

Bondcare (London) Limited

Ashwood Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This focused inspection took place on 6 and 15 June 2018. The visit on the 6 June 2018 was unannounced. We told the provider we would be returning on 15 June 2018 so that we could look at specific records.

The last inspection of the service took place on 13 March 2018 and was a comprehensive inspection where we looked at all five key questions.

Following 13 March 2018 inspection, we rated the service Requires Improvement in the key questions of 'Is the service Safe, Responsive and Well-led?' The service was given an overall rating of Requires Improvement. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well-led to at least 'Good'. We also issued a warning notice in respect of breaches relating to medicines management telling the provider they must make the required improvements by 30 April 2018.

We undertook this focused inspection of 6 and 15 June 2018 to check that improvements to meet legal requirements planned by the provider after our 13 March 2018 inspection had been made. The team inspected the service against three of the five questions we ask about services: "Is the service well led?", "Is the service responsive?" and "Is the service safe?"

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

We found improvements had been made in all three key questions we inspected. The rating for these key questions has been changed to Good and the service has been rated Good overall.

Ashwood Care Centre is a 'care home'. People in care homes receive accommodation with nursing and personal care as 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 is registered to accommodate up to 70 older people. Accommodation is provided on three floors. People living on the first and second floor were living with the experience of dementia. At the time of our inspection 44 people were living at the service.

Bondcare (London) Limited manage nine care homes within London and are part of Bondcare, a national provider of care homes in the United Kingdom.

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

and associated Regulations about how the service is run.

The provider had made improvements with regards to medicines management and we found medicines were being managed safely at the home.

The provider had made improvements to the governance of the service. They had a range of audits and checks which effectively monitored the quality of the service and mitigated risks.

The two breaches of Regulation we identified at the previous inspection had been met.

People lived in a safely maintained and clean environment. The provider undertook checks to make sure the environment and the equipment being used was safe and clean.

There were enough staff to meet people's needs and keep them safe.

There were procedures designed to protect people from the risk of abuse. The staff were aware of these and there was information on display so that people using the service, visitors and staff knew what to do if they were concerned someone was being abused. The provider had taken appropriate action following allegations of abuse to help protect people from further harm.

The risks to people's safety and wellbeing had been assessed and planned for.

The provider had systems in place to learn from accidents, incidents and complaints.

People's care had been planned for and their needs were being met in a way which reflected their preferences.

People knew how to make a complaint and were confident these would be dealt with.

Where people were being cared for at the end of their lives, there were appropriate plans in place and the provider worked with other professionals to make sure people received the right care.

People using the service and other stakeholders were invited to share their views about the service. The provider responded to these and acted on information to help make changes.

The provider had developed an action plan where they had identified improvements were needed, as well as from stakeholder feedback, Care Quality Commission inspection reports and reports from other organisations, such as the local authority quality monitoring team. They had demonstrated a commitment to making improvements.

There was a clear management structure. People found the registered manager approachable and knew who to speak with if they had concerns or wished to discuss the service.

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.

Medicines were being managed safely at the home.

The risks to people's wellbeing had been assessed and planned for.

There were procedures designed to safeguard people from the risk of abuse.

There were enough suitable staff employed to keep people safe and meet their needs.

The provider had systems to learn from incidents and accidents.

Is the service responsive?

Good ●

The service was responsive.

People were being cared for in a way which met their needs and reflected their preferences.

The service had responded to changes in people's needs.

People knew how to make a complaint and these were investigated and acted on.

People receiving care at the end of their lives had the care, pain relieve and comfort they needed.

Is the service well-led?

Good ●

The service was well-led.

The provider had made improvements to the service in line with feedback from CQC, people using the service and other stakeholders.

There were effective systems for monitoring and improving the quality of the service.

There was a positive and open culture where people using the service, staff and others felt they could speak with the registered manager.

Ashwood Care Centre

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 checked 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.

The inspection took place over two days. The visit on 6 June 2018 was unannounced. We told the provider we were coming on the 15 June 2018. This was because we wanted to look at specific records and arrange for people using the service and visitors to speak with our team.

The inspection was conducted by an inspector, a member of the CQC medicines team, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the provider. This included the last inspection report and the provider's action plan. We also looked at notifications received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During our inspection we spoke with five people who used the service and two visitors. We looked at the environment and observed how people were being cared for. We met the registered manager and other staff on duty who included the deputy manager, nurses and care assistants.

The inspection team examined records used by the provider, which included individual risk assessments and care records for five people, records of audits and safety checks, records of accidents, incidents and the provider's improvement plans. We also inspected how medicines were being managed which included looking at the stock, storage, administration, records, policies and systems relating to the management of medicines at the home.

At the end of the inspection visit we gave feedback to the manager and deputy manager

Is the service safe?

Our findings

At the inspection of 13 March 2018, we found that medicines were not being managed safely. We issued a warning notice in respect of this. The provider wrote to tell us the actions they had taken immediately after the inspection to make the necessary improvements.

At the inspection of 6 and 15 June 2018, we found that improvements had been made and that medicines were being managed safely at the home.

At the last inspection, we had found insufficient stock of some people's medicines. At this inspection we found there was adequate stock of medicines at the home to be given to people as prescribed.

During our previous inspection we had found out of date medicines in a person's room. At this inspection we found the provider had made changes to the storage of medicines. Medicines, including creams, in the affected unit were now being stored securely in the medicine storage room. Staff members recorded and disposed of waste medicines using appropriate waste bins.

We observed staff give people their medicines during the morning. Staff members were polite, gained permission before giving people their medicines and recorded them on the medicines administration records (MAR).

We looked at MAR's for eight people. We found no gaps in MARs. This provided assurance people were being given their medicines as prescribed. During our previous inspection we had found records indicating creams had been applied to people although the creams had not been applied. At this inspection we saw evidence that care staff who applied creams to people recorded this accurately on separate charts. Staff members had hand written MARs for some people. These were checked and signed by a second member of staff to reduce errors.

There was a medicine policy in place at the home. The provider had an effective system in place to receive medicine alerts and action was taken where necessary. Staff members received regular medicines management training and were competency assessed on annual basis. There was a system in place to report medicine incidents and errors.

People using the service told us they felt safe with comments which included, "I am safe because I trust all the staff", "I've been here quite a while and I've felt very safe. I think it's got a safe environment. There's always somebody on duty", "I feel safe [because] the staff are really good. I get on well with them all. If I need them I know where to get them" and "Two carers gave me a bath today. I am afraid of taking a bath but I felt safe with two carers."

The relatives we spoke with also felt the service was safe. One relative told us, "[My relative] has been here for many years [and] the staff have stayed quite constant [over that time] which is great. [My relative] is a self funder so we could go somewhere else if I was concerned [about their safety]." They went on to say, "I feel

my relative is safe when they move around the home. [They] use a frame and the staff follow [them] – taking [person] a wheelchair if [they] need." The other relative explained, "As far as [my relative's] safety is concerned I have no worries at all because the staff are good; they genuinely take good care of [my relative]... There are enough staff, generally they're pretty good."

The provider had a procedure designed to protect people from abuse. The staff received training about this as part of their induction and through regular updates. There was information available for the staff, visitors and people using the service about how to report abuse and who to speak with about any concerns they had. The provider had responded appropriately to allegations of abuse and had worked with the local authority and others to investigate these and keep people safe.

The risks to people's safety had been assessed and planned for. Each person's file had information about the risks to their wellbeing associated with meeting their needs, their mental and physical health, skin integrity, mobility, nutritional and equipment being used. The assessments were appropriately detailed and included plans for reducing the risks. Assessments were reviewed monthly and following changes in people's needs.

People were cared for so that the risks of falls was reduced. The registered manager and deputy manager were attending specialist training around preventing falls organised by the local authority. They provided information to the other staff and implemented good practice at the service. All falls and other accidents were recorded and fully analysed. The registered manager was involved in the analysis and helped create a plan to support individuals who had fallen. For example, we saw evidence that people had been referred to falls clinics for further assessment and advice. The provider had also reviewed care plans, risk assessments and the equipment used by each person.

People had the equipment they needed to keep them safe. These included individual slings for hoists, bed rails and sensor mats which alerted the staff if people got out of bed at night. People had been assessed to make sure they had the right equipment and there was evidence of consultation with other healthcare professionals. Equipment for individuals and that used for the service in general had been regularly checked, serviced and cleaned. We saw evidence of this.

The assessments regarding people's skin integrity were comprehensive and we saw that checks on the condition of their skin were made each day. The service had been awarded a commendation from the local authority because there had been no incidents where pressure sores had developed or worsened at the home for over a year. When people had been admitted to the home with pressure sores, the staff had taken suitable action to treat these so they did not become infected or worsen.

The environment was safely maintained. There was a fire risk assessment. Actions from this had been implemented. The procedures for fire safety included a number of checks, fire drills and training. Individual evacuation plans were available for each person. There were clear signs to show who fire marshals were and they had received recent training regarding evacuation. The registered manager told us that all staff were due for training updates in this area and this had been organised. The London Fire Brigade carried out a check of the service in May 2018. They found that the service met standards but had made a number of recommendations. The provider had already met these or was in the process of meeting them.

There were enough staff to meet people's needs and keep them safe. People told us that they did not have to wait for care and that call bells were answered quickly when they needed assistance. The provider had recruited enough permanent staff to cover all the required staff hours, they were also in the process of recruiting additional staff to ensure there was enough cover for sickness and holidays. The registered

manager told us that they had recently recruited two volunteers who helped to provide social activities and support. The senior staff and activities coordinator supported people at some of the busier times of the day, such as mealtimes to make sure everyone received their meal in a timely manner.

The provider's recruitment procedures included checks on staff experience, qualifications and suitability. These checks included references from previous employers, eligibility to work in the United Kingdom, checks on their identity and from the Disclosure and Barring Service regarding any criminal records. The staff files we viewed included evidence of a formal interview with the registered manager, which included scenarios and how they would respond to these. The staff completed an induction into the service before they were able to work unsupervised. This included a range of training and shadowing experienced staff.

People were protected from the risk and spread of infection. There were infection control procedures and the staff received training in these. The cleaning staff had schedules to make sure all areas of the environment were cleaned. People using the service confirmed they were happy with the cleanliness of the service. The provider undertook monthly infection control audits which were recorded and included an action plan where concerns were identified. The staff used gloves, aprons and other protective clothing to minimise the risk of spreading infections. These were appropriately disposed of. There were suitable arrangements to clean soiled laundry and for the disposal of clinical waste.

The registered manager monitored any infections and recorded information about these. The information was shared with the provider and used to analyse whether any changes could be made to prevent these from occurring in the future.

The provider learnt from accidents, incidents, complaints and when things went wrong. Accidents and incidents were recorded by the staff at the time of the event. The registered manager reviewed the information and made recommendations of learning and improvements. The information was entered onto a spreadsheet where any trends of repeated occurrences were identified. This information was shared with the provider each month so they had an overview of all accidents and incidents. There was evidence that complaints had led to changes in staff practice. For example, following a recent complaint from a relative, the registered manager had issued guidance for the staff to make sure they learnt from this when caring for everyone, not just the subject of the complaint. We saw that staff who had been involved in incidents, complaints or accidents were offered additional supervision, training and were placed on performance review when needed so that they could improve their practice.

Is the service responsive?

Our findings

At the inspection of 13 March 2018, we found that people were being supported in a way which met their needs, although there was a risk that these needs would not always be met. We also found that care planning information was not consistently clear.

At the inspection of 6 and 15 June 2018, we found that improvements had been made. There had been improvements to care planning, furthermore, there was evidence that people's needs were being met in a way which reflected these plans.

People using the service and their relatives told us that their needs were being met. People had been involved in developing and reviewing care plans. There was evidence of their involvement and consent to these. Each person had a special day each month where their care, needs and wishes were reviewed and discussed with them. This day included visits from the manager, chef, activities coordinator, care staff, nursing staff and housekeepers to make sure they were all providing the service the person wanted. Their care plan was also reviewed and updated. There was evidence the provider had responded to specific requests people had made. For example, during a recent review a person who did not usually take a bath had requested one, and this was organised for them that day.

Care plans included information about individual needs and how these should be met. The provider was in the process of updating care plans to a new system. The files we looked at included old and new style care plans. Information was accurate and up to date. We saw that where people had experienced a change in their needs, for example decreased mobility, this had been recorded. There were planned interventions for each need. The plans were reviewed monthly and following changes.

In addition to the care plans, the staff recorded interventions and people's well being in a separate record. We looked at a sample of these and saw that people received their care as planned. The staff monitored food and fluid intake, made sure people's care needs were being met and offered personal care to reflected people's needs and preferences.

The provider employed staff as activities coordinators to work seven days a week at the service. They organised a range of different group activities and events. These were well advertised. On the day of our inspection we saw people sitting in the garden listening to music and taking part in a singing session. The session featured two different parts, each playing different styles of music. The staff were aware of people's individual likes and allowed them to go elsewhere when music they didn't like was being played. People enjoyed this session. People's care records showed that they had taken part in a range of different events. Their enjoyment and participation was recorded by the activities coordinators. They had information about people's personal interests and how they would like to spend their time. At our previous inspection we spoke with the activities coordinator about this and they showed us how they planned activities around people's individual interests.

Some people did not want to join in group activities. There was evidence the staff visited them and

supported them with individual interests. In addition, there were two volunteers who visited three days a week to offer individual support. One volunteer specialised in providing beauty treatments for those who wanted. Throughout the day we saw small groups of people being supported by staff reading to them, talking and playing games.

People's care plans included information about their past lives, things, people and places that were important to them. They had also personalised their rooms. We overheard the staff speaking with people and they demonstrated a good understanding of people's personalities and needs.

The registered manager told us they had started to create a "wish tree" and were waiting for a member of staff to create this in physical form to be placed on display at the service. People could place "wishes" or requests on the tree and the registered manager told us they would try to fulfil these. Since starting the project they had already started work to fulfil two people's "wishes." One person had been a member of a dance group when they were younger. The registered manager was in the process of organising for the group to visit and perform at the service. As part of the performance they were going to invite the person to dance with them. Another person had requested a day out at a shopping centre. This was being organised.

The registered manager was in the process of developing further information in the form of a newsletter which would be shared with people living at the service and their visitors.

People using the service and their relatives told us they knew how to make a complaint. Those that had raised concerns, were satisfied that these had been responded to by the registered manager. Most people told us that they knew who the registered manager was and were able to speak with them about any concerns. One person said they would like the registered and deputy managers to spend more time being available to speak with. We looked at records of formal complaints and how these had been investigated and responded to. There was evidence that the provider had taken appropriate action and that there had been learning from these to improve the service.

The staff had created care plans with people using the service, and their families, to record their wishes for care and treatment at the ends of their lives. The care plans included any special requirements. The staff worked closely with other healthcare professionals and the palliative care service so that people could receive the treatment they needed if they became very unwell or needed pain relief. Some people, or their families where they lacked capacity, had agreed with the staff and their GP that they did not wish to be resuscitated should they stop breathing. The correct documents were in place for these decisions and had been regularly reviewed. There was evidence of consultation and the reasons for this decision.

Is the service well-led?

Our findings

At the inspection of 13 March 2018, we found that the provider's systems and processes did not always identify or mitigate risks.

At the inspection of 6 and 15 June 2018, we found that improvements had been made. The registered manager had developed systems for auditing the service and identifying risks. There were regular checks and action plans had been created where concerns were identified. The provider had met the two breaches of Regulation identified at the previous inspection. There was evidence of continuous improvements since the provider took over the service in October 2017.

People using the service, visitors and staff told us they were happy there. They felt the service was well-led and that the registered manager was approachable. We saw the registered manager and deputy manager speaking with people throughout the day demonstrating a knowledge of their needs and wishes. Some of their comments included, "I have a good relationship with the manager and feel I can raise concerns with her if I have any", "There have been improvements here, things are getting better", "I feel the manager has listening ears so would be happy that I could talk to her about anything" and "They gave me a questionnaire so I could tell them what I think about the service."

The provider had asked people using the service and other stakeholders to complete surveys about their experiences. The returned surveys were largely positive and included comments such as, "The manager has worked relentlessly to improve the standard of care, activities and décor", "There is a good working environment and I enjoy my work", "[The registered manager] is very approachable and I feel confident going to [them] with any issues or complaints", "I feel this home has really improved", "All the staff are good and very respectful" and "[The registered manager] is wonderful." There were some concerns raised in a few surveys. The registered manager had recorded the action taken in respect of these to show that they had discussed these concerns and put things right. They also spoke with us about some issues and the action they had taken was appropriate.

The staff had systems to make sure the service ran effectively. The staff on each floor undertook audits and checks and recorded these. There were planned allocations of work. There was evidence of good communication with the GPs and other healthcare professionals to make sure people's healthcare needs were being met. The deputy manager told us that they had introduced a system where additional responsibilities were allocated to different staff each day. A daily team leader, who was a member of care staff, was responsible for allocating other staff duties and oversight of how the area of the home was managed that day, reporting directly to the nurse and registered manager. They told us that the staff had enjoyed this extra responsibility and it was working well.

The registered manager and/or deputy manager carried out daily audits of the service. These included walking around the building, speaking with staff and people living there, looking at infection control practices, nutrition and hydration and observing care. There were also daily meetings of all heads of department where key issues were discussed such as activities, any accidents and incidents, any health and

safety issues, infections, weight changes, wounds or deaths. These meetings were documented and included action plans and how any issues had been responded to.

The provider's senior managers carried out quarterly audits of the service looking at all areas including safety, care planning, people's experiences, the environment and leadership. They rated the service against a number of standards and gave an overall score. The most recent audit had been carried out in June 2018 and the registered manager had just received a copy of this. The provider had awarded the home a score indicating they were Good and meeting the provider's own requirements. The audit before this had included some actions. The registered manager had created an action plan and had updated this to show that these had been addressed.

The staff at the service also conducted several other regular audits which included infection control, management of finances, medicines, health and safety, nutrition and care plan audits. Any actions from these were addressed and there was evidence of this. The registered manager kept a record of all accidents, incidents and complaints. There was evidence that they analysed these for trends and monitored how effective preventative measures were.

The registered manager worked closely with other managers working for the provider and within the London Borough of Hillingdon. They regularly met and discussed ideas for improvements. The staff also worked closely with other multidisciplinary teams to make sure individual needs were met and to request additional support and training when needed to meet specific needs. The service had links with local schools and other organisations so that they could invite others to share activities with people living at the home.