ZMA Manchester Limited

Ashley House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on the 30 and 31 October 2018 and was unannounced.

Ashley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to accommodate up to 18 people, with 17 people living at Ashley House at the time of our inspection. There are three shared rooms and 13 single rooms with people sharing bathrooms. The home is an older building with lift access to the first floor. There are two lounges and a dining room on the ground floor and a garden accessible by a ramp to the rear.

Ashley house has a registered manager who had been in post since 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in September 2017 we found breaches in three Regulations because care plans and risk assessments did not include all the details of people's support needs, activities were not available for people to take part in, there were hazards around the building, medicines were not always managed safely and the quality assurance system was not sufficiently robust.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the five key questions of safe, effective, caring, responsive and well led to at least good.

At this inspection we found there had been some improvements made. Medicines were administered as prescribed, although guidance for when to administer medicines not taken regularly had not been written for people who had recently moved to the home. Hazards around the building had been addressed and a programme of refurbishment was in place, with some improvements having been completed in 2018 and more planned into 2019. More activities were being organised.

However, there were continued breaches in two regulations. There was an inconsistent use of pre-admission assessments and care plans for people moving to the home were not completed in a timely manner. Care plans were personalised, included all of people's support needs and were regularly reviewed. More detail was required in some care plans to provide clear guidance for staff in how to meet people's needs.

Quality assurance systems were not robust and audits had not been completed regularly. Formal checks of the call bell system, water temperatures, window restrictors and wheelchairs were not made. The providers regularly visited the home but did not make any formal checks to assure themselves of the quality of the

service or to identify any improvements that may be required.

A new breach was found as the home was not following the principles of the Mental Capacity Act (2005). People assessed as not having the capacity to consent had signed consent forms for their care and support. Decision specific capacity assessments and best interest decisions were not in place.

There was a further breach as issues identified in a legionella risk assessment had not been acted upon and emergency lighting bulbs had not been replaced in a timely manner.

The registered manager had had little managerial support since March 2018 when the deputy manager had left the service. New senior care workers had recently been appointed and a new deputy manager was due to start work the week after our inspection. This should provide additional support for the registered manager, with some tasks being delegated to the new management team.

Incidents and accidents were recorded and reviewed by the registered manager to look if there were any patterns. We have made a recommendation for best practice guidelines to be followed to evidence the action taken following an incident or accident.

A safe system of recruitment was in place. We have made a recommendation that reasons for any gaps in candidate's employment history are recorded as per Schedule 3 of the Health and Social Care regulations.

People felt safe living at Ashley House. People and their relatives were complimentary about the staff and the support they received. There were sufficient staff on duty to meet people's assessed needs. Staff knew people's needs and their likes and dislikes.

People were supported to maintain their health and nutrition. Medical professionals we spoke with were positive about the home and said they made referrals to them in a timely manner, for example of any concerns about a person's skin integrity. They said that pressure area care was good at Ashley House.

Staff received the training and support they needed to carry out their roles. Supervision meetings had been held, although not on a regular basis. Staff enjoyed working at the service and said the registered manager was approachable and would listen to any ideas or concerns they had.

The home had received a certificate of commendation from the specialist palliative care team for the support provided as people approached the end of their life.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks people may face had been identified; however, this had not been completed in a timely manner when people moved to the home.

A legionella risk assessment had not been acted upon and emergency light bulbs not replaced in a timely manner.

Medicines were administered as prescribed.

There were sufficient staff on duty to meet people's assessed needs. Staff were safely recruited. We have recommended reasons for all gaps in employment are recorded.

Is the service effective?

Requires Improvement

The service was not always effective.

The home was not following the principles of the Mental Capacity Act (2005). Capacity assessments were not decision specific and people assessed as not having capacity had signed consent forms.

Staff received the training and support to carry out their roles.

People's health and nutritional needs were being met.

Is the service caring?

Good

The service was caring.

People and their relatives said the staff were kind and caring. We observed positive interactions throughout our inspection.

Staff knew people's needs, how to maintain their privacy and dignity and promoted people's independence.

Care plans contained information about how people communicated their needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans identified people's support needs. Care plans were not written in a timely way when people moved into the home.

The home supported people well at the end of their lives.

More activities were being arranged.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance system was not robust. Audits had not routinely been completed.

A new deputy manager and new senior care staff had been appointed to support the registered manager.

Staff enjoyed working at Ashley house and said the registered manager was open and approachable.

Ashley House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 October 2018 and the first day was unannounced. The inspection was carried out by one inspector.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at the statutory notifications the home had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted the local authority safeguarding and commissioning teams. Their feedback is contained within this report. We also contacted Manchester Healthwatch who said they did not have any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people's mealtime experience and interaction between people using the service and staff throughout the inspection.

During the inspection we spoke with four people who used the service, three relatives, six members of care

staff, two visiting health professionals and the registered manger.

We looked at records relating to the management of the service such as the staffing rotas, policies, incident and accident records, two staff recruitment files, training records, three care files, meeting minutes and quality auditing systems.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2017 we found risks associated with people's care had not always been assessed and documented. At this inspection we found improvements had been made. The service continued to use generic templates for assessing people's risks and then added personalised notes to guide staff how to manage the identified risks.

At the last inspection one person at risk of developing pressure sores did not have a specific pressure area management plan in place. At the time of this inspection no one living at the home had any pressure area care needs. An assessment of the risk of developing pressure sores was completed. Staff recorded a daily check of people's skin, looking for any red areas. The registered manager told us they followed the guidance of the district nurses for any pressure area care people require and care plans are written from this guidance. A medical professional we spoke with said, "They (the staff) are on the ball and call us out if there are any red areas (of skin). Things are nipped in the bud so they can't develop any further" and another told us, "They (the staff) do all the re-positioning people need."

Where people may become agitated and have behaviour that challenges the staff, guidance was in place detailing the possible behaviour, potential triggers and how the staff could reduce the person's anxieties.

At the last inspection we observed several safety hazards around the home, which was a breach of Regulation 12. The local authority had also told us that they had seen items stored in the garden that may have presented a hazard to people. At this inspection we were shown that these hazards had been addressed. We spoke with the registered manager about ensuring hazards in the home were recognised and reduced in the future. They said this was part of their and the providers walk rounds of the home, although this was not recorded.

A programme of refurbishment had been agreed with the owner and local authority. We saw some of these had been completed, for example replacing old wooden framed windows, replacing the flooring on the ground floor and refurbishing some bedrooms. A new bath with a bath seat had been installed, making it easier for people to access the bath. More work was planned to be completed in 2019, for example redecorate more bedrooms and replace the flooring in the dining room and first floor hallway. One relative told us, "The home's improved with new flooring and rooms being painted." A medical professional told us, "I've seen big improvements in the building recently."

At our last inspection medicines had not been managed safely. At this inspection we saw improvements had been made. People received their medicines as prescribed. There were no gaps in the Medicine Administration Records (MARs). Where a variable dose had been prescribed the actual dose administered was recorded.

A monitored dosage system was used for most medication, with the remainder being supplied in boxes or bottles. Records showed the quantity of medicines received, but did not record any medication carried forward as stock from one month to the next. It was therefore not possible to stock check the quantity of

tablets held at the home against the MARs. A weekly stock check had been completed for a few weeks in May and June 2018 but had not been continued. We discussed this with the registered manager who told us this would be re-introduced as part of the senior carer workers role.

Guidance had been written for when medicines prescribed for intermittent use, for example pain relief, should be administered. However, this guidance still had to be written for people who had moved to the home within the last two months. The new deputy manager, who was due to start work the week following our inspection, would be responsible for writing and reviewing the PRN protocols.

A new controlled drugs cabinet had been installed that met the national guidelines for storing controlled medicines. No one living at the home at the time of our inspection was prescribed any controlled drugs. A new, lockable, medicines fridge had been purchased.

An assessment was completed to ensure people who applied creams themselves were able to manage these safely.

We observed people being given their medicines on both days of our inspection. The senior care worker patiently prompted people to take their medicines and observed them doing so.

Care staff added thickeners to drinks where people had been assessed as being at risk of choking. However, this was not recorded. We discussed this with the registered manager and a senior care worker who said they would introduce a recording chart for the staff to sign when they added thickener to a drink. They spoke with the homes pharmacist during our inspection about a suitable form to use and we will check that this is in place at our next inspection.

People and their relatives we spoke with said they felt safe living at Ashley House. People told us, "Oh yes I feel safe here" and "I'm better for keeping here; I'm happy about the situation." Staff knew the procedures at the home for reporting any safeguarding concerns, incidents or accidents.

All incidents and accidents were recorded and reviewed by the registered manager. Where people had multiple incidents, a matrix was used to look for any patterns, for example location or time of the incident. The registered manager explained how they used this information to review people's support to reduce the risk of further incidents occurring; however this was not recorded. We saw that where it was assessed as being required a sensor mat was used to alert the staff if a person was getting out of bed so they could provide any support people needed.

We recommend that the registered manager consults best practice guidance for the recording of how risks are mitigated within a care setting.

The registered manager also compiled an annual statement of all incidents and accidents that had occurred within the home.

People, relatives and staff members said they thought there were sufficient staff on duty to meet their needs and they didn't have to wait long when they needed assistance. There were three care staff on duty during the day and two at night. Our observations were that people's needs were met in a timely manner. We were told additional staff would work if people needed support to attend medical appointments.

Since our last inspection the registered manager had introduced a dependency tool to calculate the number of staffing hours required at the home. The number of staff on duty was consistent with the hours as

calculated by the dependency tool.

A safe system of recruitment was in place. All pre-employment checks were completed, with Disclosure and Barring Service (DBS) checks and two references obtained prior to new staff starting work at the home. One staff member's application form had a gap in their employment history.

We recommend that good practice guidelines are followed to record the reason for any gaps in candidate's employment history. The registered manager told us they would add this to the interview questions candidates were asked.

Records showed weekly checks were made on the fire alarm and emergency lighting system. Four bulbs for the emergency lights had not been working for a three-month period. It had been recorded that the registered manager had contacted the external contractor company on three occasions to have the bulbs replaced. Eventually a different electrician replaced the bulbs. The registered manager told us the providers were looking to replace the contracted company as they were not responsive to the home's maintenance requests in a timely manner.

An external company had completed a legionella risk assessment in August 2018, with the water temperatures being within the correct range at that time. However, regular water temperature checks were not made. Recommendations made in the risk assessment had yet to be completed and were not part of the refurbishment plan given to us by the provider. The registered manager showed us a quote (dated August 2018) from the external company to undertake monthly water checks at the home. This had not been actioned by the providers. Regular checks of the water system are required to reduce the risk of the legionella bacteria forming.

Equipment had been serviced in line with national guidelines; however, the annual gas checks had been completed four months after they were due. The registered manager told us that they informed the providers when the checks were required and they then arranged for them to be completed. On this occasion there was a delay.

The delay in responding to the known risks of some emergency lights not working and not addressing the work needed to reduce the risk of legionnaires disease was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An updated fire risk assessment had been done since our last inspection. All recommendations made in the risk assessment had been completed.

During the first day of our inspection we found the sluice door was left open. A box of cleaning products and a mop and bucket were left unattended for a period of two hours whilst cleaning was in progress. This could pose a risk for people living with dementia who are independently mobile around the home. We raised this with the registered manager and noted that this did not happen on the second day of our inspection.

The local authority completed an infection control audit in July 2018, with the home scoring 69%. This was a slight increase from the previous audit. Some of the areas identified in the audit had been addressed by the home.

Monthly checks were completed for the fire extinguishers. We recommend that formal checks are made and recorded for the call bells system, wheelchair checks and window restrictors.

Personal emergency evacuation plans (PEEPS) were in place for each person. These provided details of the support people would need to leave the building in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in September 2017 we recommended that staff attended training for the MCA and DoLS. We saw this had been completed. The staff we spoke with understood the need to seek people's consent before supporting them and offered them choices in their day to day life, for example choosing their own clothes and meals. One person said, "I can get up when I want to."

The registered manager had developed a matrix to track all DoLS applications made to the local authority supervisory body.

Capacity assessment forms were in people's care files. However, we saw that some people who had been assessed as lacking capacity had also signed consent forms for their care and support, use of photographs and sharing of information with other professionals.

Capacity assessments should be decision specific as people may be able to make some decisions, for example for their medicines to be administered by members of care staff, but not have capacity to make more complex decisions, for example where they should live to receive the care and support they need.

We discussed this with the registered manager, who acknowledged the contradiction in the capacity assessment and consent forms. They said they would re-assess people's capacity for different decisions and record any best interest decisions made on people's behalf. The MCA Code of Practice gives advice about how to reach such a decision, which, depending on the situation, does not have to be too formal.

The continued lack of clear capacity assessments and best interest decisions was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received the training they required to carry out their roles. New staff shadowed experienced staff for one to two weeks to get to know people and their needs. One member of staff had not completed their refresher training courses. The registered manager told us the staff member had been reluctant to complete the planned training and they would need to address this through the company's disciplinary procedures if the staff member did not update their training.

The provider had recently registered with an on-line training company. Staff would be able to log on and complete the relevant training courses when they were due to be completed. Some staff were also enrolling on distance learning courses, for example managing challenging behaviour, care planning (for senior care staff) and specialist cleaning principles (for domestic staff).

At our last inspection in September 2017 we recommended that the induction training complied with the care certificate standards, which is a nationally recognised set of principles that all care staff should follow in their working lives. Recently recruited staff had previous experience in care and so did not need to complete the care certificate. The registered manager had the workbooks available for the care certificate units if a new member of staff was recruited who had not previously worked in care.

Staff told us they felt well supported by the registered manager. Staff had supervision meetings with the registered manager, but these had not been held on a regular basis. Staff were able to raise any ideas or concerns directly with the registered manager.

People's health needs were being met. People and relatives confirmed that medical assistance was promptly sought when required. Referrals were made to medical professionals when required, for example the speech and language team (SALT) or district nurses. The medical professional we spoke with said that the home made appropriate referrals to their service and the staff followed any guidance they were given.

People said that they liked the food at Ashley House, one person saying, "I had a lovely meal last Sunday" and another, "The food's quite good." We observed breakfast and the lunchtime meal. Some people chose to eat in the dining room, with others preferring to stay in the lounge or their own room. Staff prompted people to eat and they were offered second helpings if they wanted.

People's nutritional needs were being met by the service. One relative told us, "Mum has put on weight; she eats well." One or two main meals were available each mealtime, depending on what was on the menu. Alternatives, such as sandwiches or soup, were offered if people did not want the main meal. One person told us they did not like certain foods, but that there was always an alternative they could have.

The home did not have a permanent cook at the time of our inspection and were actively trying to recruit one. Three members of the care staff took turns to work in the kitchen. This did not affect the number of care staff supporting people within the home. The cook we spoke with was aware of people's nutritional needs, for example who needed a soft diet or was diabetic.

At our last inspection we made a recommendation for the service to review good practice guidance on developing a dementia friendly environment. Some improvements had been made. The highly patterned carpets, which could cause confusion for people living with dementia, had been replaced with a plain floor covering. Photographs were on people's doors to assist them to identify their own rooms. The registered manager had purchased dementia friendly signs, but these needed to be put up, although homemade signs for the lounge and dining room were in place.

Good

Is the service caring?

Our findings

We observed positive interactions between people living at Ashley House and members of staff throughout our inspection. People and their relatives we spoke with were positive about the staff team. Staff knew people's needs well and we were told there was a stable staff team at the home.

People said, "It feels homely here and the staff are very nice" and "The staff are good; I like it here." Relatives told us, "The staff are wonderful; there are regular staff who give excellent care" and, "The staff are lovely and know [name] really well."

However, on both days of our inspection all three care staff on duty had their break at the same time. During this time there were no staff in the lounge areas of the home available to support people if they needed anything. We raised this with the registered manager who said staff should stagger their breaks.

We discussed with the registered manager how the home supported people from different backgrounds and those with a protected characteristic. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. with one of the protected characteristics, for example race or sexuality. The registered manager told us no one currently living at Ashley House had identified as lesbian, gay bi-sexual or transgender (LGBT). The but the home did support people from different cultural backgrounds. We found relevant information about their cultural needs was noted in their care plans.

Representatives from the local church visited every month to give communion and say prayers with those people who wanted them to.

People's communication needs were reflected in their care plans. One person did not speak English as their first language. A relative had made cards for the staff in English and the person's first language to aid communication. The person was able to understand some spoken English and staff told us they were able to make themselves understood when supporting this person.

Staff were able to explain how they maintained people's privacy and dignity when providing support. A divider was used in the shared rooms to provide some privacy when staff were supporting people. Staff knew people's needs and could explain the support people needed. They told us they prompted people to complete any tasks they could do for themselves. One staff member said, "If people are able to do things for themselves then we let them. It's promoted here to let people do things for themselves."

Care files contained brief information about people's life histories, for example their family, jobs and likes and dislikes so the care staff were able to engage with people about topics they were interested in. People had personalised their rooms with their own ornaments and pictures.

At our last inspection in September 2017 some people had said they felt cold in the communal areas of the home. We had also received feedback prior to this inspection that the house could be cold at night. All but

one person told us they felt warm and night staff told us the home was warm overnight.

Care files were stored in a filing cabinet in the dining room. Files were always returned to the cabinet after staff had updated them. However, the cabinet was not locked, which meant people or visitors could gain access to the files if there were no staff in the dining room. We recommend best practice guidelines are followed to ensure unauthorised people do not have access to people's confidential information.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in September 2017 we found a breach in Regulation 9 as care plans did not identify all of people's assessed needs. At this inspection we saw that improvements had been made.

Care plans included a generic tool to assess people's needs and then a personalised plan of the care and support they required. Care plans had been reviewed each month. A 'resident of the day' system had been introduced, where one person's care file was reviewed on a set day each month. An overview sheet detailed which plans had been updated and where there had been no changes made.

At our last inspection we found there was no care plan in place for one person with pressure area care needs. At this inspection each person's skin integrity was monitored daily and any redness was referred to the district nurses to check. At the time of our inspection no one living at Ashley house had any pressure area care needs. The registered manager confirmed that, if required, a pressure area care plan would be written and a re-positioning monitoring chart used.

At our last inspection we found pre-admission assessment forms were not available in people's care files. At this inspection we saw a pre-admission assessment had been completed for one person who had moved to the home in October 2018. However, this contained very little information about the person's needs, for example it stated they had a history of falls but gave no detail about these falls or the support required to reduce the risk of further falls.

The registered manager told us the person had moved to the home from hospital, they had no family and there was no information from any previous care organisations available. This limited the information they could gather prior to admission. The local authority had also completed an assessment of need, but had only sent part of the assessment to the home. The registered manager had requested the full assessment and said they would follow this up again with the local authority.

This person had lived at Ashley House for over two weeks at the time of our inspection and did not have any care plans or risk assessments in place. The registered manager showed us some initial care plans on the second day of our inspection. The registered manager told us the staff team had discussed the person's care needs. However, when we spoke with staff we were told two different ways of how they supported the person when they became agitated. One staff said they would sit with them and talk calmly with them, whilst another said it was better to leave them for a few minutes before going back to support them as their moods change quickly.

The care file for a person who moved to the service in June 2018 did not contain a pre-admission assessment. Pre-admission assessments are an essential part of planning and assessment, to ensure a care plan is created to clearly meet the person's health and social care needs and to demonstrate the provider had considered whether they could meet the person's needs prior to them moving to the home.

Relatives of people who had recently moved to Ashley House were positive about the admission process.

They said that their relatives had settled in well and the staff knew their support needs.

Some care plans needed additional information to give staff clear guidance for the support each person required. For example, one care plan referenced what support one person needed when they were having a panic attack. However, there were no details of how staff would recognise that they were having a panic attack. One person would respond to voices they were hearing when their mental health was deteriorating. There was no detail in the care plan as to what the staff should do to support the person when this happened. Another care plan explained how to recognise if the person was becoming distressed. A relative told us the staff would support their relative to move to a quiet area of the home when this happened. However, this was not included in the care plan.

The inconsistent use of pre-admission assessments, the delay in writing care plans and risk assessments for people when they moved to the home and the lack of detail in some care plans was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with said that they had discussed their relative's care plans with the registered manager.

At our last inspection we found a further breach in Regulation 9 as people's social needs were not being met. At this inspection we found some improvements had been made. A member of care staff also had the role of organising activities; however, this was to be done as part of their normal care shifts. There was a weekly armchair exercise session, the remainder of the activities being organised by the staff team.

Some people again told us they would like to go out more, whilst others were content with the activities provided by the home. The new activities organiser told us of their plans to visit garden centres and Christmas markets in the next two months. People said, "There's sometimes bingo or a quiz. When the weathers nice I can go out in the garden. They try to give everyone a turn to go out for a meal or a drink" and another said, "They are trying to do more things."

Relatives we spoke with were happy with the activities available. We were told, "There's lots of activities, quizzes and they like the entertainer for the exercises. Staff will play [relative's] cd's for them" and, "There's things going on, such as exercise, parties and quizzes."

During our inspection we observed that staff had more time in the afternoons to spend chatting and engaging with people. We will check at our next inspection that the increase in activities has been sustained.

At the time of our inspection there was no one living at the home who was approaching the end of their life. The home had been re-validated by the 'Six Steps' end of life programme. The aim of the 'Six Steps' end of life programme is to enhance end of life care through facilitating organisational change and supporting staff to develop their skills around end of life care. We also saw a certificate of commendation, awarded in June 2018, by the specialist palliative care team for the end of life care provided for one person.

The registered manager explained the home worked with other professionals, for example district nurses and Macmillan nurses, when a person approached the end of their life. People's wishes for the end of their life was recorded, for example whether they wanted to stay at Ashley House or go to hospital and any wishes for their funeral. A medical professional we spoke with said, "The end of life care is very good here."

Following a person's death, a reflective account was written to identify what was done well and where changes could be made.

We saw there was a complaints policy in place. People and relatives told us they would raise any concerns verbally with the registered manager and said these were then addressed. Any complaints received were recorded and had been investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

At our last inspection in September 2017 there was a breach of Regulation 17 as quality assurance systems had not been sufficiently robust to identify the shortfalls found at the inspection.

At this inspection we again found shortfalls in the quality assurance systems. Audits and checks had been introduced following our last inspection, but not sustained. For example, monthly cleaning audits and spot checks had been completed in January and February 2018, but not since. Medication stock counts had been started in May 2018 but not continued. Environmental checks, for example for water temperatures, the call bell system and window restrictors were not completed.

As noted in the responsive domain care plans for people moving to the home had not been written in a timely way to provide the care staff with the information they needed to meet people's needs. Guidelines for when medicines that were not routinely administered should be given had not been written for new people moving to the home.

The providers visited most weeks to walk around the home and meet the registered manager. However, the providers did not make any formal checks to assure themselves of the quality of the service or to identify any improvements that may be required.

The lack of a robust quality assurance system was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monthly medicines audits of the medicines administration records were completed. The registered manager had also completed spot checks during the night and at weekends. Where issues had been identified, action had been taken to rectify them. A six-monthly mattress check was also completed, with mattresses or their covers being replaced where identified as being needed.

We discussed this with the registered manager, who was open about the shortfalls in the auditing system at the home. They told us they had not had the support of a deputy manager since March 2018 and had also covered care shifts over the summer rather than using agency care staff. This had impacted on their time to be able to complete all the quality audits and write new care plans.

A new deputy manager was due to start working at Ashley House the week following our inspection. New senior care workers had also recently been appointed. The registered manager said this would enable them to delegate tasks, for example the cleaning audits, spot checks and medication stock counts. The senior carers were also enrolled on a care planning course so they would be able to write and review people's care plans. This would provide support for the registered manager and enable them to oversee the service and check that all tasks were fully completed.

The registered manager was also introducing a key worker system. The key worker would be responsible for checking people had sufficient clothes and toiletries and supporting people, or liaising with their families, to purchase more when required.

A new monthly residents meeting had been introduced in September 2018. People discussed activities they would like to do, the food and staff. People's comments were positive about Ashley House.

A resident's survey had just been started at the time of our inspection, with six replies received so far. These replies were positive with people saying that they felt safe living at Ashley House and that the staff were caring.

Staff said they enjoyed working at the service and that the registered manager was open and approachable. Regular staff meetings were held. Staff said these were open meetings where they were able to voice any ideas or concerns. One staff member said, "If we suggest something [registered manager] will listen and put it in place if she agrees." Another staff member said, "There's good communication here between the day and night staff; there's more team work (than where they had worked previously)."

Services providing regulated activities have a statutory duty to report certain incidents and accident to the CQC. We checked the records at the service and found that all incidents had been recorded and notified to the CQC appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was an inconsistent use of pre-admission assessments, a delay in writing care plans and risk assessments for people when they moved to the home and a lack of detail in some care plans

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Capacity assessments were not decision specific and people assessed as lacking capacity had signed consent forms. Best interest decisions were not recorded.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment A legionella risk assessment had not been actioned. Emergency lighting bulbs had not been replaced in a timely manner. With regard to 2 (d)

The enforcement action we took:

We issued a warning notice to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance system was not robust. Audits had not been regularly completed. Environmental checks, for example for water temperatures and the call bell system were not completed.

The enforcement action we took:

We issued a warning notice to the provider and registered manager