

Mrs R Elango & Mr P Elango

# Ashgrove Residential Care Home

## Inspection report

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## 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

Ashgrove Residential Care Home is a residential care home for up to 26 older people. At the time of the inspection, the home was supporting 19 people with personal care.

### People's experience of using this service

Improvements had been made with medicine management. Systems were in place for effective temperature control and staff that administered medicines had their competencies checked. For people that received medicines when needed, protocols were in place to administer them safely. However, we found instances where medicines stock did not correspond to people's medicine records. We made a recommendation in this area.

Improvements had been made with risk assessments. Risk assessments included mitigation to minimise risks in relation to people's health conditions and circumstances.

Quality assurance systems were in place to ensure people received high-quality care that included auditing care plans and medicine management. However, audits for medicine management would need to be made more robust as this did not identify the shortfalls we found at the inspection.

Pre-employment checks were carried out to ensure staff were suitable to care for people safely. Safeguarding procedures were in place and staff were aware of these procedures.

Systems were in place for quality monitoring to ensure people's feedback was sought to improve the service. Staff were positive about the management of the service.

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

The last rating for this home was requires improvement (published 12 April 2019) and there were breaches of regulation in relation to risk assessments, medicine management and good governance.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 March 2019. Breaches of legal requirements were found. As a result, we served a warning notice to ensure the home was compliant with risk assessments, medicine management and good governance.

We undertook this focused inspection to check to confirm they now met legal requirements. This report only covered our findings in relation to the Key Questions, Safe and Well-led, which contained those requirements.

The ratings from the previous comprehensive inspection for those Key Questions were looked at on this occasion and were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgrove Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up:

We will speak with the management team prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received, 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?

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** ●

# Ashgrove 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ashgrove 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 home had a registered manager. Registered managers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed relevant information that we had about the service. We looked at the last inspection report and any enforcement action we took. We also contacted professionals involved with the service for information. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people, two relatives, both of the providers, the registered manager, the deputy manager and three staff. We reviewed five care plans, which included risk assessments, and four staff files, which included pre-employment checks. We looked at other documents such as medicine and quality assurance records.

# 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 requires improvement. At this inspection, the key question has remained the same. 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.

Using medicines safely & Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure medicines were being managed safely and risk assessments were in place to ensure people received safe care at all times. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection, we found a number of concerns with medicine management and risk assessments. We found that people did not receive their prescribed medicines, medicines were not being stored within recommended temperature levels, staff did not have their competencies assessed to check their understanding of medicines and for medicines when needed, protocols were not in place to administer them safely. We also found that risk assessments had not been completed for people with identified risks to ensure they received safe support at all times. As a result, we served a warning notice with a deadline date to ensure compliance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 therefore was compliant with the warning notice served at the last inspection.

- People received their medicines as prescribed and staff kept written records when they administered medicines.
- All medicines were available to be administered and there had been no out of stock items since the start of the current cycle.
- Medicine that required administration at a certain time, information was highlighted on people's medicine records such as ensuring people received their medicines half hour before meal times.
- Systems were in place for safe medicine temperature control. A new fridge had been purchased to store medicines that required to be kept in a fridge and an air conditioner was in place to keep the room where medicines were stored cool. We checked temperature records, which showed the medicine temperature levels were within recommended levels. Protocols were in place on what staff should do should medicines go outside acceptable temperature levels.
- Staff were re-trained, and their competency assessed before they administered medicines. A staff member told us, "We have been pretty much on the ball with medicine. We did more training with medicines."
- We observed that staff supported people with dignity during medicines rounds and knew how people preferred to take their medicines.
- Where people were prescribed 'as and when required' medicines, there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective. However,

when these medicines were administered for one person, there were no records on why this was administered and if the medicines had any effect on the person. The registered manager told us they would ensure this was recorded.

- We counted medicine stock levels against people's administration records and found on two occasions medicine stock was over. The registered manager informed they had issues with the supplier as they had included more medicines in packaging. However, no records were kept of this. The registered manager informed this has been resolved but will ensure records are kept in future.

We recommend the provider follows best practice guidance on medicine management.

- Risk assessments were in place to ensure people received safe care.
- Risks had been identified and assessments were in place to mitigate risks. Risk assessments included, the risk and measures to minimise risks. Risk assessments were in place for people's health conditions such as breathing problems and infections. Risk assessments had also been completed for people at risks of falls and skin complications.
- Premises safety checks had been carried out by qualified professionals. Fire alarms were tested and emergency evacuation drills were carried out. This meant that the home was prepared in the event of an emergency evacuation.

### Staffing & Recruitment

At the last inspection, we made a recommendation that the provider carried out dependency assessments to calculate staffing levels contingent with people's support needs as we had mixed reviews from people, relatives and staff on staffing. During this inspection we found improvements had been made.

- People and relatives told us there were enough staff. A person told us, "During the days, there is enough staff. I think they are very quick to respond." A relative told us, "There is enough staff here. There is always somebody popping in to check if [person] is ok."
- Staff told us that there were enough staff at the home. A staff member told us, "There is lots of staff to support people."
- The home had completed dependency assessments to calculate staffing levels. We observed that there were enough staff to support people. Staff responded promptly when people needed support.
- At our last inspection, we found instances that staff had gaps in their employment history that had not been explored and interview notes had not been kept. During this inspection we found gaps in employment history were addressed and interviews were recorded for new members of staff.
- Pre-employment checks had been carried out in most cases, which included criminal and identification checks and references. However, for one staff file we found a professional reference that did not include a company letter head and the position of the referee that completed the reference. Therefore, we were not sure if this was a professional reference. The registered manager told us that they would follow this up.

### Preventing and controlling infection

- Adequate systems were in place for infection control.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed the home was clean and tidy. A person told us, "Yes, it [home] is clean. It does not smell, everything seems to work ok. They always wear gloves." This meant that people were protected from infections.

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

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- People told us they were safe. A person told us, "The staff are very well, they are very attentive. There is no animosity, no raised voices. I feel safe here." A relative told us, "[Person] is safe."



- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

#### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service, such as falls. Action was taken following incidents to ensure people remained safe. People who had sustained an injury or had fallen were monitored to check if further action was needed, such as additional treatment or hospital admission.
- Incidents and accidents were analysed to identify trends, which would help prevent re-occurrence.

# 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 requires improvement. At this inspection this key question has remained the same. This meant that the management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure that audits identified the shortfalls we found especially with medicine management and risk management. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, we found that medicine audits were not regular and no audits were carried out on care plans and risk assessments. As a result, we served a warning notice with a deadline date to ensure compliance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 therefore was compliant with the warning notice served at the last inspection.

- During this inspection, we found systems were in place for quality assurance. Care plan audits had been introduced, which included auditing risk assessments. The registered manager told us the audits helped the home to identify any shortfalls and take prompt action. We found improvements had been made with risk assessments.
- Monthly and weekly medicines audits were carried out. Also, daily spot check audits were carried out. Although improvements had been made with medicine management, we found some shortfalls with medicine stock levels and record keeping when administering medicines when required. We fed this back to the provider and registered manager, who informed they will review their audit processes again to ensure it was robust.
- The management team were aware of their responsibilities to inform the CQC of any notifiable events such as recent safeguarding referrals they had made to the local authority. They also kept copies of all the notifications that they had sent us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings had been held with people and relatives to obtain their feedback on the running of the home.
- Staff meetings took place. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues.
- People told us they enjoyed living at the home and liked the management team. A person told us,

"[Registered manager] seems to be on the ball. It is good here, it is clean and tidy and does not smell. There is always plenty of food coming round." Another person commented, "I like it here, staff are good, they have good food and good company."

- Staff told us the service was well led. One staff member told us, "[Registered manager] is a good manager. It is all fine. The deputy manager is excellent. Both of them are good to go to if you need any help." Another staff member commented, "[Registered manager] is doing well. She is good to me. If I need help, she does support."

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's, relatives and staff thoughts about the home and act on their feedback where possible, to create a cycle of continuous improvement.
- The results of the surveys had not been analysed as the registered manager told us they were waiting for more surveys. Once received, the surveys would be analysed and an action plan would be in place to make improvements to the home where possible.

Working in partnership with others:

- The service worked with professionals to ensure people's needs were met.
- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people received prompt treatment. Records confirmed that people had access to a range of health services.
- The service worked with local authorities to develop practice through quality monitoring visits.