

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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Ashleigh House is a residential care home providing personal care for up to 24 older people aged 65 and over. At the time of our visit, 15 people lived at the home and one of these was in hospital. Accommodation is provided over three floors in one adapted building.

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

There had been an increase since the last inspection of audit checks completed to monitor the quality and safety of the service to help drive improvement. However, these had not been consistently effective in identifying risk and areas needing improvement. Quality checks included feedback from people, their relatives, and staff, through quality questionnaires and meetings.

Health and safety checks were carried out to make sure equipment and the environment was safe although we identified some areas needing improvement which were addressed during our visit. Arrangements were in place to keep the home clean, but staff did not always follow good infection control practice.

People's needs were assessed before they moved into the home to make sure their needs could be met, and it was the right place for them to live. People told us they felt safe living at Ashleigh House and spoke positively about the staff that supported them. We found there were some inconsistencies in regards to risks associated with people's care being identified, recorded and reviewed, to ensure people were kept safe.

Staff understood what they needed to do to keep people safe from the risk of abuse and we had been informed of potential safeguarding incidents in a timely manner. Staff had improved their understanding of the Mental Capacity Act but where people lacked capacity, this had not always been identified within records. However, staff said they supported people with decision making to ensure they had choice and control of their lives and aimed to support people in the least restrictive way possible and in their best interests.

Health professionals were contacted where appropriate to support people's healthcare needs. At our last inspection we identified improvements in the management of people's prescribed topical creams were needed. At this inspection, these improvements had been made. People received their medicines from trained staff when they needed them.

Staff were recruited safely and there were enough staff to meet people's needs. Staff completed on-going training and supervision to be effective in their roles.

Staff knew people well and people had access to some social activities to maintain their wellbeing. People said there was not enough social stimulation for them. A new activity organiser had been appointed and was developing activities in accordance with people's preferences. This included building further links with the local community.

Staff were caring in their approach and understood how to respect people's privacy, dignity and independence and people told us this was maintained. Care plans contained information to support staff in providing personalised care. Some people had contributed to end of life care plans which were being developed to help ensure people's wishes were followed at this time.

At our last inspection it had not been clear people's nutritional and hydration needs were met. At this inspection, this had improved. People were offered a choice of meals and snacks on a daily basis and staff understood and supported people's dietary needs.

People and their relatives knew how to raise a complaint and felt at ease to raise any concerns with staff. Complaint records showed the registered manager had investigated those received and taken action to address them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was 'Requires Improvement' (published 22 June 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

<b>Is the service safe?</b> The service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was not always responsive.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service is not always well led.	<b>Requires Improvement</b> ●

# 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.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience on 13 June 2019 and one inspector on 18 June 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications we had received about events that had happened at the service, which the provider is required to send to us by law, for example about serious injuries. We contacted commissioners to gather their views about the service. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with five people who use the service and two visitors/relatives about their experience of the care provided. We spoke with four care staff, the activity organiser and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing complaints, checks undertaken on the health and safety of the home and staff training records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- At our previous inspection records were not clear about how risks were managed. At this inspection this had improved. Overall care plans showed risks associated with people's care had been assessed with staff actions to address them. However, one person continued to fall frequently despite being on hourly checks and had sustained a serious injury. Health professionals had been involved in the person's care but records did not show any increased checks had been implemented to address this risk. The registered manager told us arrangements had been made to move the person to a downstairs bedroom where staff could more easily monitor the person.
- Walking frames had not been consistently checked to make sure they were safe for people to use. The rubber feet (ferrules) on three walking frames were worn to the metal increasing the risk of falls. The ferrules were all replaced by the second day of our (CQC) visit.
- There was a fire risk assessment which showed fire safety checks were carried out within the timeframes stated. However, not all staff had participated in a fire drill within the six-month timescale expected by the provider to ensure fire safety was effectively managed.
- People at risk of skin damage had care plans that showed their skin was regularly checked. Health professionals had been consulted where people had developed sore skin or skin conditions that required treatment.
- At our previous inspection nutritional risks were not effectively managed. At this inspection, this had improved. Records were clear about people's food and fluid consumption to confirm nutritional needs were managed. People were weighed regularly to check they received sufficient nutrition.
- Checks of the building and equipment such as gas, electricity and hot water temperatures took place to make sure any environmental risks were identified and addressed. Each person had a personal evacuation plan stating what staff should do to support people in the event of a fire.
- Call bells were not consistently available to people to enable them to alert staff. One person told us, "My call bell is near me today. It's not always within reach." The registered manager told us staff had been reminded to ensure people had their call bells by them.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives felt people were safe living at Ashleigh House. One person said, "I'm safe. Some carers are better than others, they are all alright."
- Staff completed safeguarding training and knew how to keep people safe. Staff told us if they suspected abuse or witnessed abuse they would report it straight away to the registered manager.
- Safeguarding concerns were effectively managed. Concerns had been recorded, investigated and referred

to the Local Authority and us (CQC) as required.

#### Staffing and recruitment

- Staff were recruited safely. Staff did not start work at the service until all the required checks had been completed to prevent unsuitable staff working with vulnerable adults. However, records did not show a potential risk identified in recruitment checks had been managed. The registered manager confirmed it had and agreed to ensure records clearly stated any risk management in future.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has improved to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we found restrictions had been placed on people's care without full consideration as to whether this was in their best interests. At this inspection, this had improved. The service was compliant with the MCA. The registered manager had made referrals to the Local Authority where people were deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for people.
- Best interest decisions were made with all relevant parties present when restrictions were placed on people's care to ensure the least restrictive options were considered and agreed.
- Staff had completed training in relation to MCA and DoLS and gained people's consent before providing care to ensure they agreed to it. One staff member told us, "Those people that don't have capacity, you need to help them to make a decision, those that have, they need to make a decision themselves." The staff member told us they would return at a later time if people refused personal care, and added, "We can't force them."
- It was not always clear from records whether people had capacity to make specific decisions. We discussed this with the registered manager to ensure people who did not, received the support they may require.
- Where it was known that people lacked capacity to make their own decisions, action had been taken to ensure relatives had the legal authority to make decisions on their behalf.

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

- People's needs were assessed before they moved into Ashleigh House. People had contributed to their

assessment which included information about their mobility, health and interests.

- Some people at Ashleigh house were staying there on a temporary six week placement within allocated 'Discharge to Assess' beds. This is where people are supported to leave hospital when safe and appropriate, to continue their care and assessment out of the hospital environment. Staff told us people on such a placement had returned to their own homes when they were well enough.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service. This included, face to face training and working alongside other members of staff to help them understand people's individual needs.
- The provider's induction for staff new to care included the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Staff were required to complete regular online training to update their knowledge. Training records showed staff had completed essential training. Additional training linked to people's care needs was in progress.
- The registered manager completed supervision meetings with staff and periodically assessed staff competence to ensure staff carried out their duties safely and in accordance with the provider's expectations.

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

- Staff worked in partnership with other agencies to ensure people received effective care. For example, staff had contacted the local GP for one person who needed immediate medical attention. The GP was able to assess the person in a timely way and staff followed the GP's advice to support the person to recover.
- People told us they were able to access health professionals when needed. One person told us, "She (GP) comes on Tuesday to see me. The chiropodist comes. An optician came four months ago, I have four sets of glasses."
- District nurses visited the home to support people with skin problems and provided advice to staff on how to reduce the risks of further skin damage when needed.

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

- People were satisfied with the food provided and were encouraged and supported to eat when assistance was required. Comments included, "The food is not bad..." and, "...Like the food generally."
- People were provided with daily choices and were asked at 'resident' meetings or through quality questionnaires if they continued to be happy with the menu provided. One person told us, "They always give me a lunch choice, always ask me what I want." A relative told us, "They come around with a menu in the morning, there's two choices. Even if [name] changes their mind at the table, they accommodate them."
- Since the last inspection, the service had taken positive action to become part of a 'nutrition pilot' whereby a series of actions had been implemented, to minimise the risks to those people identified as being at risk of malnutrition. This included ensuring people received three balanced meals, two nourishing snacks and fortified milk (calories added such as powdered milk, cream) every day. Other supplements were used as advised by the dietician.
- People provided with fortified milkshakes told us they enjoyed them.
- People chose whether to sit in the dining room, the lounge, or their bedroom for meals. Tables were laid with tablecloths and mats, and people drank from china mugs which helped to make it a more enjoyable and social experience. There was a drinks menu but at lunchtime people were only offered orange squash which suggested the menu was not always followed.

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

- Ashleigh House is an adapted building. A lift enabled people with mobility difficulties to access other floors.
- People were able to move around the building independently and could choose to sit in either of the two lounges and a dining area.
- Consideration was given to ensure people's rooms were safe and suitable for them. For example, one person at risk of falls had a room with an ensuite toilet so they could easily and independently access this when needed.
- Signage was used around the home to support people to locate their rooms, bathrooms and toilets.
- People brought their personal items into the home when they moved there to make their rooms homelier.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said the staff were available to support them when needed and were respectful. One person told us, "The carers are alright, I don't think they could be better." Another said, "Even if they are busy, they always have time for you."
- Staff knew people well and were caring in their approach. One staff member told us, "I love taking care of them, being with them, talking with them, dancing with them. If I am not happy, they know. They need for us to be close to them to make them happy."

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

- At our last inspection people could not recall being involved in decisions about their care. At this inspection, people spoke positively of living at the home and told us they made daily living decisions about their care. For example, one person told us, "I like my door open, I don't like to be shut in." We saw their door open.
- Care plans showed people's involvement in decisions linked to their care when they were first assessed, but their ongoing involvement in decisions was not clear. The registered manager told us they would address this.
- People were assisted to make contact with advocates or people who could represent them if they needed support to make important decisions that impacted on their care and support.
- We saw how staff had encouraged one person to pursue their interests including reading which was important to them. We recognised how this had resulted in an improvement the person's wellbeing compared to when we had met them previously.

Respecting and promoting people's privacy, dignity and independence

- People spoke of staff respecting their decisions to be independent where this was possible.
- Staff respected people's right to privacy such as respecting their decisions to remain in their rooms if they wished to.
- At the last inspection, CCTV had been in use in communal areas and people had not been aware they were filmed which impacted on their privacy. At this inspection, CCTV usage had reviewed to address this.
- Staff described how they maintained people's privacy and dignity when delivering personal care. One said, "We go in and greet them and ask how they are doing. We make sure the door is shut, close the windows, tell them what we want to do so they know what we are going to do. We use towels to cover them."
- A relative told us, "[Person] is always nice and clean, they appear to be respectful, I have not seen it

otherwise."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same, 'Requires Improvement'. This meant people's needs were not always met.

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

- Overall, people spoke positively of the personalised care they received but felt the level of social activities and social stimulation could be improved. One person told us, "I just sit here all day. There are no activities. Haven't heard of an activity schedule, not much goes on... It's very boring here, you would be (bored)."
- The activity organiser who worked at the home on a part time basis told us how they aimed to help improve people's social stimulation. They said they worked with people on an individual basis to help address their social needs. One person had been supported to draw and told us, "I love to draw, I am in my own world." Another person told us, "An activities lady has just started. She's going to help me knit. I went down to the exercises a couple of times. There's nothing else. I just watch TV and I have tried reading for an hour." They went on to tell us the activity organiser had mentioned two activities they could participate in, but these had not yet taken place.
- Staff told us about the positive impact the activity organiser had on people. One said, "We now have an activities person. She is very important for them, sometimes they are here planting things, it makes them happy."
- Care plans contained information about people's preferences. Staff read people's care plans and spent time speaking with people and their families to help them learn about what people needed and wanted. Care plans were regularly audited, and information was updated if people's care needs changed.
- People were provided with daily living choices such as where to sit, whether to have a bath or shower and how to spend their time. One person told us, "I like a shower, its what I prefer. It's once a week, whenever you want. I can choose what I wear." However, two people told us they were not given choices. One stated, "They wake me at 5am or 6am. I have a bed bath then, there's not a choice." Another told us, "I get up at 5am. They usually make you get up" suggesting they may not be aware they had a choice. The registered manager told us following our visit they had allocated an extra staff member to the morning shift to ensure people were supported up at times of their choosing.
- Staff told us communication was good. They received a handover of information when they arrived for their shift. This meant they had up to date information to provide the care people needed.

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they were to explore the AIS further to ensure people received information in a way they could understand. They told us how they were looking into improving communication at the home through the use of technology such as ensuring people had access to Wi-Fi. They told us, "We already use 'skype' (video calls) for families who live long distances.
- The registered manager said large print documents could be provided if needed.
- Care plans contained information about people's communication needs and if they were able to use a call bell to alert staff.
- People were able to maintain relationships with people that mattered to them. Visitors and relatives visited the home when they wished. Relatives told us staff were good at communicating with them. One told us, "They always phone me. Twice [person] has slipped on the bed...they rang and told me."

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- Records showed complaints had been investigated and responded to.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

#### End of life care and support

- End of life care plans were in place but they contained limited information about people's end of life wishes to ensure staff could support these.
- The registered manager said some people had ReSPECT (Recommended Summary Care Plan for Emergency Care and Treatment) forms which showed people had made advance decisions regarding their wishes to stay at the home or go to hospital when at the end of their life.
- Staff liaised with health professionals when people's health deteriorated at the end of their life to ensure any support with pain relief and care could be provided to aid their comfort.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as 'Requires Improvement.'. At this inspection this key question has remained the same, 'Requires Improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure there were systems and processes to monitor the health, safety and welfare of people consistently to drive improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some positive improvements had been made and the provider and registered manager were aware of further improvements required. However, the provider's governance arrangements had not been fully effective to identify all improvements needed such as those we had identified. This meant there was a continued breach of regulation 17.

- Audit processes had not identified equipment people used was not safe.
- Audit checks had not resulted in increased monitoring for those people at risk of falling to reduce the risk of injury.
- Audit checks had not ensured all staff regularly attended a fire drill in accordance with the fire risk assessment timescales to maintain good fire safety practice.
- Systems to check good infection control practice was maintained were not fully effective.
- Ashleigh House has received a Requires Improvement rating on the previous three inspections. Quality monitoring had not ensured sufficient improvement has been made.

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

- People were more positive in their overall views of the home and records about people's choices and preferences were more detailed to support staff in meeting them.
- The registered manager was supported by the provider who regularly visited the home to undertake their own quality checks to manage any potential health and safety risks and ensure people received a quality service.
- A maintenance person was employed at the home and confirmed actions were in progress to address maintenance issues in people's rooms we identified during our visit, such as dripping taps.
- Staff said they felt supported by the registered manager and the provider to understand their role and

what was expected of them. One staff member told us, "I am supported very much so, if I need anything or stuck on anything, yes, I always approach [registered manager] to make sure I am doing my job correctly."

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

- People had opportunities to comment on the quality of the care and support they received at periodic 'resident' meetings or by completing quality questionnaires.
- People and relatives spoken with could not recall resident meetings taking place, but confirmed they had completed questionnaires. Comments included, "Meetings, not sure, we talk about our care sometimes. We do a questionnaire as well" and, "I've no idea if they have resident or relative meetings, we had a questionnaire three months ago." The registered manager told us some of these people may be new to the home so will not have had an opportunity to attend a meeting.
- Staff attended meetings where they discussed issues related to the running of the home. One staff member told us, "Yes we have meetings and one-to-one meetings and group meetings. Group meetings every month."

Continuous learning and improving care

- The registered manager completed a range of audits to check the quality of the service, so they could identify areas of improvement needed.
- Feedback from people and relatives helped to drive improvement, for example changes to room décor and facilities.
- The registered manager told us of plans to implement an analysis of accidents and incidents to identify patterns and trends to help minimise the risk of them happening again.

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

- People spoke positively about living at the home. One person told us, "The atmosphere is good."
- The registered manager walked around the home each day to check people were well and to check for any environmental risks needing attention.
- People told us they knew who the registered manager was should they have any issues they needed to discuss. Comments from people included, "The manager, she is very good," and "I think she is great."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC rating for the service was not clearly displayed within the home as it was obscured on the notice board. It was also not displayed on the provider's website as required. The registered manager took the necessary action during our visit to address this.
- The registered manager understood their regulatory responsibilities to inform us about significant events that happened in the service such as serious accidents and incidents and these had been reported.
- When things had gone wrong the registered manager shared this information with staff at regular staff meetings and discussed actions needed to ensure they were addressed.

Working in partnership with others

- The registered manager worked in partnership with other health professionals to ensure people's needs were met. For example, referrals were made to the "falls clinic" to seek advice on how to keep people safe who had fallen. Referrals were made, via the GP, for mental health support if it was recognised people needed this support. Referrals were also made to a dietician if it was felt people may be at risk of malnutrition and this was a concern.

- Some community links had been established such as with rehabilitation services, places of worship and social activity providers to support people's needs.

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.