

KYS 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

We inspected this service on 26 March 2018 and 12 April 2018. The inspection was unannounced.

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 care home accommodates up to 24 older people in one adapted building. Accommodation is based on the ground floor as well as the first and second floors of the building.

There were 16 people living in the home on the first day of our visit and 14 people on the second day. Most of these were older people and some were living with dementia.

At our last inspection in November and December 2017 we rated the service as 'requires improvement' overall. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 because risks related to people's health and safety were not safely managed. There was a breach of Regulation 18 because the provider had not reported notifiable incidents to us without delay. There was also a breach of Regulation 17 because the provider did not ensure people were protected from risks to their health and safety, and systems and processes were not effective in monitoring and driving improvement. The key questions of Safe, Responsive and Well Led were all rated 'Requires Improvement'. The provider sent us an action plan, setting out the actions they planned to take to improve the quality of the service. At this inspection, we checked whether the actions they had taken were effective. We found the provider was no longer in breach of two of the three regulations previously identified. Due to further improvement needed, there was a continued breach of Regulation 17 and the rating remained requires improvement.

Action was needed to improve person centred care, ensure care decisions related to restrictions in care were in people's best interests, and to ensure audit processes were consistently effective.

There was a registered manager in post as the manager who had been in post at our previous inspection had registered with us on 4 May 2017. 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.

The atmosphere in the home was relaxed and people spoke positively of the staff who supported them. Staff were caring in their approach but some staff were more interactive with people than others. People said they felt their privacy and dignity was maintained. However, CCTV had been in use at the home which most people and visitors were unaware of which can compromise people's privacy and dignity.

People did not always experience person centred care and information in care plans was limited in regards

to people's backgrounds and interests. This meant staff had limited information to assist them in providing care centred on the person's individual needs. Some people told us they wanted more opportunities to go out of the home and to participate in activities that were of interest to them. People were able to maintain relationships and friendships with those important to them and visitors confirmed they were welcomed into the home. Where people had identified healthcare needs, some records did not support staff to help ensure they always addressed them effectively.

The provider carried out a series of recruitment checks to make sure staff were suitable to work at the home before they supported people at the home. People told us they felt safe living at Ashleigh House and said they could access staff when they needed and staff were caring and approachable. We saw enough staff were available to support people's care needs.

Staff who administered medicines had completed the necessary training to do this safely. People told us they received their medicines as required but we found some practices associated with medicine management needed to be improved.

We had been notified of reportable accidents and incidents as required such as those related to safeguarding people from potential risks to their health and safety. However, this was with the exception of one incident where they had been a significant delay in reporting this to us.

Processes to manage risks related to people's care had been implemented but people's care plan records were not always sufficiently detailed to help ensure these were managed safely by staff. We could not be assured systems in place to manage risks were always followed due to records not being clear.

People were positive about the food provided and a daily choice was available. Staff knew about people's nutritional needs and took advice from health professionals when required. Staff told us they arranged for people to see a doctor when they needed one and people's healthcare records confirmed visits were undertaken.

Staff attended regular training so they had the knowledge and skills required to meet people's needs. The registered manager held supervision meetings with staff to talk about their training and development needs and planned to commence annual appraisals to assess staff development and performance.

Staff had some understanding of the Mental Capacity Act and knew to ask for people's consent before delivering care. However, records were not clear in determining if people had capacity or not when decisions about their care needed to be made. Whilst staff considered they worked in people's best interests to support their needs, there were some restrictions placed on people which had not been sufficiently assessed, agreed or authorised. Deprivation of Liberty Safeguard applications were in progress for some people.

Staff had completed training in infection control and wore gloves and aprons when supporting people and carrying out their work to help prevent the spread of infection. Overall the home was clean but sometimes cleaning chemicals were not safely stored when in use.

The provider had implemented quality monitoring processes to assess the quality and safety of the service. The provider was regularly available at the home to support staff and carried out regular checks to make sure the home was running safely and effectively. Staff told us they felt supported by the registered manager and provider and were happy working at the home.

People told us they knew who to raise concerns with if they needed to. Where complaints had been received, these had been recorded, investigated and responded to and lessons had been learnt to help prevent them from happening again.

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 consistently safe.

There were enough staff to meet people's basic care needs and senior staff were available in the absence of the registered manager. Staff knew to report any concerns related to people's wellbeing to their manager. Some practices associated with medicine management needed to be improved. Records related to risk management were not clear enough to demonstrate people's care needs were effectively and safely managed. Recruitment processes ensured staff were safe to work with people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff completed training on an ongoing basis to help ensure they had the right skills and knowledge to support people effectively. The registered manager and staff had some understanding of the Mental Capacity Act (2005) but restrictions had been applied to some people's care without full consideration if these were in the person's best interest. People were supported to attend appointments with external healthcare professionals to maintain their health and wellbeing. People enjoyed the meals and a choice was provided.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People spoke positively of the staff but had varying experiences of involvement in their care to support their wellbeing. Staff offered reassurance when supporting people and did not rush them. People felt staff respected their privacy and dignity but CCTV had been in use which most people had not been aware of. We saw staff aimed to support people's independence.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Requires Improvement ●

People had some involvement in decisions related to planning their care. People were given opportunities to participate in some social activities within the home and work was ongoing to develop these further. Care plans were regularly reviewed and contained some person centred information to support staff in supporting people's needs and preferences. People knew how to raise concerns if they needed to and those received had been considered and responded to.

Is the service well-led?

The service was not consistently well led.

People had opportunities to share their views of the home and overall these were positive. The provider monitored the quality of the care and services through meetings, satisfaction surveys and regular audits of the service. There remained areas for improvement which needed to be acted upon and processes and systems continued to be developed to monitor these so they were fully effective. Most statutory notifications regarding incidents and accidents in the home had been reported to us as required.

Requires Improvement ●

Ashleigh House

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 comprehensive inspection took place on 26 March and 12 April 2018 and was unannounced. One inspector, an inspection manager and an expert-by-experience attended the inspection visit on the first day. On the second day, the inspector completed the inspection visit. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The local authority shared information about their most recent monitoring visits they had carried out at the home. We also considered the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection process.

During the inspection visit we spoke with six people who lived at the home and two relatives. We also spent time observing how people were supported and visited people in their rooms to speak with them where this was possible. We spoke with five care staff, the cook, the registered manager and provider.

We reviewed two people's care plans and daily records in detail but also viewed other people's care plans to check issues related to their care were being managed effectively. We looked at records relating to medicine administration, complaints, accidents and incidents, health and safety, recruitment and staff training. We also looked at records related to the quality monitoring of the service that the provider had implemented.

Is the service safe?

Our findings

At our last inspection on 14 November and 20 December 2016, we rated this key question as 'requires improvement'. At this inspection we found sufficient improvement had been made to address the breach in regulation 12 we had previously identified in this key question. Previously we had identified risks associated with people's health were not always managed to ensure people's needs were met and they were protected from harm. Records had also lacked sufficient detail in regards to managing risks. Although the provider told us in an action plan how they would improve, we found improvements had not always been sustained. The rating for this key question remains requires improvement.

People told us they felt safe living at Ashleigh House and with the staff that supported them. One person told us, "I know the things that need doing are done correctly that makes me feel secure here." Other people told us, "I'm very comfortable with all the carers," and "Never felt frightened, it's just the atmosphere that makes me feel good."

Staff understood what was meant by safeguarding people and told us people who lived at the home were safe. Staff said they had completed training to safeguard adults so they knew to report any concerns to their manager. We asked one staff member about unexplained bruising and what they would do, they told us. "I would speak to the manager, record it on a body map, maybe ask other staff if they had noticed the bruising." This demonstrated they had learnt from their training. Another staff member told us safeguarding people was about making people feel safe and secure and protected from injury or abuse from others. They went on to say, "I think it is a very good home because people can freely walk around the home and feel safe and I think they enjoy being here."

Accidents and incidents were recorded by staff and information showed actions had been taken to address any injuries. The registered manager analysed these to identify if there was any action needed to prevent them happening again. Where there were incidents that had placed people at risk of harm, safeguarding records had been completed and referrals made to the Local Authority. We noted there had been a delay in informing us of one safeguarding incident however all other action had been undertaken. These types of incidents must be reported to us without delay and the registered manager acknowledged this.

At our last inspection, records related to risks associated with people's care were not sufficiently clear. We found at this inspection this continued to be the case in some instances. For example, one person who was at risk of skin damage did not have clear records to show their continence care was effectively managed to reduce this risk. Records showed on some days they were supported with continence care at 6am and then not again until 10pm. This meant it was not clear the person's continence care needs were met consistently. The registered manager told us they were trying to reinforce the importance of record keeping with staff but they considered the person was supported as required.

We looked at how other risks were managed. One person had a wound that needed dressing. Staff told us the person was visited by a district nurse to deliver the appropriate treatment for this. They also told us the person's skin was "looking better" as a result of treatment the person had received. However, we saw the

person was sat for a long period of time without moving. Although they were sat on a pressure cushion, they did not receive support from staff to move to the frequency suggested in their care plan. We told the registered manager about this so they could take action to ensure records were clear and any additional support the person may need was provided.

Staff had identified risks associated with people's nutrition and the registered manager had taken action to refer them to health professionals when required. For example, staff had noticed one person coughed when eating and drinking. A speech and language therapist (SALT) had been contacted and had assessed the person and provided advice to staff. A risk assessment had been completed and staff were advised to give the person drinks from a spoon when they were tired to help ensure the person had enough to drink. However, when we looked at the person's fluid records there was no clear target in regards to the amount of fluid the staff should aim to give the person and records showed there were days when the person had received minimal fluids to keep them hydrated. We observed the person in the lounge for a considerable amount of time. The person was sleeping or sat with their eyes closed for most of the day and we did not see staff encouraging fluids regularly or providing these on a spoon as advised. A staff member told us, "I think it's more down to her being sleepy in the day. She forgets, you have to wake her up and prompt her to have a drink." We spoke with the registered manager about people's nutritional needs so that appropriate action could be taken to ensure people had sufficient to drink.

We had identified at our last inspection that nutritional records were not clear. At this inspection when we looked at food records for those people whose food and fluid intake was monitored, it was not clear if meals had been provided in a pureed consistency where this had been advised. It was also not clear if any of the food provided had been fortified (calories added), or if it was soft, to show health professional advice was followed. For example, one person who had been assessed by a SALT had records that showed they were to have a pureed diet and were not to eat bread or ice cream. However, records showed the person had eaten bread and ice cream. A risk assessment showed the SALT had suggested a soft diet for the person when they refused a pureed diet but we could not be sure this included bread and ice cream. This information was important as the person was at high risk of choking. The registered manager assured us the foods provided to this person had been agreed with a SALT.

People told us call bells were responded to relatively quickly by staff when they needed assistance. One person told us, "You have to accept some flexibility. When I ring they come quickly to check what you need, then if required, they come back as soon as possible." We saw some people did not have easy access to call bells because they were not within their reach. We raised this with the registered manager so that it could be addressed. Staff told us they checked people who were cared for in bed regularly to make sure their needs were met.

We saw there were sufficient staff to support people's needs and people reported only occasional delays for support. People told us, "There's loads of staff. I'd recommend anyone to come here. It's like being at home and they are doing it all for you" and "The staff are wonderful, you couldn't get better. There's no shortage, staff are always around." Two people felt there was the odd occasion when staff were "a bit pushed" with one commenting, "The maximum I have waited to go to the toilet is ten minutes. They have had some staff shortages and had to get agency staff but it hasn't affected my care."

There were appropriate processes to ensure staff were recruited safely to the home. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and written reference checks were obtained before people started work at the home. Staff confirmed this. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

People told us they received their medicines when needed and there was usually no delay. One person told us, "Occasionally my medication has been one and a half hours late during the day. They make allowances for this time wise. It's due to the day staff running behind." However, the registered manager told us there was a specific member of staff allocated to administer medicines to ensure people received them on time and to ensure medicines were managed effectively. We were told only staff who were trained and competent, administered medicines to people. The registered manager told us of plans for more staff to complete medicines training to increase the number of staff available to administer medicines. We observed a staff member signing a number of medicine records to confirm medicines administered to people as opposed to records being immediately signed after each medicine was given in line with good practice. This was brought to the attention of the registered manager who was present at the time. We also saw during our walk around the home that creams were in some people's rooms that did not belong to them. We were concerned staff may be using these on the wrong person. A member of the management team told us medicine audit checks had increased in response to improvements they had identified as needed around medicine management.

The provider had policies and procedures for staff to follow to ensure good infection control in the home. People told us staff wore protective clothing when they supported them to prevent the spread of infection. One person told us, "They always wash their hands and wear gloves as needed." Another told us staff were, "Most particular washing their hands, don't touch you until they do." Staff told us they had completed infection control training so they knew how to prevent the spread of infection. However, we saw one staff member who wore gloves and an apron assisted a person in the toilet but did not remove them when leaving the toilet. They assisted the person into the lounge before doing this which posed a risk of cross infection. We also noted that cleaning chemicals were left around the home unattended which was a potential risk to some people if they accessed them. The registered manager told us she had spoken with staff to remind them about good practice and not to leave them accessible to people.

We saw there were three radiators in the home with no cover protection to reduce the risk of hot surface burns should people fall against them. The registered manager explained that the one in the corridor could not be covered because it would limit the space in corridor for people to get past it. On the second day of our visit we were told, and saw, the radiators had been turned down to reduce any burn risks until another solution could be sought. The registered manager told us risk assessments were to be completed to demonstrate how the risk would be minimised. This action has subsequently been confirmed as completed.

People had personal evacuation plans (PEEPS) to guide staff and emergency services in the event of a fire or emergency where they would need to evacuate the home. These were available within people's care files and an additional copy was kept near the entrance of the home so this was easily accessible. We noted there were around nine people listed in PEEPS where there were instructions for them to be evacuated using fire equipment at the home as opposed to them being supported behind a safe fire door. We questioned this with the registered manager who said these would be revisited and reviewed to ensure the staff actions required were in line with safe fire evacuation procedures.

Is the service effective?

Our findings

At our last inspection on 14 November and 20 December 2016 this key question was rated as 'good'. We found during this inspection improvements were needed to ensure restrictions related to people's care were appropriately agreed and managed and records were clear around people's mental capacity. We have rated this key question as requires improvement.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us staff asked for their consent before giving care or support so that they knew people agreed to it. One person told us, "They always ask my permission first." Another told us, "They always knock when the door is closed and I shout, 'come in'."

Staff had some understanding of the MCA and DoLS. One staff member told us, "The MCA is when a patient has capacity to make a decision on their own, and can sign to consent." However, staff told us some people were reluctant to be supported with personal care which presented some challenges to them. Staff were not always clear if people had mental capacity or not to understand how any restrictions to people's care should be managed. For example, we saw staff meeting notes dated December 2017 which contained instructions for staff to restrict people's care where they had refused to have a shower. Staff confirmed they had sometimes followed instructions to restrict people from accessing areas of the home and doing an activity they enjoyed. Some staff told us they considered these actions to be in the people's best interests but we did not see any formal agreements of these decisions through best interest meetings with people or their representatives. There were also no authorised DoLS in relation to these decisions. The registered manager told us these restrictions were not currently being applied.

Staff told us a DoLS was "Depriving someone to access things" and one staff member told us, "When you are used to the patients you can get to know the person and have a judgement whether you can make that decision." However, staff had not recognised that by following instructions to restrict people's care, they may not be acting lawfully. The registered manager told us DoLS applications had been made to seek local authority authorisation for restrictions in place.

People told us they felt staff had the knowledge and skills to meet their needs. One person told us, "I think they are very knowledgeable." Another told us, "I think they are all well equipped to do what they do."

A staff training matrix showed staff completed essential training on an ongoing basis to ensure they had the knowledge and skills to care for people safely and appropriately. The registered manager monitored staff completion of training to ensure their skills were kept up-to-date.

New staff completed an induction to the home, following which, they commenced training to achieve a qualification in care. Staff told us their induction had been sufficient to prepare them for their role and had included being introduced to people and 'shadowing' (working alongside) other staff so they could learn what was expected of them.

There were plans for new staff to commence training to achieve the Care Certificate and we were told one new staff member had commenced this training. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Several staff who worked at the home had attained additional nationally recognised care qualifications to further assist them in supporting and caring for people effectively.

Staff attended supervision meetings with the registered manager where they were able to discuss any training and development needs or concerns they had so they could be supported with these. Staff appraisals were planned from April 2018 to assess staff performance against set personal objectives. However, the registered manager told us staff performance was usually discussed at individual supervision meetings.

People told us they liked the food provided, one person told us "I can have biscuits, toast anything I want within reason. The food is home cooked and very nice. They give two main choices but you can have something else if you want it." We saw meetings had taken place where people had been asked their opinion of the food. Some people had made suggestions for changes to the menu and records confirmed some of these choices had been provided.

There were two cooks employed at the home. One told us they asked people what food they liked when they started to use the service and said if people didn't like a meal they would not give it to them. The cook was aware of people on special diets, such as those on soft food diets, or pureed meals. Menus showed choices were made available to people each day. The cook was not able to confirm menus were nutritionally balanced but said they would look at the guidance available to assist them with this. We were told snacks were provided to people in the afternoon and biscuits were provided with tea in the morning. However, we were told yoghurts were only provided "sometimes" as an alternative for those people who could not eat biscuits and had swallowing problems.

Where people needed support to eat, this was provided appropriately. One person told us, "They (staff) are very patient when feeding residents." Staff were aware of the signs to look for that may indicate people were experiencing swallowing difficulties such as coughing and ensured this was reported to the registered manager. Staff also knew people's drink preferences although these were not necessarily always on the drinks trolley that was taken around the home each day. We noted staff did not always inform people of the full range of drinks they could have. For example, staff asked, "Cup of tea?" or "Tea?" but didn't suggest they could also have coffee or juice. We saw some people were able to ask for their preferred drink and this was provided.

People said they were able to access healthcare support when needed. One person told us, "The doctor comes here when needed." Another told us, "Sometimes I go to see the doctor and there are times he comes here. The chiropodist is four weekly. I have had my eyes done a couple of times. I have not seen a dentist." We saw during our review of records that health professional advice was sought when needed to ensure people received the treatment they required.

People were able to access the building via a ramp and within the home there was a lift to enable people to

easily access the upper floors.

Is the service caring?

Our findings

At our previous inspection on 14 November and 20 December 2016 people told us they were happy at the home because they felt staff cared about them and this key question was rated as Good. At this inspection people continued to be happy at the home but had varying experiences of staff interaction and being involved in their care to support their wellbeing. We have rated this key question requires improvement.

People said staff were approachable and caring in their approach. One person told us, "I have a bit more confidence since being here. They are all very friendly, always someone to talk to." Another told us, "Overall, they are excellent. It's their caring and attention to detail. They really show you you're a person they care about."

Most people spoken with could not recall being involved in decisions about their care planning. Comments included, "It's all done for me, I'm not involved in any of that" and "Have never discussed a care plan." One person told us, "They haven't discussed my care with me. They might have done with my [family member]." Despite this, people felt their care needs were met. The registered manager said some people may not recall being involved in their care planning due to their mental health decline.

People told us staff respected their privacy and dignity when delivering personal care. One person told us staff were, "Quite respectful to me. They always keep the door closed. I couldn't shower initially, I can now. They knock on the door to make sure I'm alright." Another told us, "The carers are all nice, caring and quite respectful. I do what I want when I can." We saw staff knocked on doors before entering rooms.

Whilst people felt their privacy and dignity was respected, we noted on the first day of our inspection visit CCTV was in use in the home and people told us they were not aware they were being filmed. We had also noted this had been in use at our previous inspection. One person told us, "No-one asked my permission about them." Visitors to the home were not made aware of this should this miss the sign outside of the home. We were told CCTV was used for safety reasons but no examples could be provided to demonstrate safety concerns following the last inspection regarding people's safety. The provider took action to turn the CCTV off and stated they would be taking legal advice about its use in the home to ensure this did not compromise people's privacy and dignity.

Staff told us they enjoyed working in the home, and spending time with people. They told us they developed relationships with people by talking with them which helped them to get to know people and support them in ways they preferred. One staff member told us, "I always talk to them try to find out what they like and dislike, how they came here in the first place. You get to know them better." They understood some people had varying communication methods and abilities and aimed to support people's independence where possible. One staff member told us, "[Person] likes you to sit with him and give him his cup of tea at times, he will shake your hand and stick his thumb up and say ok."

We asked staff what made them caring. One staff member told us, "We just care, you have to be caring and compassionate to be a good carer. Communication is the important thing about care, listening and

speaking and being able to communicate with families." Another staff member told us, "I think it's really important to give people choices and promote independence and give respect, you have to ask how would you want your family to be treated. There is nothing worse than feeling your relative is not cared for properly." One staff member told us how one person liked roses but as these did not last, they had bought the person some artificial ones. They told us, "I asked [person] if they would like them. I said 'as your nice flowers have withered shall we keep the basket and put in some artificial ones' and I bought them in ... They were chuffed to bits."

Is the service responsive?

Our findings

At our last inspection on 14 November and 20 December 2016 we rated this key question as 'requires improvement'. We had found social activities were limited and people felt they were not involved in decisions about their care. During this inspection, people were overall positive about their experiences of the home but there continued to be improvements needed in delivering person centred care. The key question of 'Responsive' therefore continues to be rated "Requires Improvement".

The registered manager told us how the home accepted people from hospital who needed support to recover from a health problem before they could go home. These people were supported in what was referred to as D to A beds (Discharge to Assess). This meant there were people regularly coming into the home, and going back to their own homes once they had improved. The principle behind 'discharge to assess' is that once a person no longer requires a certain level of care in hospital, they can be safely supported in a more appropriate setting such as a care home to meet their needs. A staff member told us, "It's lovely to see when people come to us on a D to A bed and they go home. We have had three go home since I have been here and they can't thank us enough and another two are nearly ready to go." This demonstrated people received the care and support they needed to get well and go home.

People's needs were assessed before they lived at Ashleigh House and information gained during this process was used to prepare their care plans. Care plans contained instructions for staff to follow to help ensure people received care and support in accordance with their preferences. There were plans for different aspects of people's care such as nutrition, mobility and personal care. However, we could not be confident people's wishes and preferences were always followed. For example, one person told us they heard the night staff asking people to get up at 4.30/5.15am in the morning telling people to get up for breakfast. A relative told us their family member was got up at 5am and was left waiting for breakfast. They stated the person would not want to be up this early, was not always put in underclothes they liked to wear each day and frequently had food on their clothes when they visited.

We did not see that people's hobbies and interests had been fully explored, so that where possible, these could be supported by staff at the home. People told us there were some activities provided and some said they were not interested in participating in activities. One person told us, "The activities lady comes in Wednesday, Thursday and Friday. I play dominoes with another resident and staff sometimes. They (staff) stop and chat now and again." Another person told us, "There's bingo sometimes, not much else to do." One person told us, "I'm not interested in anything. We don't do much here, TV, sleeping, and eating." One person said they had never seen any activities take place at the home. This demonstrated people had varying experiences of social care.

Although an activity co-ordinator was employed at the home, they worked limited hours and on the two days we visited, we only saw two people playing a board game. We were told one person had been supported by a staff member to go to the shops. We saw some people read newspapers and there were books available in the dining room and lounge that people could use. Records in care files referred to people having "one to one's" with staff but records did not show these were focused on a person's interests

or if these were in addition to the daily interaction people would normally have with staff.

A relative told us they felt there was a lack of activities provided at the home to provide stimulation to their family member. Staff said they felt social activities at the home could be improved. One commented, "It's good for them to get moving" and spoke of them needing more outings. They told us, "We had a Christmas party and encouraged them to get involved. We talked in the last meeting about more outings even if a couple of us take to them to the park in nicer weather."

Staff told us that when social activities were provided, people responded positively and enjoyed them. One staff member said when one person had been feeling "down" they had been supported to go to the shops and they had chosen to buy a teddy bear which staff said had "cheered them up". They went on to tell us when an exercise class had been provided at the home, the person had "loved it".

Whilst staff had knowledge of people's needs and what support they needed, some staff did not understand the term 'person centred care' in regards to ensuring people's needs were met in accordance with their preferences and choices. Care plans contained some personalised information about people's care preferences to help staff learn about things that were important to people. For example, information in one file stated "Wakes at 5am and 7am, will sometimes prefer to stay in bed" and "prefers skirts to trousers". Information also stated the person "chooses to wear thick bed socks" as opposed to shoes or slippers. However, we could not see this information was always used. For example, we saw the person was not wearing any footwear on the first day of our visit and questioned this. The registered manager said the person did not want to wear the socks due to the elastic and sometimes refused to wear footwear but on the second day of our inspection visit, this had been acted upon as the person was wearing their preferred footwear.

Staff understood the importance of equality and diversity. One staff member told us, "It's about giving everybody the right to have the same care provided depending on their needs...not everyone has the same needs. Giving them the same opportunities." We saw where people were able to do things for themselves during personal care, such as wash their hands and face, this was recorded which helped staff to support people's independence. We saw one person kept their own room locked and staff asked the person for their key when they wanted to go into their room.

Care plans contained information about people's hearing and vision and where they may need support to aid their communication. For example, there were instructions for staff to check one person's hearing aids and ensure they were wearing their glasses. We saw they were wearing these. However, we overheard a conversation in one lounge where people talked about struggling to see and hear the television. One person said they did not like the writing (subtitles) on the screen and another said they could not read them which suggested their needs had not been fully considered.

Care records contained information about people "expressing sexuality" such as what the person liked to wear and how they liked to have their hair done so staff could support these wishes. Religious services were provided at the home, and for some, this was on a one to one basis. The registered manager told us, "We have several representative ministers including from a Methodist church, a sister and a priest come in on a weekly basis from a catholic church. On admission, we ask if they (people) want to see their church representative and I arrange accordingly."

People told us they had no complaints to make about the home and knew the complaints procedure was on display. The registered manager had recorded complaints received, the action taken, and any contact with people or family members, to resolve the complaint and to ensure they were satisfied with the

outcome.

Is the service well-led?

Our findings

During our last inspection The provider had not fully met the requirement to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We also found a breach of Regulation 12 because risks related to people's health and safety were not safely managed. The provider had not demonstrated systems and processes were effective in driving improvement at the home and we therefore also identified a breach of Regulation 17 – Good Governance.

At this inspection we found some improvements had been made so that the provider was no longer in breach of two of the three regulations we had found last time. However, due to continued improvements needed in some areas, the provider continued to be in breach of Regulation 17. This key question therefore continues to be rated 'requires improvement'.

Following the last inspection, the provider told us they had worked with the registered manager to make the required improvements. The provider was confident the registered manager had the skills and ability to provide effective leadership and a deputy manager had been appointed following our last inspection to support the registered manager in the effective running of the home.

Records continued to need improvement to demonstrate risks associated with people's care were managed safely and consistently. Also, some of the audit processes did not identify improvements that we had found were needed. For example, the supplementary care records that staff completed did not always show checks of people were carried out to the stated timescales. We found prescribed creams in use in some rooms did not belong to the person in the room which staff may have been using incorrectly. Medicine records were not always completed in accordance with safe guidance.

Quality monitoring systems had not resulted in some people experiencing person centred care that was focused on their individual needs and preferences.

During our visit, we saw one choice on the menu was salad, burger and vegetables with gravy, which was served together. We asked the cook and registered manager about this food combination. They told us that people liked this meal. However, records of 'resident' meetings showed a person had requested to have a burger in a bun which records did not confirm had been provided or their request acknowledged.

This was a continued breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance

Since the last inspection, the provider had implemented new audit processes to check the quality of service was effectively maintained. There was a process to audit accident and incidents and ensure these were reported to us when required. We saw the registered manager had completed an audit to identify when people had fallen and action had been taken in response to the falls to help prevent them from happening again. However, we identified there had been a reportable incident that had occurred in February 2018 that

had not been notified to us until the end of March 2018. This incident had not been reported without delay as required which meant, at the time, we had not been able to check suitable actions had been taken to address the concern.

The registered manager checked people's care plans to make sure they were up to date, checked medicines were administered safely and the premises and equipment were safe and the home was clean. They also completed an analysis of accidents and incidents to ensure action had been taken to minimise the risk of a re-occurrence for the individuals concerned, and to identify any trends at service level.

The provider had undertaken a review of policies and procedures and there was an up-to-date safeguarding policy and procedure available to staff which contained information on what they should do in the event of a safeguarding concern. This policy had not been available during our previous inspection. The policy included details of who the incident should be reported to. The provider told us in their provider information return (PIR) they had been working closely with the Clinical Commissioning Group (CCG) medicines team to undertake reviews of their medicine management to ensure this was consistently managed safely.

A fire risk assessment of the home had been completed and we saw there were a number of actions required to be completed since it had been undertaken in 2017. Records did not confirm whether these actions had been completed. These included actions to ensure there were safe fire doors in the basement of the home. The registered manager agreed to discuss this with the provider to ensure all the required actions were completed and recorded. We asked them to let us know when this was done and this was confirmed following our visit.

There had been some learning taken from incidents that happened in the home. For example, when a person was not assisted by staff to move in the correct manner, additional training was provided to staff and the registered manager told us they completed competency checks to ensure staff worked safely.

People spoke positively of their experiences of Ashleigh House. One person told us, "The atmosphere is very good." Another told us, "It's alright here, no complaints." People told us that meetings were held at the home where they could offer their views and opinions of the care and services provided. One person told us, "The residents meeting last Friday was about reducing pressure sores campaigns, reducing risk, menu revisions, more home cooked food and increased activities. At the meeting [registered manager] checked that everyone knew how to complain." Another person told us, "We had a residents meeting last Friday. There were 10 or 12 there. They discussed infection and how to avoid it. Games and going out." Notes of this meeting confirmed what people had told us. The registered manager had also discussed activities and advised the activity organiser was able to take people out of the home if they wished.

Since our last inspection people had been asked to complete satisfaction surveys about their experiences at the home. The registered manager told us these had been devised and implemented on a monthly basis so that new people coming into the home had the opportunity to comment. The outcome of the surveys completed showed mostly positive feedback and the registered manager had identified areas where some improvements were needed. We saw thank you cards people had written praising the service confirming their satisfaction.

Staff had completed a satisfaction survey and the outcome of this showed staff had been upfront and honest about what they felt needed to be improved. This included some areas of the home needing to be redecorated/updated and increased activities needed for all people and not a select few. The registered manager had responded, "We are looking into providing more meaningful activities."

Staff told us they enjoyed working at the home and understood what was expected of them in regards to their role. One staff member told us, "I do really enjoy working here. I love caring for the residents." Staff said they felt supported by the registered manager who they felt they could approach if they had any problems. One staff member commented, "I think I am well supported here so far The manager is a very open minded person which is good for a care home. It's very good because it's not just about you it's about everybody else. She is very good at giving you the help that you need." Another told us, "If I have any issues, even if [registered manager] is not here, I text her or call her and she will come in."

The registered manager understood the responsibilities of being a registered person and knew the provider must display their CQC ratings so that people were able to see these. We saw this was done.

Health and safety checks of the building and equipment were regularly carried out to ensure it was safe for people to use.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor the health, safety and welfare of people were not always effective in ensuring ongoing improvement of the service.