

## Ashgrove House Care Limited

# Ashgrove House Care Limited


## Inspection report

72 Butterworth Lane  
Chadderton  
Oldham  
OL9 8DX  
Tel: 0161 681 2183  
Website:

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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 

### Overall summary

This inspection was carried out over two days on 5 and 6 November 2014. Our visit on 5 November was unannounced.

We last inspected Ashgrove House in December 2013. At that inspection we found the service was meeting all the standards that we assessed.

Ashgrove House provides accommodation for up to 32 people who need accommodation and support with personal care. The home provides support for older people. The home is a converted and refurbished Victorian House in a residential area of South Chadderton

(Oldham). Accommodation is provided over two floors with a passenger lift as well as stairs between the floors. 32 people were living in the home at the time of our inspection. The building was well maintained, clean, tidy and odour free.

The deputy manager was covering the vacant manager's post temporarily pending the newly appointed manager joining the home. They were being supported in this by a manager from another home nearby which was also run by the service provider.

# Summary of findings

Ashgrove House is legally required to have a 'registered manager'. 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. The service provider had taken appropriate steps to recruit a new manager in a timely manner following the resignation of the previous post holder. However, that person had not commenced employment at Ashgrove House at the time of our visit.

The atmosphere in the home during our visits was calm and relaxed. Staff were respectful in their dealings with each other, visitors and people who used the service.

People who used the service were positive and complimentary about the attitude and competency of the staff team. Care was assessed, planned and reviewed on a regular basis. There was good communication between all levels of staff at the home.

The provision of food was good. Social activities were available if people wished to participate.

Information which we received from health and social care professionals who had contact with the home was positive about the care and support provided by the staff team.

We identified two areas where improvement was required because the service provider was not complying with the relevant regulations.

When staff are recruited to work in a care home there are certain checks which the service provider must undertake. These checks are listed in the relevant Regulations. The reason for those checks is to help ensure the service provider has enough information about a prospective employee to make a reasonable decision about their suitability to work with vulnerable people. Although references and DBS (Disclosure and Barring Service) checks were obtained, other specified checks were not. This meant the service provider was not taking all the steps they needed to, to help ensure people's safety.

The law requires all Adult Social Care providers to notify us (CQC) about a number of specified changes, events and incidents affecting their service or the people who use the service, within a defined time. The service provider had not ensured this was being done consistently. Notifications tell us how a service has responded to certain specified situations. This helps us decide if the situation was handled correctly and if the service provider was complying with the law.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe because staff were not vetted as thoroughly as the law requires. This meant that the service provider did not gather all the information from applicants to enable them to make a reasonable judgement about their suitability to work with vulnerable people.

All the people who used the service, who we asked, told us they felt safe living at Ashgrove House. All visitors who we asked told us they believed the relative they were visiting was safe. Health and social care professionals who expressed an opinion to us were also confident people were safe. Staff had received training in safeguarding principles and practice. They each told us they believed people were protected from abuse at the home and that they knew what action they must take if they became aware of poor practice.

Sufficient staff were deployed. The building and equipment were appropriately maintained to help ensure an environment which was free from foreseeable and preventable risk.

Requires Improvement



### Is the service effective?

The service was effective. Staff had received training covering a variety of relevant topics to assist them in acquiring the necessary skills to provide appropriate support to people who used the service. This included an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were supported by their colleagues and the management team.

People had their needs assessed and regularly reviewed. This included an assessment of risk and strategies to manage risk. Staff communication was good, so they each had up to date information about the people who used the service.

Effective links were maintained with health care professionals so people who used the service had their medical needs catered for. People were provided with good food which helped to maintain their health and wellbeing.

Good



### Is the service caring?

The service was caring. Everyone we asked spoke positively about the attitude of the staff. Staff were described by people using the service as “very kind” and “so pleasant and helpful”.

Our observations within the home showed a calm, caring and respectful approach from staff to people who used the service. Staff told us that care and respect was an underpinning ethos of the home.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. People who used the service had their likes, dislikes and preferences recorded together with other assessments of their need for care and support. People living at the home and their visitors told us they were confident they could make a complaint and that any complaint would be dealt with.

At the time of our visit the activity coordinator was on leave. However, staff were maintaining an activity program for people. Resident and relatives meetings were held where people could express their views.

Good



## Is the service well-led?

The service was not well led. This was because the legal requirement to notify us of certain specified changes, events or incidents had not been consistently followed by the registered manager and had not been identified as an oversight by the service provider. The registered manager had resigned from the service shortly before our visit. Appropriate management arrangements had been put in place to cover until the newly recruited manager could take up post.

Visitors told us they were aware of the management arrangements. Those who expressed a view with regard to the management of the home told us they thought it was well led. No concerns about the leadership of the home were expressed to us by any health or social care professionals who we asked.

Staff at the home told us the management team members were supportive and approachable.

Requires Improvement



# Ashgrove House Care Limited

## 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 was carried out over two days on 5 and 6 November 2014. Our visit on 5 November was unannounced.

The inspection was carried out by one Adult Social Care inspector.

Before the inspection, we requested information from some healthcare professionals involved with the service. This included General Practitioners and District Nurses.

We also requested information from some local social care organisations.

As part of our inspection we spent two days in the home observing the care and support being provided to people.

We looked round the home. This included the communal areas and a selection of people's bedrooms. We looked at a sample of records which included three people's care plans, three staff recruitment files, servicing records for equipment used in the home, the staff training matrix, medication records, minutes from residents meetings, and some quality monitoring records.

We talked with six people who used the service, three visiting relatives, five members of staff and the deputy manager.

# Is the service safe?

## Our findings

We looked at a sample of personnel files relating to staff recruitment. The files we looked at all had a DBS (Disclosure and Barring Service) or CRB (Criminal Record Bureau) disclosure. Each file also contained an application form, a record of an interview and written references to help establish an applicant's good character. However, not all had a full employment history, or a written explanation of any gaps in the applicant's employment history. Not all files had information in connection with the person's conduct in previous employment (where applicable) concerned with health or social care or involving work with children or vulnerable adults, nor a satisfactory explanation of why that employment ended. Without this information the service provider could not make a reasonable decision about the risk posed by an applicant to people who used the service. **This is a breach of Regulation 21 (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

All the people who used the service who we asked said they felt safe with the staff at the home. One person told us "they [staff] treat me well" and another said "[staff] are not nasty to anyone". Visitors who we asked were also confident that people living at the home were safe. One visitor, when asked if their relative was protected from abuse said "definitely" and that staff were "very obliging" and they had "no concerns" We spoke with a health care professional who, when asked about people being safe said "absolutely" and "I have never heard anything I would be concerned about".

Staff told us they had received training in relation to safeguarding. This was confirmed by information on the training matrix (chart) which we saw. Staff demonstrated an understanding of the need to be vigilant about the possibility of poor practice by their colleagues. However, they all said they believed people who used the service were safe. All the staff who we asked understood the process if they needed to report concerns (whistleblowing) if necessary. One member of staff, when asked if they would blow the whistle if necessary said "I know I would".

The deputy manager (who was covering following the resignation of the manager and pending the new manager

starting) said they were unaware of any safeguarding alerts in connection with people living in the home. We asked the local safeguarding team about Ashgrove House. They did not express any concerns.

We looked at a sample of records relating to the assessment of needs and care planning for people who used the service. At the time of this visit records were held in both paper format and on the relatively newly acquired electronic system. Staff who we asked, were positive about this change. All individual's records which we looked at had appropriate risk assessments, including moving and handling, and nutrition. These assessments were regularly reviewed. The deputy manager told us that one of the advantages of the electronic system was that it identified to the manager when any reviews were due and flagged any which were overdue. This helped to enable a robust approach to reviewing information to ensure it was up to date and hence minimising risk.

The deputy manager told us they were an accredited moving and handling assessor and trainer. We saw the certificates to confirm that. Having an accredited trainer on site, helps to ensure that moving and handling practices are safe.

We looked at the receipt, storage, administration and disposal of medication. The storage was appropriately secure, including the specific storage of controlled drugs. The pharmacy supplied the home with medication in a Monitored Dosage System (MDS). Medication was checked on arrival at the home. Any unused or spoilt medication was returned to the pharmacy for disposal. This process for returning medication was also checked and the pharmacy signed to confirm receipt of returned medication. Medication administration records were appropriately maintained, including controlled drugs being signed for by two staff. We checked a sample of controlled drugs to ensure the record matched the quantity actually held. It did.

The deputy manager told us that all staff who were involved in the administration of medication had received training from external trainers. This was confirmed by staff who we asked.

We undertook a tour of the building. This included communal areas and a selection of people's bedrooms. The building looked well maintained, clean and odour free. This was confirmed by all the people we asked as the

## Is the service safe?

normal state of the premises. One visiting relative said the home was always clean and tidy and added “if I point something out to housekeeping it is dealt with straight away”. One person living at the home said “I wouldn’t stay if it wasn’t clean”.

Staff who we asked had no concerns about the way in which the environment within the home was maintained. We looked at a sample of records and safety certificates relating to the maintenance of the equipment used and the building. These confirmed that, where necessary, equipment, including the lift, hoists, fire detection and alarm system, and the emergency call bells was regularly checked and serviced. We also saw health and safety assessments which had been undertaken and records of monthly health and safety audits.

The home had received 5 stars (the highest award) from the Food Standards Agency at their last inspection in August 2014.

The deputy manager told us that staff were usually deployed on the basis of three shifts. They also told us that staffing was arranged to ensure appropriate staffing levels were maintained. We were shown staff rotas which confirmed that. The deputy manager said they thought these staffing levels were usually sufficient and they had the authority to deploy extra staff on a shift if necessary.

All staff said that there were enough staff to ensure the health and safety of people who used the service and that people were not kept waiting if they needed assistance. This was confirmed by people living in the home, visitors and social care agencies who we asked.

# Is the service effective?

## Our findings

Everybody who we asked spoke positively about the provision of food at the home. One visitor said their relative “enjoyed the food” while another said the food was “lovely”. We had lunch at the home on one day. There was a choice and the meal was pleasantly presented. The atmosphere in the dining room was calm and relaxed with staff allowing people to finish their food without any suggestion of needing to hurry. No food was removed from the table without ensuring that the person had had enough. One person was being assisted with their meal by a relative who told us they liked to visit at meal times, not out of necessity but because they enjoyed the interaction.

We spoke with the cook who was confident that people received a balanced and nutritious diet. The cook was confident that they were aware of any individual’s specific dietary needs and that there was good communication with the care staff about any changes which they needed to act on.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The deputy manager told us that no one who used the service needed the protection of DoLS at the time of this visit. The deputy manager also told us that staff had received training in the MCA and DoLS. This was confirmed by the training matrix seen, and by staff who we asked. The deputy manager told us they were aware of the circumstances in which a best interest meeting was necessary and that one was planned for someone shortly after this inspection visit.

We looked at the training matrix which showed that all new staff received induction training. Subsequently staff attended a variety of relevant training courses. These included refresher courses to help ensure that staff knowledge was up to date. We cross referenced a sample of certificates in staff files to verify the accuracy of the matrix.

Staff who we asked told us they believed the service provider encouraged training. They also told us they were

not expected to undertake tasks which they had not been trained to do. Staff told us they had regular supervision meetings and appraisals. The dates of these meetings were displayed on a notice in the office. People who used the service who we asked said they thought the staff who supported them were competent. One person said “I think they know what they are doing”. Another told us “they are alright, I’ve no complaints”.

Staff who we talked with spoke of good supportive colleagues and of working well as a team. One said “it’s a good team, many have worked here quite a while”.

We looked at a sample of records related to the assessed care needs of individuals. Each had an up to date care plan which had been regularly reviewed. Staff were still learning about the potential of the new electronic record system but said they thought it was effective. Staff told us that there was a verbal handover at each shift which updated them on any changing needs or situation of each person living at Ashgrove House. Staff told us the system worked and they were confident that they were made aware of the changing needs of each person who used the service.

We contacted some GPs who had patients at the home. They did not share with us any concerns about care practice at the home. One GP practice said they could not recall any untoward incidents. Another health care professional who we spoke with was complimentary about the service provided at Ashgrove House. They said the staff were “always supportive and helpful” and that they “spot things [that require medical input] straight away”. This health care professional also told us they were confident that if they gave staff advice about the treatment of their patient it would be followed “absolutely”.

All staff who we asked told us they were confident that if anyone was unwell a Doctor would be asked to visit. Similarly visitors who we asked, told us they were confident that medical support was obtained for their relatives when necessary. We saw records of contact with health care professionals including referrals to the Community Nutrition and Dietetic service due to a person’s weight loss. One social care organisation whose views we sought said “Residents and their families are supported by the care staff in relation to hospital / clinic appointments and care staff would facilitate appointments where necessary.”

# Is the service caring?

## Our findings

Everyone who we asked spoke positively about the attitude of the care staff. One health care professional, when asked if the staff were caring replied “absolutely”. They also told us staff were kind and caring.

Visiting relatives talked of “very nice staff” who “look after them [people who used the service] well”. One visitor cited “the staff” as amongst the best things about the home. Another told us that the staff “put a lot of effort into things”.

People who used the service described the staff as “very helpful”, “very kind” and “so pleasant and helpful”. One person also told us “staff treat me very well and bring me what I want.” Another said “anything you want if they can possibly get it for you they will”.

One social care organisation whose views we sought said “residents and their families were 99% happy with the care and support provided”. They also told us that in their dealings with the home staff had been “open and approachable”.

Staff who we asked told us there was an ethos of care and respect in the home. We asked staff what they thought was

the best thing about the home. Comments included: “I walk away [finish work] knowing every single person is well looked after and respected. That is a job well done for me” and “I love the residents, love coming into work and get on great with all the staff”.

We looked at a sample of records relating to the assessment and care planning for individuals. There was little evidence in those records to illustrate the extent to which people were involved in discussions about their care. All the staff who we asked said that people who used the service were involved in discussions about the way in which their care needs were met and could influence that. Information from visiting relatives was not so definite, although people who lived at the home, who we asked, all told us they believed they could influence the way in which they were supported.

Visitors told us they could visit at any reasonable time and were made to feel welcome. The general atmosphere in the home was calm and relaxed. Our observation of staff interactions with people indicated a calm and caring approach. Staff were seen to be discreet in the way in which they approached people.

# Is the service responsive?

## Our findings

We looked at a sample of records relating to the identified care needs of individuals who used the service. The records covered a comprehensive range of potential needs. Each record we saw had been regularly reviewed and updated where necessary. The records included information about the person's life before moving to Ashgrove House. This helped the staff to understand the individuality of each person they were supporting.

Each record we saw had a 'transfer to hospital' sheet which contained information about the person which it would be helpful for people to know if they were caring for that person in an emergency, such as an unplanned admission to hospital.

The care records included information about the person's preferences, likes, and dislikes. Staff who we spoke with had a good knowledge of the people living in the home. Staff who we spoke with had all been working at the home for several years and knew the people they were caring for well.

We looked at the complaints procedure. This contained a minor inaccuracy about our (CQC) role in connection with the complaints process. However, the procedure did clarify how to complain and the timescales within which a response should be expected.

Visitors who we spoke with told us they believed any complaint they may have would be dealt with. One visitor said they were periodically asked if there were "any problems." We also spoke with a visitor who had written to the service to complain about something. They told us that they had been happy with the response and the matter had been resolved.

People who used the service told us they believed they would be listened to if they ever needed to complain. One person told us "they [staff] let you speak your mind". Another person told us staff responded to them if needed, including during the night if they used the call button in their bedroom.

The deputy manager told us that meetings were held for residents and relatives to air their views. We saw minutes of residents' meetings. One of the visiting relatives who we spoke with, told us they had attended relatives meetings.

At the time of this inspection visit the Activity Coordinator was on maternity leave and the post was being covered by care staff. We were shown records of what activities had been arranged and who had participated in each. One visitor told us staff "try to involve them [people using the service] in things". They also said they appreciated the fact that staff made a point of enabling their relative to be present when entertainers visited. We were told by a social care organisation that "families and residents report that in-house activities are on offer at regular intervals."

# Is the service well-led?

## Our findings

The law requires all Adult Social Care providers to notify us about a number of specified changes, events and incidents affecting their service or the people who use the service, within a defined time. Our records showed that we had only received one notification (relating to the resignation of the manager in October 2014) in the two years preceding this visit. **This is a breach of Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.**

The service provider told us they had believed that the notifications were being sent to us by the registered manager. However, they were unable to locate electronic or paper copies of the required notifications. Notifications tell us (CQC) how a service has responded to certain specified situations. This helps us decide if the situation was handled correctly and if the service provider is complying with the law.

The registered manager had left the service shortly before this inspection visit. The service provider had informed us of this and that the deputy manager was covering until a replacement manager was in post. The service provider told us that they had recruited a new manager who was due to start in December 2014. We were also told that staff and people who used the service and their relatives had been informed of the changes and temporary cover arrangements. This was confirmed by visitors who we asked. Visitors who expressed a view on the management of the home told us they found it to be well led.

Staff who we asked told us that they believed they worked well as a team. They also told us that members of the

management team were approachable and supportive. Staff confirmed they received training, supervision and appraisals and were not asked to undertake any tasks that they were not competent to do.

We were told by a social care organisation that in their experience the service provider was keen to work collaboratively to address any issues raised by them.

At the last 'Quality Standard Accreditation' undertaken by Oldham Metropolitan Borough Council (in 2013) Ashgrove House was awarded a quality rating of 'Excellent'.

The deputy manager told us that periodic satisfaction surveys were undertaken, the results of which were collated every quarter. The results of this analysis were presented as a bar chart on the office wall. The deputy manager told us that any significant issues were reported to the residents meeting.

The deputy manager told us that representatives of the service provider visited on a monthly basis and undertook quality checks on a range of aspects of the home's functioning. These included sample checks of care and staff files as well as the maintenance and up keep of the building. We saw records to confirm these visits had taken place. Staff also told us that directors of the company visited once or twice a week.

Analysis of incidents such as falls and accidents had been done. This helped to identify any patterns so that action could be taken if necessary.

Staff who we asked confirmed that regular staff meetings took place where they could discuss any aspect of the running of the home. Staff told us that 'management' did listen to them.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

People who were using the service were not protected from potential risks posed by the service provider not being able to make a reasonable decision about a potential employee's suitability. This was because all the required information about an applicant was not obtained.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment

Notifications tell us (CQC) how a service has responded to certain specified situations. This helps us decide if the situation was handled correctly and if the service provider is complying with the law. The service provider had not told us of all the situations they should have.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Notifications tell us (CQC) how a service has responded to certain specified situations. This helps us decide if the situation was handled correctly and if the service provider is complying with the law. The service provider had not told us of all the situations they should have.