

# Ashley Grange Nursing Home Limited

# Ashley Grange Nursing Home

## Inspection report

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Date of inspection visit:  
19 December 2022

Date of publication:  
16 January 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ashley Grange Nursing Home is a residential care home providing personal and nursing care for up to 55 people. The service provides support to people living with dementia. People are accommodated in one building, over two floors. At the time of our inspection there were 28 people using the service.

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

The provider had developed detailed action plans to address the shortfalls identified at the last inspection. The plans included information about who was responsible for completing actions and had been regularly reviewed to ensure they were on track. Progress to complete actions was overseen by the registered manager and operations manager. The provider had taken the immediate action needed to meet the requirements of the warning notice we served following the last inspection. Further action is needed to ensure these improvements are sustained over time and people receive a consistently good service.

People felt safe at Ashley Grange. The provider had systems to manage risks people faced and help keep them safe.

The home was clean and the provider was undertaking renovation and redecoration. Further work was needed to ensure environmental safety checks were completed consistently and all fire fighting equipment was regularly serviced.

There were enough staff available. Staff had a good understanding of people's needs and how to meet them. New staff were thoroughly checked before starting work in the home and given a good induction.

People were supported to take any medicines they had been prescribed.

Infection prevention and control procedures had been reviewed and updated to reflect the COVID-19 pandemic and changed as government guidance had changed. Systems were in place to prevent visitors catching and spreading infections.

Staff demonstrated a good understanding of people's individual needs and a commitment to provide the care people needed.

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.

There were effective management systems in place to monitor how the service was operating and plan the improvements that were needed. Relatives and staff told us the management team had consulted with them and made improvements since the last inspection.

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 and update

The last rating for this service was inadequate (published 1 December 2022). This service has been in Special Measures since 28 October 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on the warning notice we served on the provider following the last inspection. 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashley Grange Nursing Home on our website at [www.cqc.org.uk](http://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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ashley Grange Nursing 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 completed by 2 inspectors and an assistant inspector.

#### Service and service type

Ashley Grange Nursing 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 Grange Nursing 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.

#### 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.

### What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

### During the inspection

We spoke with 6 people and 6 relatives to gather their views about the care they received. We looked at 5 people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, operations manager, peripatetic manager and 10 nursing, care and ancillary staff. We received feedback from 2 professionals who have contact with 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 inadequate. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong  
At our last inspection the provider had failed to ensure risks to people's safety were identified and acted on. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- Systems were in place to identify risks to people and plan how to manage them.
- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risk of falls, risks relating to diabetes and the risk of developing pressure ulcers.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives were involved in reviews.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.
- Although the provider had improved the way risks were managed, further work was needed to ensure people's records always reflected their current needs. Some records contained conflicting information, for example, a summary sheet for 2 people had not been updated when their needs changed. For both people, there was detailed and up to date information in a different part of the care plan and staff demonstrated a clear understanding of the actions needed to keep people safe.
- Further work was needed to ensure environmental safety checks were completed consistently. For example, we found gaps in the records of checks of fire doors, pressure relief mattresses and water safety checks. The provider had identified work was needed to improve the consistency of these checks and how they were recorded.
- Although most of the firefighting equipment in the home had been regularly checked and serviced, 4 fire extinguishers were over the date of their required service. These extinguishers had been missed when other equipment was serviced by the provider's contractor.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient skilled and experienced staff on duty. This was a breach of regulation 18 (Staffing) 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 18.

- There were enough staff to meet people's needs. People, their relatives and staff all told us the staffing numbers and consistency had improved since the last inspection.
- People and their relatives told us staff were available to provide support when people needed it. Comments included, "There are enough staff. I always get what I need", "There are enough staff available. You don't hear a lot of people calling out or not being responded to. There is a lovely calm atmosphere" and, "There are more staff available. It seems to be enough to meet people's needs."
- Staff told us staffing levels enabled them to meet people's needs safely. Comments included, "There has been lots of improvements since the last inspection. There are more staff in post and staff know what they are doing now", "We have enough staff to provide safe care for people" and, "Staffing levels are good. The agency staff are providing consistency."
- The provider had taken action to address staff shortages through use of temporary agency staff. The provider had worked with the permanent staff team to identify agency staff who worked well and provided good care for people. Agency staff told us they had received a good induction when they first worked in the home and demonstrated a good understanding of people's needs. We observed agency staff working well with the regular staff to meet people's needs.
- Staffing levels were determined by an assessment of people's dependency levels. Records demonstrated staffing was provided in line with the assessed levels.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure the premises and any equipment were maintained in order to prevent and control the spread of infection. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- The home was clean and the provider was undertaking renovation and redecoration of the building. People and their relatives told us the housekeeping team worked well to keep the home clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- People were able to have visitors, without any restrictions.

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

- People and their relatives told us they felt safe at Ashley Grange. Comments included, "There are no times

I have felt unsafe" and "I trust them and I'm confident my [relative] is safe there."

- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from the risk of abuse.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate safeguarding issues when concerns had been raised.

#### Using medicines safely

- People were supported to safely take their prescribed medicines.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Records demonstrated staff had followed these protocols. People told us they were able to take their 'as required' medicines when they needed them, for example, for pain relief.

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. Any conditions related to DoLS authorisations were being met.

# 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 inadequate. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure governance and quality assurance systems were effective. This was a breach of regulation 17 (Good governance) 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 17.

- The provider had developed detailed action plans to address all the shortfalls identified at the last inspection. The plans included information about who was responsible for completing actions and had been regularly reviewed to ensure they were on track. Progress to complete actions was overseen by the registered manager and operations manager.
- The provider had ensured staff responded promptly to call bells and requests for assistance. They had completed the installation of a new call bell system, which included a function to monitor time taken to answer calls. The registered manager completed regular audits of the call bell response time and investigated any incidents in which people did not receive a timely response. During the inspection, everyone who was able to use the call bell had it within reach. People told us staff responded promptly to the call bell.
- The provider had taken action to ensure people received support to have enough to drink. Following the last inspection, the provider had implemented additional drinks trolleys and had introduced checks to ensure people had access to drinks at all times. At the time of this inspection, no one using the service was on 'fluid watch', where detailed recording of the fluid input was assessed to be necessary. People told us they were able to have a drink when they wanted one. We observed people had access to drinks throughout the inspection, with support from staff for those who needed it.
- The provider had taken action to ensure people at risk of choking received food and drinks at the right consistency for them. People's care plans contained information about any choking risks and the consistency of food and drinks they were assessed to need. This information had been shared with kitchen staff and was included on the menu request forms for each person. Staff had received additional training and demonstrated a good understanding of people's needs.
- The provider had taken action to ensure staff were completing daily care records correctly. The management team were completing regular monitoring and spot checks of records. Where records had not been completed correctly, action was taken to address this with staff, both individually and as a group. The

audits demonstrated the quality of record keeping by staff had improved, although they had identified some gaps in repositioning support for people in the mornings. Action was being taken to address this.

- The provider had taken the immediate action needed to meet the requirements of the warning notice we served following the last inspection. Further action is needed to ensure these improvements are sustained over time and people receive a consistently good service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had worked to change the culture of the service and promote a person-centred approach. This was evidenced through the feedback from people who use the service, relatives and staff.

- Staff told us the management team had worked in a supportive way, that helped to ensure there was a focus on improving the service for people. Comments from staff included, "There have been lots of improvements since the last inspection. The improvements are down to the management. We feel valued now" and, "There has been a lot of improvement. Ashley Grange now provides a safe and caring environment for people. Staff morale has improved."

- The registered manager understood their responsibilities under the duty of candour. There were systems in place to ensure the provider worked in an open and transparent way.

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

- Relatives told us the management team had consulted with them and made improvements since the last inspection. Comments included, "Lots of improvements since the last inspection. The atmosphere is good now and carers seem happier. [The management team] are much more approachable. We have had relatives' meetings. They take things on board and make changes" and, "Communication is good. I am confident I could raise any concerns with the registered manager and things would be addressed."

- Staff told us the management team had consulted with them about how to make the improvements that were needed. Comments included, "They have listened to us. The light at the end of the tunnel is getting bigger every day", "I feel heard. They listen to us and they act" and, "Communication is much better. They ask us for our ideas and opinions."

- Feedback received from a social worker and a supplying pharmacist demonstrated the registered manager had worked with them to meet people's needs.