

Ashley House Care Homes Limited

Ashley House Care Home

Inspection report

57 Broadwater
Tottenham
London
N17 6EP

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- Ashely House Care Home is registered to provide accommodation and personal care support to three people who have a mental health condition and, or, older people.
- Ashley House Care Home is a terraced house and accommodation is provided over two floors. The ground floor communal areas comprise of an open plan kitchen and dining room, and a sitting room. All rooms are of single occupancy.
- At the time of our inspection, three people were using the service.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- People told us they felt safe living at the service.
- People were safeguarded from the risk of harm, abuse and neglect.
- There were sufficient and suitable staff to meet people's needs safely.
- Staff knew risks to people and how to provide safe care.
- People told us they were satisfied with the medicines support.
- The service was clean. Staff protected people from the risk of infection.
- Staff told us they felt supported and they received regular supervision.
- People's needs were assessed before they started receiving care.
- People told us they were supported by appropriately trained and skilled staff.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's care plans were person-centred. Staff knew how to meet people's personal needs.
- People told us staff respected their privacy and treated them with dignity. People were involved in the care planning process and their independence was encouraged.
- People knew how to raise concerns and they told us the service was responsive.
- People, staff and healthcare professionals told us they the service was well managed and they found the registered manager approachable.
- The provider had effective systems and processes in place to ensure the quality and safety of service.

Rating at last inspection:

- Requires improvement (report published 27 March 2018).

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our

reinspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Ashley House Care Home

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

- The inspection team consisted of one inspector.

Service and service type:

- Ashley House Care Home 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 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:

- Our inspection was announced.
- We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure the registered manager was at the location to facilitate our inspection.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House. Due to technical problems, the provider was not able to complete a Provider Information Return form. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with three people who used the service.
- We spoke with a care staff member, the registered manager, a visiting healthcare professional and the commissioning authority.

- We reviewed three people's care records, three staff records including recruitment, training and supervision, and other records about the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "Yes, I feel safe here, and trust the staff."
- There had not been any safeguarding concerns since the last inspection.
- Staff were trained in safeguarding and whistleblowing procedures, and knew how to identify and report abuse and concerns. One staff member commented, "It is about protecting vulnerable people from abuse or neglect. I would look out for any bruises, marks, rashes, changes in moods. First, I will call my line manager. [Registered manager] will investigate, she will alert Haringey safeguarding team and notify the CQC. Whistleblowing is about raising concerns about any wrongdoing happening at the work place. If the manager is not doing anything about [concerns] then will let CQC know."
- This meant people were safeguarded from the risk of abuse, poor care and neglect.

Assessing risk, safety monitoring and management

- The provider carried out thorough risk assessments to ensure risks to people's physical, emotional and mobility needs were identified, assessed and mitigated.
- Staff were knowledgeable about risks associated with people's healthcare needs and how to provide safe care. A staff member said, "I have to make sure [people who used the service] are living in a safe environment. I make sure cleaning materials and COSHH [control of substances hazardous to health] materials are stored in a cupboard which is locked."
- Risk assessments were comprehensive, individualised and regularly reviewed. They were for areas such as personal care, medication, behaviour, absconding, diet and communication. There were also detailed risk assessments specific to people's health conditions such as swallowing difficulties, diabetes, asthma, obesity and high cholesterol.
- People had individualised personal emergency evacuation plans that set out their physical and communication needs, and the support they required in safely evacuating the service in the event of an emergency.
- Fire drill records showed staff and people were involved in regular fire drills.
- The provider carried out regular health and safety, and maintenance checks of, for example, fire equipment, water and electrical equipment to ensure people's safety. Records confirmed this.

Staffing and recruitment

- People told us there were sufficient staff in place to meet their needs safely. Staff we spoke with and the rotas confirmed this.
- The provider followed appropriate recruitment procedures to ensure sufficient, suitable and safe staff were recruited to support people who were vulnerable.
- Staff files contained required recruitment paperwork and included identity, right to work in the UK,

reference and criminal records checks to ensure staff were of good character, safe and suitable to meet people's needs safely.

Using medicines safely

- People's medicines needs were met safely by staff who were appropriately trained and their competency assessed. People we spoke with and records confirmed this.
- During the inspection, we observed a staff member administering medicines. They followed appropriate procedures to ensure people's medicines were administered in a safe manner.
- Medicines were stored safely and at the recommended temperature as set out by the National Institute for Health and Care Excellence guidelines.
- Medicines administration records showed staff maintained accurate records of medicines that were administered along with the stock checks.
- This showed the provider followed proper and safe medicines management practices.

Preventing and controlling infection

- The service was clean and free of malodour.
- Staff were trained in infection control. Records confirmed this. Staff followed safe infection prevention and control practices to ensure people were protected from the risk of infection.
- A staff member said, "Making sure everything is clean, always wear aprons when cooking, and wear aprons and gloves when assisting with personal care. Once the personal care is completed dispose of used [aprons and gloves] safely in the bins. Yes, [we are] provided with enough aprons and gloves."

Learning lessons when things go wrong

- The provider had processes in place to learn lessons and improve when things went wrong.
- Staff knew the actions they were required to take in cases of accidents and incidents. A staff member said, "If the person requires medical attention, I have to call the ambulance. Then I must record in the daily records and complete the incident form, and inform my line manager and other team members."
- There were clear records of accidents and incidents with actions taken and learning outcomes.
- Lessons were shared with the staff team to prevent the incidents from happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out people's needs assessment to ensure they were aware of their needs, abilities, choices, and the support they required before they moved to the service.
- The registered manager met with people, their relatives where necessary, social workers, psychiatrists and other healthcare professionals involved in their care to identify their physical, medical and mental health needs and abilities.
- People's needs assessment form contained information in areas such as mobility, cooking and domestic skills, budget management, emotional wellbeing, personal hygiene, rising, grooming, dressing, dietary preferences, continence, culture and religion, and any palliative care needs. This information enabled the registered manager to develop a plan of care for people that met their individual needs.

Staff support: induction, training, skills and experience

- Staff told us the training was good. One staff member said, "I have had training in areas such as safeguarding, the MCA, and health and safety. It was very good. Yes, I feel confident in my job. As time goes they [the provider] will give us more training."
- All new staff were required to carry out shadow training for a week as part of the induction programme. A staff member said, "[Induction] was very good. [Registered manager] showed me all the things around the home, care plans and risk assessments. I was given shadowing for a week."
- Training records showed staff were provided with sufficient induction and refresher training to be effective in their role. All staff were required to complete the Care Certificate training following the induction training. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Staff were provided with regular supervision and an annual appraisal to enable them to provide effective care. Supervision and appraisal records confirmed this.

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

- People told us they liked the food. A person said, "There is enough variety of food offered to me." People designed their weekly menus with staff. Records showed people were encouraged to have a balanced diet. People were given alternative options if they did not want to eat what was on their food menus.
- People's care files had food charts where staff recorded what people ate when they chose to eat something that was not on the menu.
- As a good practice, people were weighed monthly and the charts showed people's weights were maintained.
- The kitchen was clean and food was stored as per the required food and hygiene standards.
- On the inspection day, we saw people enjoyed their meals, some made themselves cups of hot drinks and

helped themselves to fruit from a basket full of fresh fruits on the dining table.

- This showed people were supported to eat and drink enough to maintain a balanced diet.

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

- People told us staff supported them to access healthcare services and liaised with healthcare professionals.
- A visiting healthcare professional told us staff worked well with them to provide people with effective and consistent care.
- Staff discussed people's needs, healthcare appointments and healthcare professionals' feedback at the daily handover meetings. This enabled staff arriving at the next shift to be informed of the support people required.
- People's care files contained healthcare professional visit records that confirmed people received regular medical intervention when required such as from a doctor, psychiatrist, community nurse and dietician.
- This showed staff worked well together and with other agencies including health and social care professionals to ensure people received effective and timely care.

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

- The service was accessible and the premises design and decoration met people's individual needs. During the inspection, we observed people accessing their bedrooms, garden and other communal areas with ease and comfort.
- The registered manager told us the provider was in the process of updating and renovating the premises and that they would consult people in the improvements.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff gave them choices and asked their consent before supporting them.
- Staff were trained in the MCA and DoLS, and knew that people had a right to choose and the importance of seeking consent before providing care. During the inspection, we observed staff encourage people to make choices and asked their consent before they provided care.
- People's capacity was assessed before they moved to the home. The registered manager told us, "As a rule we always assume people have capacity unless proven otherwise."
- People's care files informed staff whether or not people had capacity to make decisions and instructed them on how to encourage them in decision making. People who were subjected to DoLS had approved DoLS authorisation certificates in their files. People's care files also had signed consent to care and treatment forms confirming agreement with their care and support plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring and treated them well. On the inspection day, we observed caring and meaningful interactions between staff and the people who used the service. The service had a pleasant and warm atmosphere, and staff were seen supporting people with compassion.
- People told us they liked their bedrooms, and on the inspection day, we found the bedrooms were decorated as per people's choice. One person commented, "I like living in my bedroom, it does feel like my home."
- Staff were trained in equality, diversity and inclusion. They told us they treated people without discrimination. A staff member said, "I provide person-centred care by not being discriminatory. I support [people] with their needs. You have to provide them support as per their wishes and choices."
- People's care plans recorded their needs in relation to their gender, sexuality, gender preference of care, culture and religion. This enabled the service to meet people's needs in relation to their protected characteristics.
- It is unlawful to treat people with discrimination because of who they are. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act.
- The service promoted and encouraged lesbian, gay, bisexual and transgender people to use their service. A staff member told us, "No matter what [people] sexuality is, I would support them."
- People were encouraged and supported to maintain relationships with their loved ones.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff listened to them. A person said, "I feel [staff] do listen to me. When I feel stressed, staff reassures me."
- During the inspection, we saw staff listened to people's needs in a sensitive and caring manner, and encouraged them to make decisions about their care.
- People told us they were involved in planning their care. The registered manager told us, where requested, they involved people's relatives in the care planning process. Records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy.
- People's independence was supported and encouraged. A person said, "I prepare my own breakfast." A staff member told us, "I put toothpaste on the brush give it to [person] and she would brush her teeth by herself."
- During the inspection, we saw staff respected people's privacy, encouraged their independence, and provided care in a dignified way.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew their likes and preferences, and supported them to plan their care and met their personal needs.
- Staff knew how to provide personalised care that met people's interests and enabled people to have control over their care.
- A staff member said, "[Person who used the service] likes to go out, likes visiting her [relative]. We encourage her to maintain her relationship with her [relative]. She likes writing letters and watching television."
- People's care plans were person-centred and gave staff information in areas such as people's life history, medical and mental health history, likes and dislikes, healthcare needs, care outcomes and goals, and how they would like to be supported.
- People's care plans provided staff with information on their communication needs and preferred methods of communication. During the inspection, we saw staff communicated with people in their preferred way and met people's individualised communication needs.
- This showed the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- The registered manager reviewed people's care every month and updated their care plans where necessary. People met with staff monthly to plan and evaluate their care and future goals. People and records confirmed this.
- People told us they were supported to pursue their interests. A person said, "I like shopping, listening to music. I have gone with staff to shops and cafes. I attended music classes."
- Staff assisted people to develop weekly activities plans that promoted social, leisure, interactive experiences and enhanced their daily living skills. Records confirmed this.

Improving care quality in response to complaints or concerns

- The provider had a complaint's policy, and the procedure was displayed on a notice board for people who used the service, visitors and staff's easy access.
- People told us they knew how to raise concerns and they felt comfortable in making complaints.
- However, no one had made any complaints since the last inspection. A person said, "I haven't made any complaints. Things are fine."
- The provider had systems in place to record complaints and address them in a timely manner.

End of life care and support

- The provider had an 'end of life care planning policy and procedure' that stated how they would support

people with end of life care needs.

- The registered manager had had end of life care discussions with people and their wishes were documented in the care plans. Records confirmed this. This enabled staff to provide people with appropriate end of life care support. Staff were trained in end of life care and palliative care.
- Currently, no one was being supported with end of life care and palliative care needs.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the last inspection, the provider had failed to notify CQC of incidents reported to the police. This was a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents.
- The registered manager was now submitting all relevant statutory notifications to us promptly and the provider was no longer in breach of this regulation. This ensured we could effectively monitor the service between our inspections and helped to keep people safe.
- People told us they found the registered manager approachable and easy to talk to. Healthcare professionals and the commissioning authority told us the service was well managed and they did not have any concerns about the care people received.
- The registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The registered manager carried out regular monitoring and auditing checks to ensure people received good quality of care.
- Audit and monitoring checks were carried out for medicines administration records, care plans, staff training and personnel files, health and safety, complaints, accidents, and finance. They were all in date and the checks identified areas that required improvement. Records also showed appropriate actions were taken to address the identified gaps and issues.
- The provider also carried out mock inspections to ensure the service was compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records confirmed this.
- This meant the provider had effective systems in place to ensure the safety and quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager engaged with people, relatives, healthcare professionals and staff to promote learning and improve care.
- People told us they attended meetings every six weeks where the registered manager asked them for their feedback and if they had any concerns. Records confirmed this.
- Staff told us they felt supported by the provider and they were asked for their views and opinions. The registered manager held staff meetings every two months where they discussed people's care, the support staff required and how to improve care. Records confirmed this.

- The provider carried out annual surveys to get the views of people who used the service, their relatives and staff. The last annual survey was conducted in 2018. Overall, the results were positive.

Working in partnership with others

- The registered manager worked in partnership with the community organisations, local authorities and other healthcare professionals to improve people's lives and experiences.