Ashview House Limited

Ashview

Inspection report

River View High Road
Vange Basildon
Essex
SS16 4TR

Tel: 01268583043

Date of inspection visit:
27 January 2021
28 January 2021

Date of publication:
02 March 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Ashview is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Ashview accommodates up to 13 people who may have a learning disability, in one adapted building. At the time of our inspection, eight people were using the service.

People's experience of using this service and what we found
Staff did not always follow the provider's COVID-19 policy or government infection and protection guidelines. This posed a risk of staff transferring infection.

Quality assurance arrangements and governance systems were in place to assess, monitor and improve the quality of the service. However, we found the quality assurance monitoring had not been completed or had been ineffective in identifying and managing concerns.

People's medicines were managed safely. However, where people had been prescribed medicines that were taken when required, guidance for staff had not always been provided.

Peoples risks in relation to their health care needs had been assessed and were being managed safely.

People and staff were encouraged to share their views through regular meetings. Staff felt able to raise concerns with the management.

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 30/01/2018).

Why we inspected
This was a planned inspection based on the previous rating and partly prompted by concerns reported by the service in relation to people's safety. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashview on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and governance at this inspection.

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

We will request an action plan for 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Ashview

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 made up of two inspectors.

Service and service type
Ashview 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 and took place on 27 and 28 January 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection including notifications we had received. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection
We spoke with five members of staff including the deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed four peoples care records including medicines records. We also reviewed a number of records relating to the running and management of the service. These included infection control, medicines and environmental safety, staff training and records relating to the provider's quality assurance systems. Relatives were spoken with as part of an ongoing safeguarding investigation and their feedback was shared with the CQC. We used this feedback to help inform our findings.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Requires Improvement

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 now deteriorated 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.

Preventing and controlling infection

- People were not always protected from the risk and spread of infection.
- During a recent outbreak of COVID-19, the provider had failed to follow legal requirements to isolate COVID-19 positive staff members. This put people living at the service who had tested negative for COVID-19 at risk of contracting the virus.
- Best practice guidance in relation to infection control was not always followed. For example, we observed staff touching and re-fitting their face masks throughout the inspection.
- We were not assured the services hygiene practices were promoting safety. The arrangements in place to ensure the service was kept clean and hygienic to reduce the risk of infection transmission were not robust enough to control and prevent the spread of infection.
- A risk assessment for COVID-19 had been completed for people using the service, however this had failed to identify where people were at higher risk or in vulnerable groups due to their ethnicity or underlying health conditions.
- The service did have policies and procedures in place to support staff in the management of COVID-19, however these were not always being followed. For example, staff were not following best practice guidance in regard to changing their clothes when entering and leaving the service.
- We were not assured the providers arrangements for managing waste were sufficient to prevent cross contamination. For example, contaminated PPE was not being disposed of in line with best practice guidance which placed people and staff at the service at risk of infection.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to infection control were being effectively managed and this placed people at increased risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We shared our concerns with the local authority.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people who may be vulnerable. Records confirmed a range of checks were in place before employment commenced including references and disclosure and barring checks [DBS].
- Enough staff were employed at the service to meet people's needs. However, during the recent COVID-19 outbreak, staffing practice had not been safe at the service. For example, two members of staff were on the night rota. These staff members were responsible for carrying out all cleaning of the service as well as looking after people who's needs had increased due to testing positive for COVID-19. One staff member said, "It's hard as there's only two on at night. Some people were really sick and we're having to do the cleaning

too."

Using medicines safely

● Medicines were managed safely by the service. There were systems in place to audit medicines and records were kept of administration and refusal of medicines.

● Staff confirmed they had received training in the safe administration of medicines and competency assessments; however, we saw some staff training was out of date at the time of the inspection.

● Where people had been prescribed as when required medicines [PRN], protocols in place to support staff did not provide specific details for how these should be used. For example, one person had been prescribed PRN pain relief. There was no information to guide staff how to recognise when the person would require this medicine. This information is necessary to ensure people receive the medicines they need in a consistent way.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

● Staff had been trained in safeguarding and knew how to recognise abuse.

● Staff told us they knew how report concerns and seek support. One staff member said, "If I'm worried about something I go to the senior, then managers."

● Records showed the service had raised safeguarding alerts. However, there were no outcomes recorded or evidence of improvements that had been made.

● Incidents and accidents had been recorded and reviewed. Records showed staff had been encouraged to bring any incidents to staff meetings to discuss lessons learned and how to improve.

Assessing risk, safety monitoring and management

● People were protected from the risk of harm. Risks associated with people's physical health and mental health needs had been assessed and were being managed safely.

● Each person living at the service had a support plan in place which was linked to a risk assessment. Risk assessments described how to support people and keep them safe. Staff knew people and were aware of people's individual needs and signs people may show if they were becoming unwell.

● Staff told us they were kept informed about any changes to people's care and support plans. One staff member said, "We have daily handovers, and everything is written in the communication book then put into their support plans so all staff can read it."

● Safety and environmental checks were carried out; action had been taken where issues had been identified.

Requires Improvement

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 now deteriorated 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; 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 was absent from the service at the time of the inspection. The deputy manager was overseeing the running of the service. The provider did not have sufficient oversight of the service to ensure people's wellbeing and protect them from harm.
- The provider had failed to notify the relevant authorities when there was a COVID-19 outbreak at the service as per their company policy and health and safety regulations.
- The provider had failed to follow government guidance in relation to safe staffing arrangements. Staff who had tested positive for COVID-19 had remained at the service placing people living at the service and other staff members at risk of contracting the virus.
- Regular safety checks of the environment and maintenance of equipment had not been completed to protect people from the risk of harm.
- We were not assured the service was following effective infection control procedures to keep people safe. For example, we found some areas of the service were not clean and fixtures and fittings were damaged and dirty.

Whilst we did not find people had been harmed the provider had failed to operate effective systems and processes to assess, monitor the service and follow duty of candour. This is a breach of Regulation 17 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had provided feedback as part of a safeguarding investigation. They felt people received appropriate care however improvements were required in relation to communication and updates from the management team.
- Staff meetings were held regularly. Records showed quality issues were discussed and updates were shared. Staff were given the opportunity to feedback about the service.
- People using the service were invited to take part in regular monthly meetings to seek their views. Information was provided in an easy read format incorporating symbols to help people understand and engage.

● Staff said they felt supported by the management team and colleagues. One staff member said, "[Name of deputy manager] is fine, they are really approachable." Another said, "Yes, I do feel well supported, we're pulling together to make it work."

Continuous learning and improving care; Working in partnership with others

● Records showed and staff confirmed the service worked closely with health and social care partners. People had been referred for assessments and received regular support from healthcare professionals.

● The provider responded promptly to address concerns identified at this inspection such as infection prevention and control practice and management oversight of the service.

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 The provider had failed to ensure that risks relating to infection control were being effectively managed and this placed people at increased risk of harm.

The enforcement action we took:

We have issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems and processes to assess, monitor the service and follow duty of candour.

The enforcement action we took:

We have issued a warning notice.