

Senex Limited

# Ashleigh House

## Inspection report

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14 July 2016

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

When we completed an unannounced comprehensive inspection of this service on 27 and 28 January and on 5 February 2016 we found there was a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008. The provider had not always ensured that there were enough staff available to keep people safe and staff were not always appropriately skilled or permitted to use their skills, in order to provide people with the care and support they required. We also found that some of the management systems in place to assess and monitor the quality and safety of the service were not always used effectively to identify and manage the risks to people nor any evidence of effective management plans in place to reduce these risks re-occurring in the future.

We asked the provider to send us an action plan to show how they would meet the legal requirements of the regulations and gave them until 23 May 2016 to demonstrate their compliance.

We undertook this focused inspection on 14 July 2016 to check the provider had followed their plan and to monitor their compliance with the legal requirements of the regulations. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Ashleigh House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Ashleigh House provides accommodation and personal care for up to 13 older adults. Nursing care is not provided. At the time of our inspection there were 10 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that improvements had been made to promote the safety of the service.

People were supported by enough members of staff who had the knowledge and skills they required to meet the needs of people safely.

People had access to medicines when they required them and were supported by staff who were adequately trained and permitted to administer medication safely.

The provider had also improved their quality monitoring processes to further promote the safety and quality of the service in other areas including infection control, manual handling, record keeping and fire safety.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' we would require a longer term track record of consistent good practice.

We will review our rating for 'safe' at the next comprehensive inspection to make sure the improvements made continue to be implemented and embedded in to practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Improvements had been made to promote the safety of the service.

People were supported by enough members of staff who had the knowledge and skills they required to meet the needs of people safely.

People had access to medicines when they required them and were supported by staff who were adequately trained and permitted to administer medication safely.

The provider had improved their quality monitoring processes to promote the safety and quality of the service in other areas including infection control, manual handling, record keeping and fire safety.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' we would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

# Ashleigh House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 July 2016 and was an unannounced inspection.

The purpose of our inspection was to check that improvements to meet the legal requirements planned by the provider after our last comprehensive inspection on 27 and 28 January and 5 February 2016 had been made. We inspected against one of the questions we ask about services; 'Is the service safe?'. This was because the provider was previously not meeting some of the legal requirements in relation to this question.

The inspection team comprised of one inspector. As part of the inspection we looked at the previous inspection report and checked the information that we hold about the service and the provider. This included the provider's action plan, which set out the actions they would take to meet the legal requirements. We also looked at notifications we had received from the provider that they are required to send us by law, safeguarding alerts and information from local authorities and the clinical commissioning group. The clinical commissioning group are responsible for monitoring the quality of the service and funding for people who use the service. We also contacted Health watch who are an Independent consumer champion who promote the views and experiences of people who use health and social care services.

During our inspection we spoke with four people who used the service, the registered manager, two care staff, and a member of the catering team.

We looked at the care records of two people and at records maintained by the provider about the quality of the service.

## Is the service safe?

### Our findings

At the time of our last comprehensive inspection on 27 and 28 January and 5 February 2016 we found that the service was not consistently safe because there was not always enough members of staff available to meet people's needs. We also found that the staff were not always appropriately skilled or permitted to use their skills in order to provide people with the care and support they required. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice to the provider requesting them to be compliant with this regulation by 23 May 2016.

At this focused inspection people we spoke with and records we looked at showed that the provider had followed the action plan they had developed to meet the shortfalls outlined above and improvements had been made.

One person we spoke with told us, "We are safe; you have nothing to worry about here". Another person said, "I have been here a long time, the staff are very good, there is always someone here to help you if you need it". A third person told us, "I feel safe because they [staff] are very good; they check on us all the time to make sure we are okay".

Everyone we spoke with and records we looked at confirmed that the provider had increased the staffing levels at night. One person said, "We have two carers on at night now, it is good". Another person said, "There are two people who work at night now which I suppose is better". Staff we spoke with told us they felt 'reassured' and 'relieved' that they had an extra member of staff working with them at night. One member of staff said, "It is so much better, I feel so relieved knowing there is someone else there in case of an emergency; or what if I had a fall and I couldn't get help, before, I was worried, but now, I feel re-assured". Another member of staff said, "It is a lot easier for us now to make sure we are available for people now there is two of us, it is much better and she [registered manager] knows that now, we are relieved".

We also found that the provider had employed an administrator to relieve the care staff of some of their administrative duties, which meant they had more time to spend with people. One person said, "We have an activity co-coordinator who is brilliant, but the care staff do quizzes and exercises with us more now when she [activity co-ordinator] isn't here". We saw a member of staff doing exercises with people on the day of our inspection and arranging to do more activities with them in the afternoon. One member of staff we spoke with said, "It helps us a lot not having to sit and do all the paper work, it means we can spend more time with people". The registered manager told us and records we looked at confirmed that staff were recording the additional activities they did with people on a daily basis and evaluating their effectiveness with regards to whether people enjoyed the activities or not. We were told that they planned to develop the activity programme further and do more individual and personalised activities with people, now that they had more time to spend with people.

At the time of our last inspection, we found that there was not always enough staff available for them to follow safe manual handling processes. During our follow up inspection, we saw that the registered manager had ensured that risk assessments and manual handling assessments had been updated and the relevant

professionals had been involved in these processes. We saw that where a person was previously having difficulty standing up with the support of one member of staff, that they had now been referred to and assessed by a physiotherapist and an occupational therapist and they had the appropriate equipment available to assist them safely. We also found that the registered manager had ensured that two members of staff were available at all times to support this person safely. Records we looked at and observations we made during the day, showed us that staff were aware of and adhered to safe manual handling practices.

At our last inspection, we found that night staff were not permitted to administer medication. This meant that people may have experienced an unnecessary delay in receiving their medication, including emergency medication, when they required it. We also found that the home did not use homely remedies. A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies. They can be used in a care home (with and without nursing) for the short-term management of minor, self-limiting conditions such as a headache, cold symptoms, cough, mild diarrhoea, or occasional pain for example. This meant that people may have experienced an unnecessary delay in receiving pain relief.

Everyone we spoke with and records we looked at showed us that the provider had introduced a homely remedies protocol in consultation with the GP and at least one member of staff at night was trained and permitted to administer medication. One person said, "We can have medication at any time; if I had a headache, I could just ask". A member of staff we spoke with said, "I have had training in giving medicines and I can give these at night, there is always at least one member of staff who is trained at night". Another member of staff told us, "We now have a stock of homely remedies in case someone has a cold or a headache. But we have strict risk assessments and anything that may be more serious we still follow our emergency processes of calling 999".

We also found that quality monitoring processes around safe medication management had also been improved and staff were now completing daily checks on medication records and processes. These were also being overseen by the registered manager alongside regular spot checks and new auditing systems. One member of staff said, "We count the medication and go through the MAR (Medication Administration Record) charts at the beginning and end of each shift and [registered manager's name] checks these".

The provider had also introduced additional quality monitoring systems and processes to promote the quality and safety of the service. These included new accident and incident recording procedures and auditing processes, as well as new record keeping, fire safety and infection control policies and procedures.

At the time of our last inspection we found that staff were not always adhering to safe infection control practices, particularly around catheter care. However, it was evident from speaking with staff and looking at records that this had improved. One member of staff said, "[Registered manager] couldn't believe what had been happening, so she arranged for some in-house training that we have all done and we had to answer questions to show we understood". They said, "We make sure we are wearing gloves, aprons and that we use the disposable bowls now to empty the catheter in to, which we pour down the toilet and then dispose of the bowl in the yellow bin [used for clinical waste]".

Therefore, we recognised the significant improvements that had been made within the service since our last inspection and acknowledged that all of the people we spoke with reported to be happy with the care that they were receiving at Ashleigh House. We found that the provider had demonstrated to us that they had met the requirements of the warning notice and were now compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We will review our rating for this service at our next comprehensive inspection to make sure the improvements made continue to be implemented and embedded in to practice.