

Chislehurst Care Limited

Ashglade

Inspection report

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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

This inspection took place on 17 and 18 November 2015. The inspection was undertaken by two inspectors and was unannounced.

At our inspection of 28 May 2015 we found that issues in relation to the safety of the premises had been resolved. At this inspection we found that improvements in these areas had been maintained and that the premises and surrounding areas were safe. Fire risk assessments were continuing together with other safety processes connected with fire and infection control. A ramp had been constructed for people to safely leave and enter the property.

Ashglade is a care home located in the London Borough of Bromley. The home is registered to provide accommodation and support for up to 12 older people some of whom are living with dementia. At the time of our inspection 11 people were using the service. The home is a large detached house over three levels. There is an outdoor area with a patio and a large and accessible garden.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At this inspection we found a breach of regulations because some medicines were not always securely stored and the administration of medicines were not always recorded. You can see the action we have asked the provider to take in respect of this breach at the back of the full version of the report.

People received care, food and fluids in line with their care plans and as advised by health care professionals. Action had been taken to support people where risks had been identified and there were arrangements in place to deal with foreseeable emergencies. People's care plans were up to date and included detail about their needs and preferences. People using the service said they felt safe and that staff and the manager treated them well. Staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available for staff and they told us they would use it if they needed to.

Recruitment of employees was robust with good record keeping and checks including DBS and ID procedures.

Staff had received training in order to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were enough staff on duty to meet people's needs safely. We saw that staff respected people's privacy, dignity and independence and engaged with them in a caring manner. They understood and responded to people's individual needs and were familiar with people's histories and preferences.

People and their relatives had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

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 always safe.

Although medicines were safely administered, they were not always stored securely or accurately recorded.

People told us they felt safe and well cared for. There were arrangements to deal with emergencies and staff were aware of signs of abuse and what action they should take. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough staff deployed within the service and appropriate staff recruitment procedures were in place.

There were appropriate assessments in place to support people where risks to health had been identified. Thorough checks were carried out on equipment and the premises to reduce risk.

Requires improvement



Is the service effective?

The service was effective.

Staff had completed an induction and supervision when they started work and received training relevant to the needs of the people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People told us they enjoyed the food and that there was a good choice available. We saw that people's fluid and food intake was monitored and staff encouraged people to eat and drink with appropriate action taken if people lost weight.

People had access to a wide range of healthcare services to ensure their day to day health needs were met.

Good



Is the service caring?

The service was caring.

Staff were caring and spoke with people in a respectful and dignified manner. People's privacy and dignity was respected.

Staff knew people well and were aware of changes in their moods or routines.

People and their relatives were involved in making decisions about their day to day care.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There were activities and entertainment for people to participate in and staff encouraged participation consistent with individual's needs and abilities.

People knew about the home's complaint's procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

The service was well-led.

The provider took into account the views of people using the service, relatives, health care professionals and staff.

The manager recognised the importance of regularly monitoring the quality of the service provided to people using the service and was extensively involved in day to day care and supervision of staff.

There were meetings with staff and management where issues were raised in an attempt to resolve problems, aid communication and to ensure quality was maintained within the service.

Staff said they enjoyed working at the home and they received good support from the manager.

Records including medicines records were held securely and confidentially.

Good



Ashglade

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 unannounced inspection was carried out on the 17 and 18 November 2015. The inspection team consisted of two inspectors on the first day and one on the second. Before the inspection we looked at the information we held about the service including notifications they had sent to

us. A notification is information about important events that the service is required to send to us by law. We also received feedback from health care professionals that we used to help inform our inspection planning.

We spent time observing the care and support being provided, spoke with seven people who used the service and three relatives. We also spoke with five members of staff, the provider, the registered manager and health care professionals visiting the home.

We looked at six people's care records, staff recruitment and training files and records relating to the management of the service. These included audits, incident logs, feed-back questionnaires, staff rotas and minutes from meetings and other records related to the management of the service. In addition we looked at all areas of the building including bedrooms, communal areas, kitchen, office and the outside grounds.

Is the service safe?

Our findings

People we spoke with said that they felt safe at the home and well treated. They felt confident that there were always sufficient staff around to support them. They said that the manager was always on hand and thought that she knew them well and their issues. One person said, "I'm very happy here. I feel safe and loved."

Medicines were safely administered but were not always stored securely or recorded accurately. People's Medication Administration Records (MARs) included a current photograph, details of their GP, and information about their health conditions and allergies. However, we found gaps in the recording of the administration of people's medicines which meant we could not be assured they had received their medicines at the prescribed times by an appropriately trained member of staff. For example, one person was due to be given a medicine at 8 am on the day of inspection but when we checked the MAR chart at 11am that day the medicines had not been signed for as given. However, the medicine was not left in the storage container and staff told us it had been given at 8 am.

Most medicines were safely stored in a locked cupboard within the service. However, we found that some creams and lotions were kept in unlocked cabinets in people's bedrooms. This meant there was a risk of the creams being removed or used by another person for whom they were not prescribed.

The manager showed us records including audits where historic omissions on the MAR's sheets had been identified and raised with members of staff individually and in group meetings. However, the manager told us that recently undertaken competency checks on staff had not identified that staff were not completing the medicines charts

A recent medications audit had taken place by an externally appointed specialist. The audit had found some concerns surrounding the storage of prescribed creams but the recommendations had not been implemented at the time of the inspection and we found that creams and lotions were kept in unlocked cabinets in people's bedrooms. This meant there was a risk of the creams being removed or used by another person for whom they were not prescribed.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

We brought these issues to the registered manager's attention and she took action by completing stock checks to ensure that people had received their medication that day and previously. In addition, we saw that staff checked people's rooms and stored any prescribed creams securely.

The provider had robust and detailed recruitment procedures in place. We looked at the recruitment records of all staff and saw criminal record checks, health declarations, proof of identification and checks on eligibility to work had been carried out. Files included at least two references. The manager told us that external agency staff were used sparingly and this was supported from the records we reviewed. It was noted that permanent staff, who had been in the service for some time, tended to be used to support the needs of people using the service.

The home had a policy for safeguarding adults from abuse. The manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and whom they would report any safeguarding concerns to. The manager said that all staff had received training on safeguarding adults from abuse, and training records confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

People using the service told us there were always enough staff on duty to meet people's needs. One person using the service said, "There are always plenty of staff around and they are very supportive." Another person said, "The home has been fantastic in supporting me through my problems. I can't praise them enough."

The manager showed us a staffing roster and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

On the day of the inspection we saw that staff were re-rostered and brought into the service at short notice when a person who used the service had to attend a

Is the service safe?

nursing home to be with their relative who was unwell. This showed that there was a willingness of staff to change plans at short notice to cater for the changing needs of people who use the service.

During the inspection we saw an emergency situation where a person fell ill without warning in a bedroom. The response by carers and manager was efficient and demonstrated that they knew the person well and their issues. When the emergency staff arrived we saw how the staff and manager responded to the person in a kind and supportive way when the person expressed a reluctance to be taken to hospital. Ambulance staff took the person to hospital and after checks they were discharged later the same day back to the home.

Assessments were undertaken to assess any risks to people using the service. Risk assessments included information about action to be taken to minimise the chance of the risk occurring in areas including risk of falls and dehydration. We saw that they were reviewed and signed by the manager on a monthly basis.

There were procedures in place in the event of an emergency. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Staff knew what to do in the event of a fire and told us that regular fire drills were carried out and this was confirmed by records we reviewed. Records also showed that staff had received fire safety training and that regular checks were made on emergency and support equipment used within the home.

Is the service effective?

Our findings

People using the service said staff and the manager knew them well and were aware of how best to provide support to them. Another person said, “They really look after me. They got the doctor in to see me recently and it was all sorted out.”

Staff told us they had completed an induction when they started work and were up to date with the training considered mandatory by the provider and this was confirmed by the training records we reviewed. Mandatory training areas included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety, infection control and dementia awareness. We saw that most members of staff had also attained nationally accredited qualifications in health and social care. One member of staff said, “I have received training on a number of issues surrounding dementia and how best to support people with the condition. This has helped me doing my job.”

Staff confirmed that they received a supervision session with the manager every eight weeks and an annual appraisal of their work performance. They said this helped them in providing the care and support to people using the service and that they felt well supported by the manager. One member of staff told us, “The manager is always available. The beauty is that I can approach her at any time for support and I never feel like I’m a nuisance.”

Staff were knowledgeable about the people they cared for and demonstrated that they were aware of their health and support needs. One member of staff said, “It is a close knit home and we get to know the people really well. This benefits us in being able to cater for individual's needs.”

We saw that most members of staff had attained nationally accredited qualifications in health and social care. The manager told us that all staff were enrolled on health and social care courses and that these were administered in-house through an accredited provider.

Staff had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS sets out what must be done to ensure that the human rights of people who lack capacity

to make decisions are protected. Staff we spoke with were aware of the importance of seeking consent from people when offering support. They demonstrated an understanding of the MCA and how it applied to their roles.

We saw that mental capacity assessments had been completed relating to specific decisions such as the use of bed rails at night time. Where a person had been assessed as not having capacity, records showed that relatives and health care professionals, where appropriate, had been involved in making specific decisions in their best interests.

The registered manager demonstrated a clear understanding of the MCA and DoLS and how they were applied in support of the people using the service. At the time of our inspection we noted that one DoLS application had been authorised and that a renewal application was being processed by the local authority. We saw that the applications had been made in a timely fashion and had been kept under review. The conditions of the authorisation were being followed and in line with legal requirements.

People were supported to eat a nutritious and healthy diet. The chef was aware of people’s individual needs and preferences and we saw pictorial menus for each meal that were varied on a four week cycle. People had a choice of meals and we saw that people were able to request items that were not on the menu if they so wished. We observed mealtimes during the two days of the inspection and saw that there was always plenty to eat and drink. Staff were available to offer support where required and we observed staff gently encouraging people to eat in a relaxed and unhurried manner. Most people ate together and appeared to enjoy the mealtime but we also observed that there was flexibility in when people ate, for example when people had awoken late and had missed the breakfast meal setting. At other times we saw staff reminding people to drink and providing them hot and cold drinks together with snacks. A person using the service said, “I really enjoy the food and the chef is marvellous. No complaints at all.”

People had regular contact with health care professionals such as dentists, opticians and chiropodists when required. We saw the care files of people using the service included records of their appointments with healthcare professionals.

Feedback about the service from visiting healthcare professionals was positive. One told us, “Staff know all the

Is the service effective?

residents and their personalities. When we attend we are always impressed". Another said, "We get to know what the issue is very quickly at this home as they are good at giving

hand-overs and are efficient in getting people the care they need." A third health care professional told us, "Generally it's a good home and they manage patients well. In my experience they call on medical services appropriately."

Is the service caring?

Our findings

People said the staff were caring. One person told us, “They take me to see my husband as he is very ill at another home. Nothing is too much trouble, they are like part of my family.” A health care professional visiting the home told us, “Staff treat residents with courtesy and respect and I have always seen them to be kind, professional and cheerful. Residents are responded to promptly.”

Throughout the course of our inspection we saw staff acting in a kind and considered way when dealing with people using the service. Staff responded to people’s needs in a calm way when for example supporting them to the toilet, to rise from a chair or when responding to requests for drinks and snacks. We observed one member of staff helping a person in their room to do a crossword. The person had become frustrated and upset. The carer spent time with the person treating them in a caring and compassionate way and after a short while they were laughing together and enjoying the activity.

People’s personal interests were acknowledged and supported. One person said, “I’m looking forward to going out tomorrow. We are going for a pub lunch.” We spoke to

the manager about this who said that she and staff went out with residents who were able on a regular basis and that this reinforced bonds between staff and people who use the service.

People and their relatives told us they had been consulted about their care and support needs. One relative said, “They let me know if my relative’s condition changes. I can always speak to the manager when I visit and I was involved in all of her care planning. They even take her to the specialist if I am unable to go and report back to me.” One person told us, “We get tea and biscuits when we want and when I am visited by my relative they are welcomed. It’s like a family.”

Some people were unable to communicate their views on how they were cared for in the home. However, when we observed those people interacting with staff, we noted that they appeared calm and relaxed and we saw staff treating them with respect and kindness.

Staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on people’s doors before entering their rooms and they made sure information about them was kept confidential at all times. During the course of the inspection we saw staff listening to people and encouraging them to communicate their needs and knocking on doors and calling their name before assisting people.

Is the service responsive?

Our findings

One relative said, “My relative is really well looked after. I’m impressed. The staff and manager are so alert to her needs. They have been liaising with the GP about sleeping issues and together they’ve managed to sort it out.”

People told us they were provided with a service user’s guide when they moved into the home and that it was kept in their bedroom. We saw that the booklet included important information such as the complaint’s procedure, policies and important contact numbers. Relatives were encouraged to consider the booklet and people said that if they did not understand any of the content, staff would help them.

We saw that care files included care and health needs assessments, care plans, support plans and risk assessments. These assessments covered, for example, moving and handling, mobility, nutrition, communication, sleeping, emotional needs, activities, medicines, continence and end of life care. On one occasion staff had identified a person’s susceptibility to pressure sores and liaised with health care professionals to mitigate any risk to the person by using a special mattress and a routine of repositioning.

The needs of people were clearly identified with reference to people’s and their relative’s views. Support plans included detailed information and guidance for staff about how people’s needs should be met and were accessible to staff, easy to read and up to date.

We saw an example of how the MUST risk assessment tool was completed in order to identify a person’s risk of malnutrition. MUST is a Malnutrition Universal Screening Tool and is a five step screening tool used to identify adults who are malnourished or at risk of being undernourishment. The person’s risk assessment score placed them at high risk of malnutrition and we saw steps had been taken to refer the person to a health care professional who provided them with prescribed diet supplements.

We saw records from residents’ meetings where people using the service were able to talk about things that were important to them and about the activities they wanted to

do. For example a recent party had been organised with the residents at Halloween time. It was seen that the residents and staff had all participated enthusiastically, the main dining room table was full of party food and everyone seemed to be having an enjoyable time.

People told us they enjoyed the activities provided at the home. During the morning we saw people sitting quietly reading newspapers or watching television. One person said, “We are going out tomorrow and had a party last week.” During the afternoon we saw the home’s activities coordinator engaged with people in a chair based exercise activity. People participated enthusiastically whilst staff gave encouragement or offered appropriate support. The coordinator told us about the activities scheduled for the rest of the week and how people had been able to enjoy the garden in the summer when they had had barbeques and other outdoor activities. The coordinator said, “I get good support from the manager and am encouraged to plan activities. I do one to one when people are really poorly or cannot get to the joint activities. The ladies love having their nails done and the men enjoy reminiscing. It’s not like work, it’s like they are my family.”

People said they knew about the home’s complaint’s procedure and they would tell staff or the registered manager if they were not happy, or if they needed to make a complaint. They told us they were confident they would be listened to, and their complaints would be fully investigated and action taken if necessary. The registered manager maintained a log of complaints which included a copy of the complaint’s procedure and forms for recording and responding to any complaints received. There had been no complaints about the service since our previous inspection.

Feed-back questionnaires were sent to people who use the service, their relatives and visiting healthcare professionals. The overwhelming majority of feed-back received was positive and a number of returned questionnaires commented on the good quality care at the home and satisfaction at the extent of their or their relative’s involvement in the care planning process. People were happy with being able to live at the home in the way they wanted and chose to live.

Is the service well-led?

Our findings

A visiting health care professional said, “The manager leads by example and they have a good group of staff who are quick to act on issues. They are a good team and together they achieve really good outcomes for the people in the home.”

The registered manager had undertaken a range of audits in relation to areas of the service including health and safety, cleaning schedules, fire checks and quality assurance records. We saw that regular unannounced checks had been made during evening shifts and the registered manager also made visits to the home at weekends and conducted checks of the home’s cleanliness, including checks of the kitchen and dining areas. The chef told us, “The manager is hands on and really gets involved. I can call on her to help whenever I need it and feel supported but I know that she will not tolerate poor practice.” We saw that changes had been made as a result of issues identified by the audits. For example a night-time check had identified the potential for the kitchen being left in an untidy condition before breakfast and an early morning cleaning schedule had been implemented.

The registered manager audited medicines charts and had identified issues with recording the administration of medicines that we also found at inspection. Prior to our inspection the manager had taken steps to introduce further staff competency training and had researched and planned the implementation of a new medicines administration system based on other systems that had proved to be effective in identifying errors. However, we were unable to monitor the effectiveness at the inspection but will follow up on the breach of medicines at our next inspection.

A visiting health care professional told us, “The staff seem well informed and there is good communication between carers and manager.” Another said, “I don’t have any areas of concern, Ashglade is always well run and a happy environment.”

One member of staff told us, “I attended a course yesterday on dignity and respect. It was really useful and links in with what the manager tells us.”

Throughout the course of the inspection people said that the home was a happy place with the manager taking the lead on many issues surrounding care, risk and development of staff. During conversations with the manager and staff it was clear that the ethos of the home was one of continuously improving the environment for people, their well-being and care.

The provider took into account of people’s views through regular surveys. We saw relatives and people at the service had completed feedback which had been analysed and put into graph form for the staff and manager to consider. These easy to read graphs highlighted areas where the home was doing well and other areas where the home could improve and we saw that some of these issues had been raised in team meetings. It was noted that one relative was satisfied with the care and support and said, “I thank the staff and manager for having time for us and our relative, for the assistance you have provided us all and the good leadership at the home.”

In a survey of staff the overwhelming majority commented that they felt that their opinion counted, that they had been listened to when making suggestions for improvement at the home and that many of their suggestions had been implemented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Medicines were not always stored securely or recorded accurately.</p>