

Circa Care Limited

Ashfield Residential Care Home

Inspection report

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London
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashfield Residential Care Home is a residential care home providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. On the day of the inspection, 20 people were living at Ashfield.

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

People were safe living at Ashfield. Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. People were protected from the risks associated with the spread of infection. The service was clean and well maintained.

There were enough numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home. Medicines were managed safely. People were protected from the risks associated with the spread of infection.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

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.

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with kindness and respect.

People living at Ashfield had a care plan which detailed their needs and preferences. People's care needs were assessed prior to admission and regularly thereafter.

Staff supported people to meet their health and nutritional needs. Staff worked with health care professionals to maintain people's wellbeing.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required. We have made a recommendation around effective communication with relatives during the COVID-19 pandemic.

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 27 September 2017).

Why we inspected

This was a planned inspection based on the previous rating. We had also received information of concern prior to the inspection around night care. We did not find any evidence on this inspection to substantiate the allegations. Prior to the inspection, we raised the concerns with the provider and registered manager who provided assurances of their oversight of care at night.

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 coronavirus and other infection outbreaks effectively.

We reviewed the key questions of safe, effective, responsive and well-led in this inspection. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashfield Residential 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 Care Act 2014.

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

This inspection was carried out by two inspectors and an Expert by Experience who supported the inspection team by making phone calls to family members to request feedback. 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

Ashfield Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the

exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications submitted. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with seven members of staff including the registered manager, senior care workers, care workers and the chef. We spent time observing the experience of people in the home and the way staff interacted with them.

We reviewed a range of records. This included four people's care records and seven medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from 14 relatives by phone. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question 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

- Relatives told us they felt their loved ones were safe and well cared for at Ashfield. Feedback included, "Lovely staff, no complaints. I feel mum's very safe there" and "We are very satisfied with the care."
- Systems and processes in place safeguarded people from the risk of abuse.
- Staff received training on safeguarding, how to recognise signs of abuse and the actions to take to report their concerns.
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report their concerns.

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

- Prior to the inspection concerns had been raised about how people were supported at night. We did not find evidence to substantiate these concerns. Records were completed to show the support people received at night and people did not raise concerns. The registered manager told us he carried out regular out of hours checks and no concerns were identified.
- Risk assessments were in place and staff were aware of people's risks and how to support people to keep them safe. For example, when people were at risk of developing pressure ulcers or falls.
- Relatives told us staff knew their needs well and action had been taken to reduce risks. They also told us they were notified if there were any health updates or concerns regarding their loved ones. One relative told us, "They call if there's something to tell me and if I want to know anything I just phone and get an answer straight away."
- The provider had a system in place to monitor incidents and accidents. There was an analysis of the information to identify any patterns or trends.
- The service was clean and in good repair. Some bathrooms and bedrooms had recently been decorated. We found in one bedroom, a strong odour of urine, which came from the carpet. We raised this with the registered manager who advised that despite regular deep cleaning the odour remained. We discussed whether another flooring cover would be appropriate.
- Regular health and safety checks were completed to ensure people's safety. This included checks and tests of equipment and systems such as fire safety systems, gas and electrical safety.

Staffing and recruitment

- We observed enough staff on duty to ensure people's care needs were met. Staff on duty on the day of the inspection included senior care staff, care staff, an activities co-ordinator, kitchen staff and domestic staff.
- Staff had been recruited safely. All pre-employment checks had been carried out including the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the

provider had employed suitable care staff to support people.

Using medicines safely

- Medicines were managed safely and in line with good practice guidance.
- The administration of people's medicines was recorded appropriately, and medicines were stored safely.
- Staff who administered medicines were trained and assessed as competent to do so safely.
- Regular medicines audits were completed by the registered manager. Issues identified were documented and addressed appropriately.

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.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's care plan.
- Despite the challenges posed by the COVID-19 pandemic, the service was able to maintain a pre-admission assessment process.
- People's needs were regularly assessed, and care was provided in a way which met their individual preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and understood their needs. Staff told us they were well supported to attend regular training. One staff member told us, "I have routine training, for example, medicines and safeguarding. My training is updated six monthly or yearly."
- Staff told us they had received additional training around infection prevention and control and COVID-19 and felt confident in their approach to keeping people safe from the risk of infection.
- Staff received regular supervisions and told us they felt supported in their role by the registered manager and provider. Supervisions were sometimes themed around a specific area of care, for example COVID-19, medicines or safeguarding to further ensure learning had been embedded.

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

- People's nutritional needs were met. Care plans held information about their dietary needs, including likes and dislikes. Where a person was required to follow a specialist or culturally specific diet, information was available for staff to refer to.
- We observed a mealtime and observed that people ate well and were well supported by staff. Meals were of a good portion size and appeared appetising.
- Records indicated that people had a choice of meals and were offered alternatives if they preferred. One relative told us, "The food is good, and I would never take mum out of there."

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

- Care plans noted where people needed specialist advice from professionals and staff followed the information given. People had various specialist professionals involved in their care and support and all this information was detailed in the care planning.
- Feedback from relatives about access to health care was positive with one relative telling us they were kept informed about tests their loved one was having and the outcomes.

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

- The home had been adapted, designed and decorated to meet people's needs. The home was person centred and people were able to decorate their bedrooms to their choice and wishes.
- People were able to access all areas of the home which included the garden and outdoor areas.
- In response to the COVID-19 pandemic, a visiting pod was installed at a window in the lounge to support relatives to visit their loved ones. Most relatives we spoke to told us they had availed of this visiting option.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were safely and effectively supported by care staff in line with the principles of the Mental Capacity Act 2005 (MCA).
- Care plans recorded people's consent and where required a relative's involvement in the planning and delivery of care.
- DoLS had been applied for as necessary and the management team kept an oversight of when applications were due for renewal and outcomes.
- Where decisions had been made in people's best interests, this had been discussed and recorded with relatives and involved health professionals.
- Staff had received training in MCA and DoLS and were knowledgeable around how the legislation impacted on the care they delivered.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Relatives told us they were happy with the care provided at Ashfield. They felt their loved ones were well cared for with their needs and preferences respected. Feedback included, "The care that he is receiving could not be any better" and "I'm very happy with the care they provide. It is a very friendly, warm, approachable and caring environment."
- Care plans were detailed, person centred and reflected the level of support people required from staff in areas such as physical health support, eating and drinking, personal care, activities and living with dementia.
- Care plans were reviewed regularly and updated as and when changes occurred.
- People's religious and cultural needs were recorded in their care plans. People were supported to virtually engage with religious and cultural events of interest.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plan, so all staff had the guidance needed to understand where people had difficulties, for example, hearing impairments.

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

- Due to the challenges associated with the COVID-19 pandemic, external visitors to the home had ceased and activities on offer were restricted to what could be provided within the service.
- We observed staff and the activities co-ordinator engage well with people on the inspection and engaged people in a ball game and conversations around newspaper articles and current affairs. One relative told us, "They sent a video of [Person's] birthday party and have emailed me a photo or sent a text to my phone a couple of times. It's great. I ring regularly and they tell me what's going on, for example, if the art therapist has been in, and it also gives me something to talk to my aunt about."
- Relatives told us they were supported to maintain contact with their loved one via telephone and video calls and the visiting pod.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. The registered manager

advised us that no complaints had been received in recent years.

- Some relatives told us that they raised minor concerns in the past which were appropriately addressed at the time to their satisfaction and improvements were made, for example around laundry processes.
- Relatives told us they felt that any concerns would be resolved to their satisfaction.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- As the service did not provide nursing care. Staff and the management team worked with other professionals to meet the needs of people nearing the end of their life.
- Care plans documented people's wishes for care at the end of their lives.

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 the last inspection this key question was rated as good. At this inspection 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.

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

- Relatives told us they felt their loved ones were safe and received good care at Ashfield. They praised the staff team, who were approachable, caring and compassionate. They told us that they received updates on their loved one when they asked.
- However, we received consistent feedback from relatives they communication could be improved, particularly with the visiting restrictions in place. Some relatives told us they weren't informed that there was a visiting pod in place and only found out by chance.
- Feedback included, "I feel they could email or text us about things like the pod. I found out when I visited. If I'd have known that, I could have let other family members know to visit. It would be nice to get a video or photos of [Person] once a month. Even a newsletter or email to let me know what's happening" and "I was a bit cross nobody contacted me to let me know I could visit [Person] (via the pod), I just found out by chance during one phone call to the home. I think the manager's kind enough and has certainly got their (the residents) best interests at heart."
- Some relatives advised that they would welcome regular communication, such as a newsletter from the service updating them on general events and visiting procedures.

We recommend that the service provider consult with people and their families around how communication could be improved.

- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.
- The registered manager encouraged feedback from people. The quality of the service was monitored by speaking with people, regular meetings and satisfaction surveys to monitor whether they were happy with the service. Regular meetings gave people and staff the opportunity to share their views. We saw minutes of the meeting and responses from the latest relatives' survey during the inspection.

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 and staff were committed to providing people with positive outcomes. We received positive feedback from families and saw many compliments and thank you cards sent by families

praising the service. One such communication read, 'Thank you for making it possible to visit [Person] today. I found the entire process safe, well thought out and reassuring. It was fantastic to see [Person] looking so well and relaxed...You have created an incredibly warm and supportive atmosphere which clearly informs the staff who are extremely kind, friendly and patient.'

- Family members praised the efforts the staff and management team made to protect people from the risks associated with COVID-19. One relative told us, "The manager has taken a very informed and cautious approach (to COVID), which I find very reassuring."
- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. Staff said the registered manager was approachable; they were confident the registered manager would take appropriate action to respond to any concerns. A relative told us, "They are really welcoming, very transparent about what's going on, and very genuine staff who have a good rapport with [Person]."
- Staff told us they enjoyed working at Ashfield and felt well supported by the management team. Comments included, "The registered manager is close with staff. We are all like a family. The best thing is the teamwork. We all get along" and "I enjoy working in Ashfield."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery.
- There were a range of regular audits and quality checks undertaken by the registered manager and provider with actions identified and addressed. Audits carried out on a regular basis included housekeeping and environment, infection prevention and control, medicines, care documents and record keeping, staff files and feedback from people and staff.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events, incidents and changes to the service as required by law.