

Ashleigh Court Care Limited

Ashleigh Court Rest Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashleigh Court Rest Home is a residential care home providing personal and nursing care up to up to 22 people. The service provides support to people 65 and over. At the time of our inspection there were 9 people using the service.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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

Systems in place to monitor medicines had not been effective in identifying the areas for improvement found at this inspection. There was a new management structure in the home which had driven improvements in the areas identified in our last inspection. People told us they were asked for their feedback on care. We saw that the provider had worked with other agencies.

People told us they felt safe living in the home however medicines were not always stored safely. Risks to people were identified and mitigated through comprehensive risk assessments. The staff team were experienced with a varying skill mix benefiting the complex needs of people. Infection control procedures were in place and all staff were aware of these. When incidents occurred, lessons were learned.

The staff team made every effort to know and understand each of the people living in the service. The staff and registered manager considered the service users equality, dignity and respected people. People's views were actively sought by which were listened to and actioned.

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

The staff team were trained and skilled in relation to the needs of the people living there. People's needs were detailed and care planned for. Care was personalised with a focus on the individual needs and goals of the service users. While no-one was receiving end of life care there were end of life care plans in place. The complaints and compliments procedure was displayed and discussed with people, all complaints had been responded to and actioned appropriately.

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 May 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9 (Person-centred Care) and regulation 11 (Need for Consent). We found the provider remained in breach of regulation 17 (Good Governance).

The last rating for this service was requires improvement (published 10 May 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 February 2021. Breaches of legal requirements were found. The provider completed an action plan and submitted a monthly report after the last inspection to show what they would do and by when to improve person-centred care, the need for consent and good governance.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashleigh Court Rest Home 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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the oversight and governance of service delivery at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ashleigh Court Rest 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 (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 was carried out by two inspectors.

Service and service type

Ashleigh Court Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Ashleigh Court Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

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 three people who used the service and three family members. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to seven members of staff including the registered manager, nominated individual, deputy manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records during the inspection. This included two people's care records, risk assessments and medicine administration. We looked at two staff files, including recruitment, induction, training and supervision records. A variety of records relating to the management of the service, including audits, people's feedback, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. 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.

Using medicines safely

- Medicine storage was not always safe.
- We found an 'as and when required' medicine was being stored past its expiry date. The registered manager took immediate action to address this.
- A medicine trolley on the second floor was found to have been left unlocked on one side while unattended. The registered manager assured us this was not common practice and took immediate action to address to issue.
- Protocol records for 'as and when required' medicines were not sufficiently detailed to inform staff when these medicines should be administered. However, staff knew when to administer these medicines and records showed these were on administered when needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had a good rapport with staff. One person told us, "The carers are very lovely, I feel very safe." Another person said, "Of course I feel safe here."
- Relatives we spoke to told us they felt their loved ones were safe and happy in the home. A relative told us, "I feel very confident [person] is safe."
- The provider had clear safeguarding and whistleblowing systems in place which staff had received training and knew how to effectively use. Staff understood how to spot the signs of abuse and the steps they would take to safeguard people.

Assessing risk, safety monitoring and management

- The provider assessed known risks and appropriate measures were in place to protect people from harm.
- Staff were knowledgeable about people's risks and told us they felt confident managing risks. One staff member told us, "We know people well, when someone is upset, we know who to give space to and who to bring a cup of tea to."
- We found risk assessments to be person-centred with important information about how to keep the person safe. This detailed information was accessible to all staff.

Staffing and recruitment

- We found the provider had robust recruitment processes which promoted people's safety. We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's

criminal history to ensure they were suitable for employment.

- The number of care staff on duty during our inspection was sufficient to meet people's needs. The registered manager implemented procedures which ensured sufficient numbers during times when staff were unwell. One staff member told us, "If we need more staff on duty the manager puts more staff on."
- Staff received an induction prior to commencing work. One staff member told us, "Our induction was good we had lots of training and shadowing colleagues."

Preventing and controlling infection

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

Visiting in care homes

- There was a clear visiting procedure which facilitated people having visits from friends and family in their rooms. Visitors completed Lateral Flow Tests (LFT) and had their temperatures taken. Visitors were provided with PPE in line with government guidance before their visit began.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the number of accidents and incidents.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Our last inspection found the provider had failed to ensure decisions were in people's best interest and people were involved in the decision-making process. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Our last inspection found the provider had made DoLS applications for all people living in the home however some people had capacity and would not require a DoLS authorisations. This inspection found the provider had improved their knowledge and understanding of the MCA and knew only those deemed to lack capacity to make specific decisions required a DoLS application to be submitted.
- Our last inspection found the MCA and its code of practice had not been followed for people who lacked capacity, and no documentation or evidence to show that any decisions made on a person's behalf was in their best interests and the least restrictive option. During this inspection we found detailed records of discussions and decisions made in people's best interests.
- Staff had received training in the MCA and understood the importance of people being supported in the

least restrictive way.

- Where people had restrictions on their liberty, the appropriate authorisations were in place and these were known by the registered manager and staff team. For example, staff told us why the front door to the home was locked and how this was included in people's DoLS authorisations.

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

- People's preferences and choices were promoted by staff on a daily basis. One person told us, "I always get the choice in what I do."
- The registered manager completed an initial assessment of people's needs before the service began to provide support. The assessment included people's physical, mental health and social care needs and lifestyle preferences to enable the service to best meet people's diverse individual needs.
- Regular care reviews were completed with people to ensure they accurately detailed the needs of people using the service. Regular reviews enabled staff to provide care in line with people's developing needs and choices.

Staff support: induction, training, skills and experience

- People told us they had consistent staff supporting them who were skilled and experienced to meet their needs. One person told us, "There are plenty of staff, always the same staff, they are great, the ladies do everything for us."
- The provider had a system in place to record the training staff had completed and identify when training needed to be refreshed.
- Staff had completed induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. A staff member said, "The induction training was good."

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

- People told us they enjoyed the food and were able to choose the meals they wanted. One person told us, "Its good food, they give me a choice of the food I like, it's always good."
- We observed lunch and found it to be relaxed and calm. Staff encouraged people to eat nutritionally balanced meals which they enjoyed.
- The registered manager told us they supported people to be as independent as possible at mealtimes. For example, individualised and weighted cutlery was used in line with people's assessed needs to support them to remain as independent as possible.

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

- Staff worked alongside other professionals to ensure people receive person-centred care which is consistent to their needs. For example, GP's, district nurses and social workers.
- When necessary staff made appointments for people to visit healthcare professionals supported them to access these services. One person said, "If I have a doctor's appointment the staff will take me to it."
- We reviewed people's oral healthcare and found staff made sure to support people to maintain their oral health through regular brushing and appointments with the dentist when needed.

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

- The design and decoration of the premises was suitably adapted for the people who lived there. We saw appropriate dementia friendly signs to promote orientation and independence for those living with dementia were used throughout the home. For example, signs to individual bedrooms, toilets and bathrooms.

- The home was clean and well decorated. People had personalised their bedrooms with photographs, furniture and other personal possessions. A relative said, "They are currently repainting and doing the rooms up."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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 were cared for by kind and caring staff who knew people well and supported them to be individuals and ensured there was time to spend with people. One person said, "The staff are all good and they look after me they look after me well."
- Relatives we spoke with were positive about the service. One relative told us, "Seems extremely professional."
- Staff received equality and diversity training. Staff told us this training helped them understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People were involved in making decisions about their care and were able to express their views to staff and managers. We saw people were supported to have choice in their daily lives including the meals they ate, activities they enjoyed and when to get up and go to bed.
- The registered manager told us reviews of care were held regularly to ensure people's current needs were known and met.
- Relatives told us staff had a good relationship with them and included them in gaining people's views where some people could not communicate these themselves. One relative said, "They always phone me to keep me involved."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity. One person said, "The carers are very understanding, and they help me when I need it but support me to do things myself." A relative told us, "They [staff] look after [person's] dignity, I have no cause for concern."
- Staff ensured information relating to people was communicated in a private area, this ensured confidentiality was maintained. For example, we observed staff supporting people to a private area when they needed to discuss things of a personal nature.
- Staff received training in promoting privacy, dignity and independence for people and care staff could explain how they promoted this when delivering the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Our last inspection found the provider had failed to ensure records contained consistent person-centred information. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Our last inspection found people did not always have choice or control. During this inspection we found people did have choice and control over their lives. One person said, "I have a shower when I want and get up when I want." Another person said, "I go out and see family when I want."
- Our last inspection found some pieces of key information about people in care plans, such as their level of mobility, was not accurate and required updating. This inspection found all key information regarding people's needs was consistently included in their care plans.
- We found at our last inspection some care plans had not been reviewed regularly. This inspection found care plans had been regularly reviewed to ensure the information they contained was accurate and up to date.
- People and their representatives were involved in the planning of person-centred care and support. A relative told us, "The home is very good for [person's name] and they are very involved in their care."

End of life care and support

- At the time of inspection no one was receiving end of life care however the registered manager informed us that a specific plan including people's wishes and involving family would be put together if needed.
- The provider had policies and procedures in place which required end of life care plans to be held in people's records when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the Accessible Information Standard and communication around the home

was tailored to meet people's individual needs.

- People had communication and hospital passports which clearly documented how people preferred to be communicated with.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to engage in activities both in the home and in the community. We saw people were involved in activities such as, Bingo, colouring, meals out and shopping. One relative told us, "[Person] is supported to do things like sing and play games and not just sit in a chair all day. They have photos on boards in the home of things they do."
- People's daily records showed people were supported to maintain their family relationships. One relative told us, "We see each other regularly and go out for a bite to eat."
- People were supported and encouraged to access the communal areas of their homes. For example, we saw people moved freely between the lounges, the dining room and their own rooms. Those who required support to mobilise were supported by staff whenever they wanted to move around the home.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints and concerns policy and procedure. People and their representatives knew how to complain. A person said, "If I'm unhappy I can just tell them."
- Where complaints had been raised, we found they had been investigated and responded to appropriately.

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 Requires Improvement. At this inspection the rating for this key question has remained 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.

At the last inspection the provider was found to be in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the governance systems in place not identifying areas for improvement.

At this inspection the required improvements had not been made and there is a continuing breach of Regulation 17.

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

- The providers medicine audits failed to identify an 'as and when required' medicine had expired and had not been returned to the pharmacy. Therefore, this medicine could have been administered to a person.
- Oversight systems failed to identify protocols for the administration of 'as and when required' medicines were not sufficient. The protocols did not detail when and how frequently these medicines should be administered.
- The providers oversight of task specific risk assessments failed to ensure assessments were regularly reviewed and updated. These risk assessments related to the safety of care staff, children visiting in the home, use of the iron and steam cleaner, housekeeping and maintenance had not been updated since July 2019.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our last inspection we found identified areas for improvement, these had not been actioned in a timely way. During this inspection we found most new audits had been embedded and the actions they identified had been actioned timely and effectively.
- Our last inspection found work was ongoing to make care plans more personalised. During this inspection we found care plans were person-centred and detailed to ensure each person had choice and control in their service delivery to meet their care needs.
- Our last inspection found the provider had not consistently considered the MCA code of practice when making decisions for people who lacked capacity. This inspection found the provider had improved their knowledge of the MCA code of practice then consistently considered and applied it to ensure people were assessed appropriately.

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

- People we spoke with were positive about the service they received. One person said, "Its lovely here, I enjoy it. If I don't understand something, I can go to them (registered manager and staff) and they help me."
- The registered manager promoted a positive culture where they supported and empowered the staff team to be able to deliver person-centred care. A staff member told us, "I couldn't talk to the last management. [Registered manager] is very good and so helpful."
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. One staff member said, "I could go to [registered manager] and say something and [registered manager] would listen and do something."

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 registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.

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

- People and relatives were encouraged to input to the development of the service through residents' meetings and surveys. The registered manager updated the 'you said we did' board in the communal area of the home to show what actions had been taken in response to input from people and relatives.
- Regular staff meetings and supervisions were held where staff were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.

Continuous learning and improving care

- The provider invested in the service, embracing change and delivering improvements. A new management structure had been implemented since our last inspection and an action plan had been developed to improve the service delivery.
- The provider 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 provider had developed and implemented an action plan since our last inspection and is continuing to develop and improve areas of their systems and oversight.

Working in partnership with others

- The registered manager and staff worked well in partnership with other professionals such as GP's which helped to give people using the service a voice and maintain their wellbeing and ensure they received the care they needed.

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 The provider failed to ensure sufficient oversight of medicine storage, protocols for 'as and when required' medicines and review of task specific risk assessments.