

Bupa Care Homes (BNH) Limited

Ashley House Care Home

Inspection report

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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

Ashley House Care Home is a residential nursing home providing personal and nursing care to up to 44 people. The service provides support to older people and people living with a diagnosis of dementia or age-related frailty. At the time of our inspection there were 37 people using the service.

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

People and their relatives told us the service was safe and staff responded to their needs safely. There were enough staff deployed to meet people's needs. Staff told us they had the skills, time and support they needed to meet people's needs.

Staff had received training in recognising safeguarding and knew the actions to take to protect people from harm. Nursing staff engaged with healthcare professionals frequently to ensure people received timely care and support appropriate to their needs.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance. People's visitors could visit in accordance with current guidance.

People's needs and choices were assessed, and their care was reviewed regularly. Care records identified people's individual risks and how these should be managed to reduce the risk of harm.

We observed positive interactions between people and staff throughout our inspection. Incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately and opportunity was made to identify and make improvements.

People and their relatives spoke positively about the management and the caring culture of staff. The registered manager was supported by the provider.

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

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 2 April 2019)

Why we inspected

This was a focused inspection based on the rating of the service. This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the safe and

well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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

Follow up

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?

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.

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 (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

Three Inspector and an Expert by Experience carried out the inspection. 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

Ashley House Care Home 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. Ashley House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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 wasn't a registered manager in post. However, a manager was in post who was in the process of registering with CQC.

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 considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in September 2021 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 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 with four people who lived or were staying at Ashley House Care Home. We spoke with relatives about their experience of the care and support provided by the service.

We spoke with 13 staff including the manager, deputy manager, two nurses, three care workers, activities coordinator, three housekeepers, chef and an admin officer. We also spoke with a representative of the provider.

We reviewed a range of records. This included five people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We sought feedback from two healthcare professionals involved in the service.

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. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. The manager and provider took appropriate action to protect people from harm when safeguarding concerns had been raised.
- People and their relatives felt the service was safe. Comments included "staff know us well " and "they are very good at listening and we feel we can raise any issues".
- Staff had completed training on how to recognise and report abuse and they knew how to apply it and when to report any concerns in line with the provider's safeguarding policies and procedures. One member of staff told us, "Any concerns and I would go to the [manager]."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise risks relating to people's care. One person was living with a progressive degenerative condition. There were clear care plans in place on how staff should support the person, with their mobility, personal hygiene and mental wellbeing.
- We saw people were supported with their mobility needs when accessing the communal areas. Staff were aware of people's risk assessments and the individual support they required.
- People's risk assessments were reviewed to reflect any changes in their needs. Staff had identified one person was at increased risk of choking. Staff took immediate action, including guidance and advice from healthcare professionals. The person was now supported with thickened fluids which reduced the risk of aspiration. The person told us, "They have sorted my drinks for me."
- People could be assured that the premises and equipment were appropriately maintained and suitable to meet their individual needs.

Using medicines safely

- Staff managed people's medicines well in accordance with national guidelines. People received their medicines as prescribed and checks were completed to identify and protect people from medicine errors.
- Where people were refusing their prescribed medicines, nursing staff engaged with their GP. Alongside the GP they reviewed the person's prescribed medicines to ensure they remained effective.
- One person was supported with managing their diabetes. Guidance described to staff what action needed to be taken based on clinical observations, including how much insulin was required to be administered.

Mental Capacity Act

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 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

The provider was following current government guidance in relation to visiting at the time of the inspection. People's visitors were able to freely visit Ashley House in accordance with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns or trends which may have required a response to keep people safe.
- The manager and senior staff carried out daily clinical meetings. These meetings discussed people's needs, incidents and accidents as well as any lessons which needed to be learnt. This included recognising when things were going well, including staff compliance on electronic care systems.

Staffing and recruitment

- Safe recruitment processes and checks were in place and being used in line with the providers recruitment policy and legislation. The provider had ensured any discrepancies in staffs' employment, right to work in the UK and criminal checks, had been completed prior to employment. A representative of the provider informed us that recruitment processes were being reviewed to improve recruitment processes.
- People were supported by a consistent staff team who knew them well. The service had enough staff to support people. The management team were available to assist on the floor if required. One member of staff told us, "We're a good team. We're versatile and we know the residents well." An agency member of staff told us, "I feel like a permanent member of staff. We work well together, I have no concerns, I know the residents well."
- People and their relatives confirmed there were enough staff to meet their needs. Comments included, "They [staff] are happy, approachable, caring and friendly", the "home works together with the family to make it safe and special for my parents" and "Care is fantastic".

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

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

- People benefited from a positive culture in the home. Staff demonstrated a strong desire to achieve good outcomes for people. People's relatives spoke positively about the service.
- The manager, deputy manager and representatives of the provider were open and transparent throughout our inspection and were clearly committed to providing good quality care. We observed the manager and deputy manager working alongside staff.
- Staff told us they felt supported by the manager and provider. One member of staff told me, "I feel supported. We do get the support we need."

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

- There wasn't a manager registered with CQC at the time of our inspection. However, the manager had started the process to register with CQC.
- The manager understood requirements in relation to duty of candour and had an open and honest approach.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns and complaints were actively listened to and acted upon efficiently. The manager shared learning from complaints with the staff to continually develop the service. This included learning from their last inspection where they have improved the activities offered to people. One relative told us "activities are noticeably much more visible".

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

- The provider and manager undertook a range of quality assurance audits to ensure a good standard of service was maintained. We saw audit activity which included medicines, infection control, incidents and accidents, call bells and health and safety. The results were analysed and shared with staff to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed

away, or where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us the manager and deputy manager were approachable and took time to listen to them. One relative mentioned as being approachable and "calmly helps" and goes beyond what was expected.
- People's feedback had been sought through surveys and meetings. Actions taken were documented for people on 'you said, we did' boards in communal areas of the home.
- Staff had an opportunity to feedback their views about the service through supervisions and staff meetings. Any feedback was shared with the team through daily meetings and staff meetings.
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. Where professionals had been involved in people's care there was a clear record of their guidance and support recorded.

Continuous learning and improving care

- The manager and deputy manager carried out daily meetings where changes and improvements were discussed. This included information and guidance from the provider.
- The provider operated a robust governance system to aid continuous improvement. The provider and manager had a system in place to review audits. The provider also had representatives who carried out monthly operation audits. Actions were recorded and followed up through the providers processes to ensure the continual development of the service.