

Barchester Healthcare Homes Limited

Ashlar House

Inspection report

The Plain
Epping
Essex
CM16 6TY

Tel: 01992570691
Website: www.barchester.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashlar House is registered to provide accommodation for up to 44 people who are living with dementia. It is located in the grounds of St Margaret's hospital in Epping and provides nursing care. At the time of inspection there were 43 people living at the service. People's accommodation was situated on one floor.

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

Effective arrangements were in place to ensure recruitment checks on staff were safe.

Minor improvements were required to staff recruitment files. We have made a recommendation about the management of staff recruitment files.

We received positive feedback about the service. A relative told us, "Staff are excellent. They have genuine concern for the resident's wellbeing. The manager is approachable, and I have no concerns."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in place to minimise the risk of infections. There were safe medicine procedures for staff to follow.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

Staff understood how to raise concerns and knew what to do to safeguard people.

The provider had monitoring and audit systems to ensure they provided good care and these were kept under regular review.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 May 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have made a recommendation in relation to recruitment practices.

Follow up

We will continue to monitor information we receive about the service, which will help us inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashlar 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 November 2023 and ended on 13 November 2023. We visited the service on 8 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 9 relatives about their experience of the care provided. We spoke with 7 members of staff, including the registered manager, a team leader and administration staff. We also received feedback from 4 health professionals.

We reviewed a range of records. This included 5 people's care records and 5 people's medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaints and compliments records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files to ensure they meet the regulations. For example, some staff files did not include staff's proof of address.

We recommend the provider ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- There were enough staff to support people's needs. A relative told us, "Whenever I have been there, there is always at least one member of staff available. Never been there and struggled to find anyone."
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "There are a lot of staff here and they all know exactly what they are doing." A health professional told us, "I can confirm that the nursing staff at Ashlar House are exceptionally caring, knowledgeable and approachable. They do not hesitate to get in touch if they have any queries about a person, and they are very trustworthy with regards to following up on patients if they had any appointments or investigations."
- Induction training processes promoted safety. The registered manager told us, "We have a good induction in place and then staff shadow until they are confident to work independently." Staff confirmed the induction had been extensive and offered an opportunity for shadowing which prepared them for their job.
- Staff were subject to checks with the Disclosure and Barring (DBS). The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and how to protect them.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns of actual or potential abuse, and I would know how to escalate them if I needed to."
- People using the service and their relatives told us they felt safe. A relative told us, "Yes [relative] is safe and we have never seen [relative] in distress." A person told us, "I feel safe here because of the quality of the staff and safer than I was at home because I am not alone."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority or CQC and had sent the appropriate notifications when necessary.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. Assessments included people's healthcare needs, how people moved around the service, skin integrity, choking and risks associated with nutritional and fluid intake. Assessments and plans were regularly reviewed and updated following any incidents, such as a person falling.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely. The registered manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- The registered manager assessed the risks within the environment, including the building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. There were regular checks and services of all equipment and the building.
- People were cared for in a safe environment. The service employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies.

Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record.
- Staff did not support people with medicines until they had completed the required training, and medicine competency assessments were seen on file.
- People had care plans and risk assessments in place which detailed what medicines they were prescribed and how they liked to be supported. Protocols were in place for medicines which were given as and when needed, such as pain relief medicines. This provided staff with information about the dosage and reasons for administering.
- Medicines, including controlled drugs were stored securely and within the appropriate temperature range. There was a keypad on the door of the medicines room to prevent any unauthorised access.
- Senior staff completed regular audits of people's medicines.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment [PPE] effectively and safely. Staff confirmed there were always enough supplies of PPE available. Observations showed staff wore the correct PPE when supporting people.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks can be effectively prevented or managed.
- The environment was clean, and people confirmed regular cleaning took place. The registered manager carried out audits of infection control and cleanliness. The registered manager carried out a daily walk around and met with staff to discuss infections and how these were being managed, whether they could have been prevented and whether any changes were needed to the service.

Visiting in care homes

- People's relatives were supported to visit the service and confirmed there were no visiting restrictions in place. A relative told us, "There are absolutely no restrictions in place. We can visit whenever we want to. There is an open-door policy. They are very welcoming here and we love coming here to visit [relative]."

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated and took action. Lessons learned from incidents were shared and discussed at team meetings and used to improve people's care. The registered manager told us, "I speak to staff every morning during our daily stand up meetings, during team meetings

and supervisions and discuss any issues or incidents to share information with them."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS application had been made and legal authorisations were in place when needed.
- Staff understood the need to gain consent from people for care and to encourage people to make decisions for themselves. Where people were unable to do this, best interest decisions were in place.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the service they managed. There was an effective quality audit system in place which included a monthly report to analyse themes or trends.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The registered manager had regular contact with health professionals and updated support plans accordingly.

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

- The service had sent people and relatives surveys for feedback on the service they received. The service used this information to implement action plans and make improvements. A relative told us, "I am really impressed with the manager. We have regular relative meetings where we are given an opportunity to discuss things with management."
- People had regular meetings with management to discuss the care they received in the service. A person told us, "We have regular meetings and we use this time to discuss how we feel and what changes we would like to see. We also talk about what is working well."
- Staff received regular supervision to discuss their support needs and any practice issues. There were also regular staff meetings. A member of staff said, "We use our supervisions to discuss people's wellbeing, the running of the service and how staff are progressing. The manager involves us and gives us the opportunity to implement any changes we would like to bring to the service. The manager really listens and cares about the staff and people here."

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

- The registered manager was aware of their responsibilities in relation to the duty of candour. This requires providers to be open and transparent with people who use their services and others acting lawfully on their behalf.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of any important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC. Statutory notifications had been submitted to CQC

when needed.

- Staff were positive about working at the service and promoting good outcomes for people. A member of staff said, "I enjoy working here. We work well together as a team. I get a lot of support from the management."
- People we spoke with were complimentary of the service and staff. A health professional said, " The manager is very approachable, and always encourages you to report to her anything that you felt was not quite right on the visit, or if the resident has said that they are not happy with something. [Manager] will have the issue put right straight away, as [manager] is always saying that the place is the resident's home and not ours." A relative told us, "My [relative] is well cared for and I always get informed if they are not feeling well or if anything has changed. We have a good relationship with the home."
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training and examples of lessons learnt. A staff member told us, " We have regular meetings, and we have the autonomy to make suggestions. The manager respects our experience and is very supportive. I value our meetings and the time we get given."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.
- The provider worked in partnership with different healthcare professionals to support people's needs. People's care plans detailed who was involved in their care and evidenced input from the relevant professionals, such as the GP and district nurse.