

Pathways Care Group Limited

Ashleigh House

Inspection report

460 North Road
Darlington
County Durham
DL1 3AF

Tel: 01325382847

Date of inspection visit:

18 May 2021

28 May 2021

02 June 2021

04 June 2021

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25 June 2021

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Requires Improvement ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Ashleigh House is a residential care home that is registered to provide accommodation for up to 30 people. It provides care to people living with mental health problems. At the time of the inspection 18 people who used the service.

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

The registered manager and staff had worked hard to improve the assessment of people's needs but the provider's template focused on a person's physical rather than their mental health. They had recognised this shortfall in their assessment tools and a new electronic care record system was being developed, which was bespoke to the service. The registered manager immediately added templates to assist staff working with people who were subject to sections under the Mental Health Act 1983 (amended 2007).

Staff had completed mandatory training, supervision and appraisals. The staff had received training around working with people who lived with mental health needs. Further in-depth training in mental health was planned but staff continued to lack knowledge around the Mental Health Act 1983 (amended 2007), the code of practice and forensic histories. This impacted on how staff planned people's care and identified risks. The registered manager immediately sought training in these areas.

Since the last inspection the provider and registered manager had made improvements to the service. They had strengthened the governance arrangement and improved the audits. These changes had assisted the registered manager to identify any gaps in practice and put plans in place to resolve them.

The bathrooms, toilet, windows, facades had been refurbished and the fire alarm system changed. Action had been taken to ensure the home complied with fire authority requirements. Decorative work had been completed throughout the home.

Care staff adhered to Covid-19 guidance on working in a care setting. There was enough personal protective equipment (PPE) such as aprons, gloves and masks. Staff had undertaken training in putting on and taking off PPE. Visitors were screened before entering the building.

There were enough staff on duty. The provider reviewed the purpose of the service and employed additional staff who supported people with the rehabilitative work. They reviewed the needs of people and worked with commissioners to ensure people were allocated one-to-one hours when needed.

People felt the home was safe. They commented on how staff were kind and compassionate.

Incident monitoring records were used, and each event was thoroughly reviewed with lessons to be learnt and put into action. Medicine management was effective.

Staff had received additional training on the application of the Mental Capacity Act 2005 and understood how to apply this legislation. None of the people who used the service lacked capacity. Where people made unwise decisions, staff worked with them and the multidisciplinary team to develop strategies to manage the risks associated with their decisions.

The new cook provided healthy and nutritious meals for people throughout the week. Nutritional assessment tools were in place and staff encouraged people to eat a balanced diet. Staff took appropriate action if people experienced weight loss.

The feedback we received was very complimentary about the registered manager. People felt the registered manager had made improvements. They were confident the improvements would continue to be made.

Staff told us the registered manager and deputy manager were approachable and closely listened to their views. They felt positive about how the service was being operated. The registered manager and deputy manager had formed excellent working relationships with local care co-ordinators and health professionals. This had greatly improved people's access to appropriate services and support.

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 requires improvement (published 17 July 2019).

Why we inspected

We carried out an unannounced inspection of this service in July 2019. Breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve safe care and treatment, need for consent and staffing.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashleigh House on our website at 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 effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashleigh House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection prevention and control 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

An inspector completed the inspection.

Service and service type

Ashleigh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the registered manager, deputy manager, two senior care workers, seven care workers, a domestic staff member and the cook.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

Since April 2018 this key question has been rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our July 2019 inspection we found the provider failed to provide care and treatment in a safe way, to identify and assess potential risk of harm to people. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had ensured the building and equipment were well maintained. They had completed work to the building to ensure it met the Fire Authority's requirement and had recently installed a new fire alarm system. Refurbishment work had been completed to improve the environment, including the installation of new bathrooms and toilets.
- The registered manager had ensured the personal evacuation plans (PEEPs) were accurate. The fire policy had been changed to ensure people were supported to evacuate the building in the event of an emergency. Staff regularly practiced fire evacuation procedures and systems were in place to ensure enough staff were available to deal with emergencies during the day and night.
- Staff had been trained to work with people who displayed behaviours that may challenge. Risk assessments were in place, which included environmental and individual risk assessments and provided staff guidance on actions to take to reduce risks posed to people.
- The registered manager had re-assessed people to determine if the service could safely meet their needs, where appropriate people had moved to other services. They had reviewed the admission criteria and people were only admitted when staff were confident Ashleigh House was the right service for them.
- The environment and equipment were safe and well maintained.

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

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People we spoke with said they felt safe. One person told us, "They [staff] are a good bunch and know exactly how to make sure I'm okay."
- The service was committed to driving improvement and learning. Accidents and incidents were monitored to see if lessons could be learnt to keep people safe. Following a review of incidents, the registered manager had arranged for regular contact via 'friendly faces' with the local neighbourhood police. This had led to a positive relationship being developed and risk people posed when in the community being better managed.

Staffing and recruitment

- There were now enough staff to meet people's needs. Since the last inspection the provider had increased staffing levels. This had a significant impact on the availability of staff and increased their ability to engage in

supporting people to develop the skills they needed to manage their mental health needs and work towards more independent living.

- The provider operated systems that ensured suitable staff were employed. We discussed with the registered manager the needed to keep an up-to-date photograph on file. They immediately acted on this and added photographs to the staff files.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines.
- Staff had received training in medicines management, and they had been assessed as competent in this area. One of the senior care workers had completed train the trainer course in medicine management. They were passionate about making sure medicines were managed in line with best practice and had made significant improvements in this area.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

Since April 2018 we rated this key question as requires improvement and at this inspection we found this key question remained the same. Assessments and staff training had improved but further work was needed to ensure staff were supported to fully understand people's needs around their mental health.

Staff support: induction, training, skills and experience;

At our July 2019 inspection we found the provider failed to ensure staff were skilled and competent to work with people who used the service. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had received a range of mandatory and condition specific training. They were now more knowledgeable around how to work with people who used the service. The provider had also put in place systems, which allowed staff to identify and access more in-depth courses and complete qualifications around working with people who experienced mental health needs.
- In 2018 the local community mental health staff had provided sessions on the Mental Health Act 1983 (Amended 2007) and the code of practice. However, staff still did not have a good understanding of this Act, as they did not know what to look for in placing authorities' assessments to determine if people were subject to community treatment orders and what conditions people had to abide by.
- Staff were unclear about how to support people to appeal against sections of the Mental Health Act 1983 (Amended 2007). The registered manager immediately arranged for staff to have additional training in these specific areas.
- Staff had regular supervision and appraisals. Staff told us they felt supported.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 Mental Capacity Act 2005 (MCA).

At our April and July 2019 inspections we found the provider failed to ensure staff understood how to support people who lacked capacity to consent. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff had received training around the requirements of the MCA and its associated code of practice. Staff were clear about when they would need to consider if people lacked capacity to make decisions and what to do when assessing a person's capacity.
- No one at the home lacked capacity to consent. Staff were effective at supporting people when they were making unwise choices. They liaised closely with the multidisciplinary team to ensure individuals were fully aware of the risks and consequences of their actions.
- The registered manager had worked with people and agreed individual contracts around their behaviour whilst using the service. People told us they found these helpful.

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

- People's needs were not always assessed in line with recognised guidance. The registered manager and staff had worked hard to improve the assessments, but the current assessment tools do not assist staff working with people who live with mental health needs. The provider recognised this short fall and was in the process of developing a bespoke assessment tool for the service.
- The gaps in the assessment tool led to staff failing to pick up important information such as where people may have exclusion orders, what conditions they needed to abide by and who staff were to contact if these were breached. The registered manager immediately contacted the relevant community mental health teams to find out this information and put it into the individual's assessments.

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

- The registered manager and staff worked closely with health professionals to deliver support according to people's needs. The registered manager and deputy manager had formed excellent links with the community mental health teams and these good working relationships had led to people receiving all the support they needed in a timely manner.

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

- People told us staff encouraged them to eat a healthy diet. A nutritional assessment tool was in place and staff encouraged people to eat a balanced diet.
- The cook provided healthy and nutritious meals throughout the week. They were very knowledgeable and had completed all relevant training.
- People were very complimentary about the food. One person commented, "The food is really good, you have loads of choices and there is always something you can eat."

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

- People's rooms and communal areas were adapted to their needs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Since April 2018 this key question has been rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand 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; Continuous learning and improving care

- The provider had made significant improvements to the systems in place for overseeing the service. The governance arrangement now readily identified gaps in practice and allowed effective action plans to be put in place. They had put mechanisms in place to support the services and staff learnt lessons when events did not go to plan.
- The registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made. Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
- When any issue was raised the registered manager immediately acted to find a resolution. They welcomed and valued all feedback. They were passionate about driving improvements and creating a service which was effective at supporting people to reach their full potential.
- Reports had been sent to alert the CQC and local authorities when incidents occurred.

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

- People told us the registered manager was approachable and acted swiftly to address any issues. One staff member said, "The manager has made such a difference to the home. We now love coming to work and feel we can really make a difference."
- There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- People told us they felt confident staff had the skills they needed to provide them with the right care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The service worked effectively with external professionals to ensure people received the care they needed.