

Pathways Care Group Limited

Ashleigh House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashleigh House is a care home providing personal care to up to 30 people. The home provides support to younger adults who may live with dementia or mental health issues. At the time of our inspection there were 20 people living at the home.

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

We carried out this inspection in response to concerns that had been raised with us regarding the cleanliness of the building. We shared these concerns with the local authority lead infection control nurse who visited Ashleigh House on 11 October 2023. Significant concerns were found regarding cleanliness of the home and equipment used for medicine administration. The provider responded to these concerns promptly with deep cleans, staff training and additional housekeeping staff.

Care records were not always completed or accurate. Some care plans, risk assessments and best interest decisions had not always been completed with specific details required about people's care. Audits did not always identify the recording issues we found.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found not all capacity assessments and best interest records had been completed when required and people subject to Deprivation of Liberty Safeguards (DoLS) were able to leave the building freely.

Accidents and incidents and safeguarding notifications had not always been consistently recorded and reported. Medicines were not always managed safely. Some records regarding as and when required medicines needed updating and administration practice we observed was poor. A recent provider audit had found the concerns we had relating to medicine records and there was an action plan in place to address this.

There were no planned activities taking place and people said there was nothing much to do. People's care plans did not reflect clear goals and outcomes to support their independent living skills.

We observed that staff did not always uphold people's dignity and that professional boundaries might not always be maintained. We have made a recommendation about this about.

The acting manager, senior management team and staff were open and honest with us during the inspection. Staff said the last 6 months at the service had been "chaotic" and "a bad whirlwind" as several managers had come into the service then left. Staff told us they felt supported by the acting manager who had only been in post since August 2023. Staff told us they were keen to learn and drive improvement to ensure people received the best possible care.

Staffing levels were sufficient to meet people's needs and staff were recruited safely.

People were offered choices at mealtimes and told us they enjoyed the food provided in the home. The home ensured people had access to health care professionals when required.

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

Rating at last inspection

The last rating for this service was good (published 29 June 2021).

Why we inspected

The inspection was prompted in part due to concerns received about areas of concern such as infection control and staffing. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to person-centred care, safe care and treatment and governance of the service.

Please see what action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashleigh House

Detailed findings

Background to this inspection

The inspection

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

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 team consisted of two inspectors.

Service and service type

Ashleigh House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashleigh House provides personal care only. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The registered manager post had been vacant since October 2022.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visits we spoke with 10 people who used the service about their experience of the care provided. We looked at records relating to the management of the service. These included medicines, accident and incidents, safeguarding, recruitment and quality assurance records. We looked at 4 people's care and support files. We spoke with 7 members of staff, including the area manager, acting manager, senior support worker and support workers.

After the visit we continued to seek clarification from the provider to validate evidence found. We looked at quality assurance systems and training records. We spoke by telephone with 3 visiting professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Detailed information had not been recorded to guide staff on when to administer medicines prescribed to be taken 'as required'.
- Where people had been administered 'as required' medicines, supporting evidence was not always available to show why they were given this medicine or that it had been administered appropriately.
- We observed poor medication administration practice.
- Some staff competencies were out of date and one staff signing for controlled medicines had not had their competency assessed.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks associated with people's care had not always been identified, mitigated, recorded and monitored effectively. People did not always have effective and detailed risk assessments in place.
- Where risk assessments were in place, these were not sufficiently person-centred. For instance, where someone was highly susceptible to substance misuse their risk assessment stated to keep them engaged with activities and workshops, none of which were taking place.
- Where people had been identified as having healthcare input such as use of a catheter there was no record of how to promote good infection control practice. There was no information about signs or symptoms that staff should be aware of if there was a problem with this equipment.
- There was minimal evidence to support learning lessons from accidents, incidents which had occurred at the service.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular checks of the environment were completed to make sure it was safe. For example, a competent person checked the fire panel, fire exits, fire equipment, electrical devices and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.

Preventing and controlling infection

- The service had not had systems and processes in place to minimise the risk of infection for people.
- We had received concerns from a visiting relative and district nurses about the standard of cleanliness at the home in October 2023. We asked the local authority infection and prevention control nurse to visit the service. On their visit they found multiple concerns including one person's bedroom infested with flies, dirty enteral feeding equipment, some poor food hygiene practices. The nurse raised two safeguarding alerts for the people affected.
- The provider responded immediately to the concerns raised and on our visit we saw significant improvement had taken place. However, this showed the provider's environmental audit process had not been effective to address the issues found.

We found auditing systems were either not in place or robust enough to maintain appropriate assurance relating to the health, welfare and safety of people using the service. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to receive visits from friends and family in line with guidance in place at the time. Processes and facilities to support contact with family were in place should the home have any concerns regarding infection outbreaks.

Systems and processes to safeguard people from the risk of abuse

- Not all incidents had been reported to the local safeguarding authority.
- There was no evidence of debrief sessions following incidents for staff and people. We were also told by some staff that they did not feel confident with some people's behaviour. One staff member said, "Some staff are frightened of [Name]".
- Staff told us they had received training in how to keep people safe from abuse, however there was a total lack of reporting in July and August 2023 when there was no management at the service.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

We found systems and processes were not in place to assess, monitor and mitigate any risks relating to the health, safety and welfare of people. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
- Staff had the core skills to ensure they could meet people's needs but some mandatory training for the staff on duty was out of date and further training for staff to manage behaviour that may challenge was advised.

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 our last inspection we rated this key question as requires improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Most people's individual needs had been assessed before they moved in.
- We found updates to initial assessments were not routinely in place so one person's dietary needs had changed since assessment and this was not recorded and for one person their positive behaviour support plan did not record any risks or give staff clear strategies to manage their behaviour.
- One person with multiple health issues had a MUST tool assessment last completed in October 2022. A MUST is a five-step screening tool to identify adults, who are malnourished or at risk of undernutrition. We saw a nutritional care plan for [name] that was due for review on the 28 June 2023. It was recorded that [Name's] weight should be checked weekly at their hospital appointments and staff were to record this but we could see no evidence of where this was recorded.
- One staff member told us, "The care plans all need updating."

There meant there was a risk of people not receiving safe care. This was a breach of the Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess people's capacity however, we found that for those people subject to DoLS safeguards there was open access to the service at the front and the rear as security systems were not in place.
- We found two best interest decisions which did not contain the relevant information to support people's rights. Restrictive practices for withholding people's cigarettes had not been appropriately assessed or

planned for.

- Immediately after our inspection the provider confirmed they had brought in contractors to change the front door security.

This was a breach of the Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in MCA and understood how to support people in line with the act. We observed staff supporting people to make their own decisions and choices.

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

- People's nutritional needs were being met but records did not always demonstrate this. Feedback about the food provided was positive. People told us they had a choice of meals, and the quality of the food was good.
- We viewed one person's care plan whose admission assessment stated they required a soft and bite sized diet. Records showed the person had eaten items like sausage and chips and chicken and chips. We spoke with the person who said they did struggle with hard foods. The care plan did not reflect the change in the person's needs from admission.

Staff support: induction, training, skills and experience

- All staff completed an induction course followed by shadowing of experienced staff before starting in their role.
- The provider's training matrix confirmed staff had received training to meet people's individual needs however we saw of the 4 staff on duty during our visit, 2 had out of date training in mental health awareness and 1 in safeguarding and medicines awareness additionally.
- Staff were provided with opportunities to discuss their individual work and development needs.

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

- The physical environment was being reviewed, updated, and improved.
- Staff showed us a new rota system to support people to keep their room and belongings clean and tidy.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People's records showed they accessed support from healthcare professionals to meet their needs.
- We found staff had acted promptly to seek medical advice when they became concerned about a person's health.

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 our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Records did not always evidence how people were involved in their care.
- We observed that staff did not always promote people's dignity.
- We observed and had feedback from other visiting professionals that staff were often over familiar with people, however we generally found that staff were caring towards people.
- We recommend the provider carries out observations and reviews with the staff team; appropriate engagement and professional boundaries.
- Action was being taken to improve the environment to ensure it promoted independence. Further work was still needed to ensure people's independent living skills were part of their ongoing goals and outcomes within their plan of care and support.

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

- Most people told us they were happy with the support they received and had a good relationship with the staff who supported them.
- Visiting professionals gave us mixed feedback about their experiences of the service. One social worker told us, "They don't engage with people appropriately," whilst another social worker said, "The staff appear to work well together."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were not supported to engage in meaningful activities and care plans did not reflect how people were supported to engage within their local community.
- During our inspection, people went to the shop with staff but there were no activities taking place in the home. There was an activity planner in place but these sessions did not happen during our visit and people told us they never knew about them.
- People told us there was nothing to do, comments included, "There is a group you can go out to but I don't know about it. I don't know about any activities." We pointed out the activity board which had an activity written for each day such as baking, and one person said, "I have no idea about activities, that must be new."

This was a breach of the Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans did not reflect people's current needs and preferences. Many plans were out of date for review.
- There was little documented planning for the whole life of people to ensure they achieved good outcomes over time. Goals and outcomes were not routinely recorded with keyworkers.
- The provider was implementing a new electronic care plan system which required embedding to maximise its potential. The provider told us during the inspection that they knew they needed to commence immediate work on care plans and risk assessments to ensure they were up to date and reflected people's current needs.
- Staff knew people well and were aware of their needs and preferences but records did not always reflect this.

We found systems were either not in place or robust enough to maintain appropriate and contemporaneous records. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The acting manager told us there had been no recent complaints.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A system was in place to meet people's communication needs. People's communication needs were recorded although improvements in these were needed. Easy read information was available for people.

End of life care and support

- Whilst information was included about end of life care and support; this was generic and not always person centred. The acting manager said this would be fully explored in new care plans.

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 our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. 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

- We found records were not always completed or accurate. For example, best interest decisions regarding restrictive practices were not recorded.
- Care plans did not always contain specific information about people's needs.
- Incident management records did not demonstrate effective review to look for themes and trends or that a debrief process had been followed for staff and people.
- Risk assessments had not always been completed. One person was at risk in relation to their catheter care and there were no identified risk reduction measures for staff to observe to ensure procedures were carried out safely.
- We reviewed audits which had not identified the issues we found relating to care plans on inspection. A recent medicine audit had identified some of the concerns we found but these had not been fully addressed. Therefore, medicine audit practice must improve. Following our feedback the provider told us they had begun reviewing all care plans and risk assessments.
- We saw that some notifications of police events and safeguarding incidents had not been reported to the correct authorities. This will be dealt with outside of this inspection process.

We found systems were either not in place or robust enough to maintain appropriate and contemporaneous records. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Communication with healthcare professionals was not always well recorded.
- We saw staff did consult professionals but the outcome and timescale of this was not well recorded in care notes. One person was experiencing a huge decline in their mental health and there were no observation charts to assist staff and professionals to monitor their mood and behaviours.
- We received mixed feedback from health and social care professionals working with people at the service.
- One professional said the service was, "Not proactive, and they lack responsibility" whilst another professional stated "There is positive communication with the home."

We found systems were either not in place or robust enough to maintain appropriate and contemporaneous records. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The acting manager and regional manager encouraged people and staff to be open with each other. Staff said they felt supported by the acting manager. One staff member told us, "Now [Name] is here its 1 million percent better."
- Managers promoted equality and diversity in all aspects of the running of the service.
- The majority of staff said they felt able to raise concerns with the management team. One staff member said, "Now you ask for something and you feel its acted on."

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

- Staff meetings had recently been held which gave the opportunity for people to raise any concerns and for the management team to inform staff of any changes and recent issues within the home.
- People had given formal feedback via surveys but previous management had not recorded the outcomes.

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 duty of candour was understood by the acting manager and throughout our inspection the senior management team and staff were honest and open.

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 People were not supported to engage in meaningful activities. People were not involved in their plan of care to set meaningful goals and objectives.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely administered. Records relating to risks for people were poor and medicine administration required improvement. People subject to DoLS safeguards were not protected by the security of the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Leadership at the service needed to improve. Audits did not reflect the issues we found on inspection or recent concerns raised by the local authority infection control and environmental health teams. Activities for people were not in place for people and engagement with the local community needed to improve.