

ZMA Manchester Limited

# Ashley House Residential Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Ashley House Residential Home (known as Ashley House) is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 18 people. The home has 12 single rooms and 3 shared rooms. People share bathrooms and there is a communal lounge and dining area.

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

Relatives were positive about the care and support provided by Ashley House. They said the communication with the home was good. Staff were also positive about working at the home and thought there were enough staff on duty to meet people's needs. Staff continued to be safely recruited.

Staff had completed training in safeguarding and knew what types of incidents needed to be reported. A recent safeguarding concern had been reported to the safeguarding team and investigated appropriately. Risk assessments were completed, and guidance provided for staff to manage these risks. These were reviewed each month. The home was clean throughout and current government guidelines were being followed for the use of PPE and for visitors to the home.

People received their medicines as prescribed. We have made a recommendation about the recording of when topical creams are applied. A quality assurance system was in place. The registered manager had been pro-active in asking for two external audits to be completed. Any recommendations made in these audits were being implemented.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 7 January 2020).

### Why we inspected

Our monitoring of Ashley House raised concerns in relation to safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashley House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Ashley House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ashley 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care workers. We made observations of the interactions between people and the care staff throughout our inspection to help us understand their experience of their care.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and looked at quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living at Ashley House. Staff had completed training in safeguarding vulnerable adults and said they would report any concerns to the senior on duty and the management team.
- A recent safeguarding concern had been reported correctly to the local authority safeguarding team and the police. Additional information had been gathered by the registered manager as part of the investigation.

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

- The risks people may face were assessed and appropriate plans were in place for staff to follow to reduce these known risks. All risks were reviewed each month and updated for any changes.
- Staff knew how to report and record any incidents. These were reviewed by the registered and deputy managers to look for patterns in the incidents and if any action could be taken to reduce the risk of further incidents.
- Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us they did not have to wait long for staff support when they needed it, with one saying, "There's always staff around." Staff also told us they felt there were enough staff on duty.
- Staff continued to be safely recruited, with all pre-employment checks completed prior to new staff starting work.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed and a daily count of medicines was kept.
- The registered manager had requested an external medicines audit by the Clinical Commissioning Group (CCG) medicines optimisation team. All recommendations made were being implemented.
- Care staff applied topical creams. Guidance was given where to apply the cream and when it was required. However, the cream charts were not consistently signed by care staff, meaning it was not possible to show how frequently the creams were being applied. We noted there were no skin integrity issues at Ashley House.
- We discussed this with the registered and deputy managers, who said they regularly reminded care staff of the need to sign the cream charts when they applied any creams and they would repeat this message following our inspection.

We recommend best practice guidelines for the recording of topical creams are followed.

#### Preventing and controlling infection

- The home was clean throughout, with cleaning schedules in place. Staff were observed using appropriate PPE and were taking part in weekly COVID-19 testing. People living at the home completed a test every month.
- Current government guidelines were being followed for any visitors to the service. All visitors had to have a COVID-19 test prior to visiting the home.
- People moving to Ashley House had a COVID-19 test prior to moving and government guidelines were followed for isolating after first moving in.
- The registered manager had requested a visit from the local authority infection control team to check they were following current guidance and best practice. The recommendations made had been implemented.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A quality assurance system was in place with weekly and monthly checks made in a range of areas, including health and safety and infection control. Weekly and monthly medicines checks were made. The deputy manager told us they were due to start a formal record of all medicines checks as advised by the recent medicines' optimisation team audit. This record was sent to the inspector following the inspection.
- A new deputy manager had been appointed in early 2021. The registered and deputy manager knew their roles and tasks had been allocated to each one. Senior care workers were allocated the role of reviewing people's care plans on a monthly basis.
- The provider visited the home most weeks to discuss the home, any maintenance required and any other management issues.
- A keyworker system was used at the home. Each care worker had named people where they checked their rooms and liaised with people and their families if they needed anything to be bought, for example new clothes or toiletries.

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

- The registered manager had correctly reported a recent safeguarding concern to the local authority safeguarding team and the police. However, they had not notified the CQC. We discussed and clarified with the registered manager what needed to be notified to the CQC. From records we saw, this was a one-off oversight on the part of the registered manager.
- The registered manager had responded promptly and fully when asked for additional information. A relative had told us the home had taken the concerns seriously and were taking appropriate action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager acknowledged that involving people's families in people's care had been more difficult during COVID-19 as they were not visiting the home. People's care and support needs were discussed with relatives when they visited, now that visiting was possible. One relative said, "The home keeps in touch with me; that's why I don't worry" and another told us, "I've sat down with (registered manager name) and gone through a few issues and given her information around [Name's] needs prior to moving to Ashley House."

- A relative's survey had been completed in March 21. The results had been overwhelmingly positive.
- Staff were positive about working at Ashley House. They said they felt well supported and the registered and deputy managers were approachable. One member of staff said, "You can talk to them (registered and deputy managers) and will listen to you and take action on what you say."

#### Working in partnership with others

- The local authority quality improvement team told us the home was working well with them to complete a self-assessment of the service. Where required, the registered manager was pro-active in providing information and making changes.
- As described in the safe domain, the registered manager had requested external audits by the infection control and medicines optimisation teams. Recommendations made as a result of these external audits were being implemented.
- Ashley House worked well with the district nursing team. However, during COVID-19, there had been some issues getting a GP to visit the home, although telephone and video calls were arranged. The care home service had been used for advice when people were feeling unwell.