered manager had proactively supported these re-assessments and linked effectively with other professionals to ensure people received appropriate healthcare support. In addition to ongoing support from the Community Team for People with Learning Disabilities (CTPLD), people had also been supported to access crucial oral health care, optician appointments and podiatry treatments.

- People now had personalised health passports which were used to share key information about their health and support needs with other professionals.

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

At the last comprehensive inspection this key question was rated as Inadequate. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

At our last comprehensive inspection, we found that the failure to treat people with dignity and respect and support people in a way which protected their Human Rights was a breach of Regulation 10. (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 10.

- Staff now treated people in a caring and respectful way that promoted their Human Rights. Staff were familiar with people's cultural and religious needs and supported them to be observed.
- As noticed at the previous two focused and targeted inspections, we again found people being supported in a calm, relaxed and friendly manner. Positive relationships between staff and people were seen with staff doing things 'with' rather than 'for' people.
- Staff demonstrated kindness in the way they offered support. For example, one staff member noticed a person looking at the music device and immediately said, "Here, let me put your favourite song on." On hearing the song, the person started dancing and making excited noises as well as smiling. The staff member then joined the person in dancing to the music.
- Personal support was provided discreetly and in a way which promoted people's dignity. For example, one person was quietly taken to change their top when staff noticed that they had spilt some soup on their clothing during lunch.
- Staff now respected people's personal space and right to privacy. We asked if we could observe the way one person was supported with their medicines; staff knocked on the person's door and explained the request and sought their permission before agreeing that was okay.
- People were supported to be more independent in the way they lived their lives. We saw that people were now routinely encouraged to take the lead on their daily routines.

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

- People were now better respected as partners in their care and included in making the decisions about their lives.
- One-to-one support was now used to give people choice about their day, rather than just a means of controlling their behaviour. Staff were more observant of people's emotional needs. Noticing that one person was becoming anxious, a staff member supported them to telephone their mum. After which we noticed the person was much calmer and smiling.

- We saw staff spending time encouraging people to express their views and using pictorial aids to help them communicate their choices.
- The verbal communication of two people had noticeably improved since our last inspection. This was confirmed by one relative who informed us, "[Person's name] has started communicating with me better than before." Likewise, a staff member excitedly told us, "[Person's name] is now communicating verbally with staff. I did not know he could talk before."

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last comprehensive inspection, the lack of personalised care was a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People now received a more personalised approach to care and had new daily routines that better reflected their needs and interests.
- We observed that people were now supported as individuals, rather than as tasks being done as a collective group. Each person now had a daily plan of care that staff were allocated to support them with. As such, people were able to get up, eat, go out and go to bed in line with their personal preferences.
- Staff confirmed that there was no longer a pressure on them to follow set times for tasks. One staff member reflected, "People's routines are very different. [Person's name] likes to have a shower at 7pm and then go to their room, whereas [person's name] likes to stay up late playing computer games."
- The increased staffing levels enabled people's choices about the way they received their care to be respected. One staff member told us, "Having the extra staff means that people can follow their own routines."
- Consideration to people's advanced wishes had not yet been approached. The registered manager informed us that this was because people's families had advised they did not wish to discuss end of life care. Whilst no one was receiving end of life care, the pandemic highlighted that ill health can happen at any age and people would be better supported in an emergency if things that were important to them were known and recorded. The registered manager agreed to review how they could better document what they already know about people's religious and spiritual beliefs, and what comforts people when they are anxious or in pain. We will follow this up at our next inspection.

Improving care quality in response to complaints or concerns

- The management culture was more open and responsive to concerns, but this was not always reflected in the records maintained.
- The complaints procedure was prominently displayed within the service and the registered manager showed us the system in place for recording complaints.
- No written complaints had been received by the service, but we know from our ongoing engagement with the registered manager that he has responded to issues that had been received. For example, NHS fee exemption certificates were not shared at the time of people's dental visits resulting in them paying a fee for treatment that they were entitled to receive free of charge. A relative had highlighted this to the registered

manager who had promptly taken action to rectify the issue.

- The registered manager reflected that in hindsight that there were concerns that he had dealt with, but not recorded as formal complaints and agreed to ensure future concerns were fully documented.

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

- The restrictions imposed by the pandemic had impacted on the progress of supporting people to develop a programme of meaningful activities.
- Limitations on external activities had meant that people could not always do the things they enjoyed. One relative told us, "I am worried about the lack of external activities and the opportunity for [person's name] to mix with people outside of Ashleigh House." Similarly, another relative expressed, "Staff need to do more than just sit with [person's name]."
- The registered manager was working hard to re-establish external links and risk assess the activities that people wanted to do. For example, one person had been effectively supported to recently return to college. We will continue to monitor how the service continues to develop the way it supports people to live meaningful, active and socially inclusive lives.
- During the inspection there was lots of evidence that staff were continually improving in the way they supported people to engage in activities within the service and people were given choices about what they wanted to do. Throughout the day we saw that people were coming and going as they went out for walks, visited a local park café and enjoying baking, arts and listening to music within the home.
- Staff had continued to support people to maintain contact with their families during the visiting restrictions. For example, one relative told us, "[Person's name] face times us very week and seems very content. We visited a couple of weeks ago and she was very happy." Another family member commented, "We have been in regular contact. They send a monthly newsletter now and when I visit staff always make me feel very welcome." During the inspection we observed that two people were supported to have telephone conversations with family members.

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.

- Working in partnership with the local CTPLD, continuing improvements were being made to the way staff communicated with people.
- We observed that staff were more confident in communicating with people according to their individual needs. For example, we saw staff using simple Makaton signs and pictorial cues to enhance verbal conversation.
- One person now had a pictorial timetable in place which used Velcro pictures to support information sharing and decision-making. Another person had a computer programme using Widgets which staff were using to support them to make choices about their meals and activities during the day.
- The registered manager was working through key policies and procedures to make information more accessible to people. The complaints procedure was already available in an accessible format, and a new software programme had been purchased to expand the accessibility of printed information across the service. We will review how this has progressed at our next inspection.

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 Requires Improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- The registered manager was candid about the continued developments that were needed to further improve the service and ensure that the changes that had been made were embedded and sustained. It was; however, not clear what systems were in place to effectively support the registered manager and offer external scrutiny of their action plan.
- Since the service has been in Special Measures and under the provider support process with the Local Authority, the registered manager received extensive support from a range of external professionals and CQC. With the service now running safely, this professional support will reduce and as such the provider's own systems must be sufficiently robust to continue to drive forward and sustain improvements. Concerns have been raised from a range of sources that these systems are not yet in place.
- The reports following provider visits to date have neither identified shortfalls that have been highlighted through external review nor recommended further improvements. For example, in respect of developing meaningful activities and supporting people to maintain healthy weights.
- The registered manager had also not appropriately risk assessed some decisions which were made in contravention to the government guidance of care homes in respect of the COVID-19 pandemic. These areas had not been identified at any of the provider visits.
- Staff also raised some concerns about the provider's role when the registered manager is not on duty. For example, one staff member told us, "The only challenge we have is the provider coming in and undermining the manager's instructions when he's not here." Some staff said they felt confident to say no when the provider was not doing the right thing, but others said they found it very difficult, especially given the family connections between provider and management levels.

It is recommended that the provider seek advice and guidance from a reputable source in developing the strategic and independent monitoring of the service.

- The new registered manager had established himself as a credible leader. In order to sustain and embed improvement, governance and auditing systems needed to be further developed.
- There had been further management changes since our last inspection, with a new registered manager being employed in January 2021. Our experience and feedback about the internal management of the service had been consistently positive since that time.
- Relatives told us that they had more trust in the new registered manager. One family member said, "We

can see things really improving under [this manager] we are kept informed and communication is really good." Likewise, another relative commented, "I am very, very pleased with the home. I didn't agree that it was inadequate before, but even I can see that they have invested and made changes."

- Staff were equally positive about the impact the new registered manager had made since joining the service. One staff member said, "I feel confident that he puts the needs of the residents first and he's worked hard to get the increase in staffing that we needed."

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

- The culture within the service had continued to become more open, inclusive and person-centred.
- The new registered manager had continued to coach and mentor staff to deliver more personalised support to people and challenge previously institutional practices. Staff were reflective in their approach and honest about where things had gone wrong in the past. For example, one member of staff reflected, "Things have changed a lot for people here, there is much more respect for what's important to them." Likewise, another member of staff told us, "I don't know how we managed on the old staffing levels, it's obvious now why people were behaving the way they were."
- The registered manager had worked hard to build relationships with people's relatives and include them in the changes being made for people. One relative told us, "Things are going really well now and I'm very happy with things. Staff keep in regular contact and let me know what's going on." Similarly, another family member said, "I'm glad [manager's name] is the manager now. I can see he's doing his best and he does keep me informed."
- The day to day running of Ashleigh House, was also much more inclusive for people living there. We saw that one person was laying the table for lunch and another person was chatting with staff about what television programme to watch.
- The registered manager had taken on board feedback from relatives about introducing a more diverse menu that better reflected people's cultural backgrounds. He told us, "We are a very diverse group of people here, so we are having themed nights where we can learn a bit about our different cultures and try different foods."

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The management team now understood their responsibilities in respect of this and the registered manager shared a copy of a letter that had been sent to parents following a review of how the COVID-19 outbreak within the service was communicated to families.
- The new registered manager had continued to develop the systems in place to review and share learning from incidents and accidents. As such a new hard copy file had been introduced to enable staff who were not yet confident or able to access the electronic system to record incidents in a timely way. We saw this had improved the speed at which referrals to other agencies were made.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Notifications were now submitted to us in a timely way and reflected the growing culture of reflective practice.
- Other professionals confirmed that the service was more open to accepting their advice and working better in partnership to improve outcomes for people.