

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 effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection was unannounced and took place on 30 April 2015. The service was not meeting legal requirements relating to safe management of medicines at our last inspection on 17 February 2014. During this inspection, we found that the provider now met requirements relating to medicines management.

Ash Grove Residential Care Home provides accommodation and support with personal care for up to 26 older people. The service supports people living with dementia. On the day of our visit there were 22 people using the service.

The service had a registered manager. 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.

People and their relatives told us they felt safe. However, we found that care was not always delivered in a clean and safe environment. The premises were not well-maintained and equipment was not always clean. Staff could not use evacuation equipment. Health and safety was not always adhered to. Fire exits were blocked and cupboards with potentially harmful substances were kept unlocked.

Although there were safe recruitment practices and enough care staff, we found that the cleaning and maintenance staff did not have enough time allocated to cleaning and maintaining the service.

We recommend that the cleaning and maintenance staffing schedules are reviewed in order to meet the needs of the service.

Consent to care and treatment was not always sought in line with legislation and guidance. Staff were aware of the need to promote choice but had limited knowledge about best interests decisions, deprivation of liberty safeguards (DoLs) and how the Mental Capacity Act 2005 applied to their daily work.

People were supported to have sufficient amounts to eat, drink and maintain a balanced diet.

People told us that staff were caring, kind and helpful. We observed interactions between staff and people and found that staff had built a good rapport with people.

People's privacy and dignity was respected and promoted. People told us that staff addressed them appropriately and always asked people their preferences before they delivered care.

We found that before people started to use the service they were assessed and care plans were developed to enable staff to support people.

People told us they would not hesitate to raise their concerns with the manager. Complaints were acknowledged and responded to in a timely manner.

People, their relatives and staff told us they could approach the registered manager or their deputy at any time. They felt it was a well-managed service.

The quality of care delivered to people was monitored regularly. Although feedback from people was sought it was not always evaluated and improvements made to the service as a result.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this 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 unsafe. People were not always cared for in a clean and hygienic environment. Health and safety procedures and infection control practices were not always followed.

People told us they felt safe living at the service. Medicines were managed, stored and disposed of safely.

The service had ensured staff understood safeguarding procedures, and were able to recognise and report any witnessed or allegation of abuse.

There were effective recruitment practices to safeguard people from unsuitable staff. Staffing levels for care staff met people's needs. However, current cleaning and maintenance staff employed could not maintain a clean and safe environment within the minimal hours they were contracted.

Requires improvement



Is the service effective?

The service was not effective. Staff were not always aware of the Mental Capacity Act 2005 and how it applied in practice. Deprivation of liberty authorisations were not always sought where necessary.

People told us that they were cared for by staff who understood their needs.

People were supported to eat and drink sufficient amounts. Where swallowing difficulties were identified the speech and language therapist and the dietitian were involved.

Requires improvement



Is the service caring?

The service was caring. People told us that staff were compassionate and considerate. We observed staff were attentive and responded quickly to call bells.

We saw staff ensure people were seated comfortably and reassured people when they became restless.

People's privacy and dignity was respected. People told us that staff addressed them according to their preferred name. People were well groomed.

Good



Is the service responsive?

The service was responsive. People and their relatives told us they were involved in planning their care.

Care was assessed and reassessed monthly. People's preferences were clearly documented and respected.

The complaints procedure was displayed in various communal areas. We found complaints were acknowledged and responded to in line with the services policy.

Good



Summary of findings

Is the service well-led?

The service was well-led. People, relatives and staff told us that they could approach the registered manager or their deputy.

There were regular quality audits and annual satisfaction surveys.

Records were stored securely. However, records could always be easily located. There were no documented action plans to show how results from audits were used to improve the quality of care delivered.

Requires improvement



Ashgrove Residential Care Home

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.

The inspection took place on 30 April 2015 and was unannounced.

The inspection team consisted of an inspector 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 gathered information from safeguarding notifications, previous inspections and the service's website. We also contacted the local authority and the Havering Healthwatch to find out information about the service.

During the inspection we spoke with eight people and three relatives. We observed people during breakfast for 20 minutes using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with staff including the deputy manager, the proprietor, the cook, and three care staff. We observed care interactions in the main lounge, the quiet lounge and the dining room. We reviewed four staff files, four care plans, six medicine administration records and the daily handover book. We also reviewed records of incidents, and gas certificates and risk assessments related to the health and safety of the environment and quality audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, “Excellent, nowhere to feel unsafe.” Another person said, “I feel quite safe.” Another person said, “They all look after us here and help me to get up safely.” A relative, when asked if the care was safe, replied, “100% she gets all the care she needs and wouldn’t be alive now if she wasn’t here.”

At our inspection on 17 February 2014 we identified that medicines were not managed appropriately. Medicine fridge temperature checks were not always recorded. We found discrepancies between amounts of medicine held in stock and the amounts recoded as being in stock. During this inspection we found that people’s medicines were managed so that they received them safely. Fridge temperature checks were monitored and recorded daily and staff were aware of the procedure to take if the fridge stopped working. We reviewed six medicine charts and found no discrepancies. We found that controlled medicines were stored securely in a locked cupboard. We observed medicine being administered during breakfast and lunch and found that medicines were handled and administered safely. Medicines were stored and disposed of appropriately.

Risks to people and the service were not always managed so that people were protected.

The provider did not ensure that the premises were safe to use for their intended purpose and were used in a safe way. The fire assembly point was cluttered with two hairdryer stands and a hoist, which left hardly any room for people to assemble in the event of a fire alarm. Another door in the quiet lounge clearly labelled as a fire exit was blocked by a chair and a wheelchair. This compromised the safety of people, visitors and staff in the event of a fire.

The provider did not always ensure that assessed risks were implemented. Control of Substances Hazardous to Health (COSHH) and environment risk assessments were completed but not always implemented. Cupboards containing COSHH which were located in garden were left open. We found bleach in an unlocked cupboard in a communal bathroom. When we asked staff about this they said it was because the locks to the COSHH cupboard were

broken and that this had been escalated to the manager who had in turn escalated to the provider. People could access the COSHH cupboards via the garden and were at risk of exposure to harmful substances.

Some aspects of the premises were unclean and not well maintained and left people at risk of infection. The bathrooms, toilets and skirting boards needed a deep clean and repainting in many areas and the flooring needed replaced throughout. We also noticed that the ceiling boards near the quiet lounge needed replacing as they were cracked and visibly damp. The carpet in the main lounge showed visible stains and evidence of damp on one wall. Some bath chairs and toilet raiser legs needed replacing as they had rust in places making them difficult to clean. One bedroom had a smell of urine. When asked staff said the carpet was going to be replaced.

The provider did not ensure that equipment used for providing care or treatment to people was safe for such use and was used in a safe way. Staff told us they had not received any training on how to use the evacuation equipment that had been recently purchased. We spoke to the registered manager after the inspection and they said training had now been arranged and would send us evidence once training was completed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were protected from avoidable harm or abuse. Staff had received training and were able to tell us how they would report any witnessed or allegations of abuse. They were able to tell us where to locate the safeguarding policy and said that the registered manager would in turn report any allegations to the local authority’s safeguarding department. Staff told us that they were aware of the whistleblowing policy and would not hesitate to express their concerns if they noticed any bad practices that could people’s safety at risk.

Six out of eight people said they felt there were enough staff. One person said that sometimes there was enough staff but “now and again need a couple more”. Relatives felt there were enough staff and referred to the regular staff as “angels”. People and their relatives told us that sometimes temporary staff were used to cover absences. There were effective recruitment practices to safeguard people from unsuitable staff. These included, an interview, two references, disclosure and barring checks, qualifications check and proof of identity.

Is the service safe?

The service ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs. On the morning of our visit there were four care staff on duty, the deputy manager, a cleaner, one laundry worker and a cook. There were two care staff at night. We reviewed rotas that confirmed this. However, we noted that the cleaner

only worked from 0900-1400 daily and the maintenance man only worked three times a week. This impacted on the cleanliness and the general maintenance of the home. **We recommend that the cleaning and maintenance staffing schedules are reviewed in order to meet the needs of the service.**

Is the service effective?

Our findings

Most people told us that they were asked for their consent before care was delivered and that their choices were respected. One person said, “I can get up when I want.” Another person said, “I can choose but can’t walk now so have to wait for help.” A third person said, “Yes, I get up and go to bed when I want.” However, one person told us they did not always go to bed at their preferred time as that was the busiest time for night staff.

Consent to care and treatment was not always sought in line with legislation and guidance. Staff were aware of the need to promote choice but had limited knowledge about best interests decisions, deprivation of liberty safeguards (DoLs) and how the Mental Capacity Act 2005 applied to their daily work. Although the registered manager demonstrated some knowledge and had applied for DoLs authorisations in the past, we found no DoLs application had been made for a person who constantly wanted to go out to the garden but was stopped for their own safety by staff. We also saw that key pads and bedrails were in use and authorisations for their use had not yet been sought. We spoke to the registered manager after the inspection as they were not present during the inspection and they told us they would take the relevant steps to obtain authorisations.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received effective care which was delivered by staff who had been assessed as competent. Staff told us that they were supported by the registered manager and their deputy and that they received regular training and supervision. However, supervision records were not always completed in line with the service’s policy on the appropriate forms. Although staff meetings were held only three or four times a year, staff felt that the daily handover, and the registered manager walking round the service when on duty, gave them sufficient access to any new information or updates. There was a comprehensive induction for new staff and staff felt they worked well as a team. We saw that there was an ongoing training program

which was kept up to date by the registered manager to ensure that staff were kept updated with the latest guidance. Training was a mixture of both online and classroom based. Staff demonstrated knowledge about dementia care and infection control. People were cared for by staff who were supported to acquire the knowledge and skills necessary to carry out their roles.

People gave us mixed reviews about the food. However, most people were happy with the food. One person said, “Very nice. Enough choice.” Another person said, “Marvellous food, cannot fault it. Lovely at Christmas.” We noted that there was only orange juice and water available throughout the day and one person was told their preferred blackcurrant had run out. When we asked staff they said blackcurrant had been ordered.

People were supported to have sufficient amounts to eat, drink and maintain a balanced diet. Special diets such as soft foods and diabetic diets were catered for. People were offered a choice of either meat or fish at lunch. We observed that those who needed assistance with cutting up their food or eating were supported to do so at a pace that suited them. We found that monthly nutritional risk assessments were completed, which included monthly weight checks. Any people assessed as high risk of malnutrition were referred to appropriate health care professionals such as the dietitian.

People were supported to maintain good health and had access to healthcare services. One person said, “Chiropodist comes every 6 weeks. Optician every so often.” We saw evidence that healthcare professionals such as dietitian, GP, district nurse and speech and language therapists were called for people when required. An example was a person whose condition had deteriorated; the GP was called and reviewed the person and started them on antibiotics that same day. There were arrangements in place for people to access dental and chiropody services. People could also have the annual flu injection if they wished as the practice nurse visited the service to offer the vaccination. This showed that people were monitored and they received ongoing health support.

Is the service caring?

Our findings

People told us that staff were caring, kind and helpful. One person said, "Care staff do an excellent job." Another said, "Staff look after me well." A third person said, "Anything you want they will do for you. They come quick to call bells." Relatives praised staff for the work they did. One relative said, "Mum has all the care aids she needs. 99% of staff are exceptional." Another said, "The deputy manager is exceptional." Positive caring relationships were developed with people. These included consistent staff to look after their needs with some staff having worked at the home for 20 years or more.

We observed interactions between staff and people, and found that staff had built a good rapport with people and demonstrated an understating of their individual needs. For example, they orientated a person who kept looking their way by pointing them in the right direction.

The service supported people to express their views and be actively involved in making decisions about their care. This was done by enabling people to make decisions about how their room was decorated, what they wore, ate and activities they participated in. We saw staff support people to walk to the toilet or to various areas of the service. We saw people choosing what they wanted to wear and which activities they wanted to participate in.

People's privacy and dignity was respected and promoted. People told us that staff addressed them appropriately and always asked people their preferences before they delivered care. Staff told us that they always knocked before entering people's rooms and always ensured that the door was shut when attending to people's needs. We saw that there were curtains as well as doors at the entrance of communal toilets to ensure privacy and dignity for people. One person said, "Staff knock before coming in." Another person said they kept the door to their room open, but that staff knocked before entering.

People were supported at the end of their life to have a comfortable, dignified and pain free death. There had been several deaths in the last six months. Staff told us how they had supported the family and how they had been offered support to deal with the deaths. We saw evidence of this in the staff meeting minutes we reviewed. We also saw that arrangements were in place to enable at least a member of staff to attend funerals as well as to support families when they came to clear their deceased relative's room.

People told us that staff listened to them. One person said, "Staff are quite attentive." Another said

"Staff listen to what you have to say." We saw a member of staff go to get a cardigan for a person who had said they were feeling cold. We saw staff sit and engage with people in the quiet lounge. Most of the people in the quiet lounge preferred one-to-one talk rather than group activities.

Is the service responsive?

Our findings

People received personalised care that met their needs. Before people started to use the service they were assessed and care plans were developed to enable staff to support them. Care plans contained people's life stories and preferences for their support. Staff we spoke with were aware of the needs and the history of the people they were looking after. We saw evidence that care plans and assessments were reviewed monthly and an annual care plan review was also completed with the person and their next of kin present. Any changes and action taken were documented.

A key working system was in place which ensured that each keyworker was responsible for updating the care plans for the people within their key working group. In the event of the keyworker being absent the manager or deputy updated the care plans.

People who were close to their families told us that they were able to see their grandchildren and family when they wanted. Staff and relatives told us that visitors were able to come anytime during the day. Special exceptions were made during end of life care for relatives to stay overnight. People were encouraged to keep in contact with the most important people in their life.

People told us that they were happy with the activities provided. One person said, "I enjoy quizzes." Another person said, "Without my TV I would go mad." A third person said, "I don't join much because of my eyesight but like quizzes." There were two lounges available for people to use, one for people who preferred to be quiet and another where the television was kept on during the

morning and an activity was initiated by staff during the afternoon. On the day of our visit a karaoke session and exercise session were held. Four out of the nine people seated in the lounge participated.

The service did not have an activities coordinator. People, relatives and staff told us that an entertainer came once a month and staff did manicures for those that wanted one. A hairdresser came in once a week, quizzes were held every other week and exercise sessions were held too. During the afternoons, people who wanted to did some colouring and we saw some St George's Day pictures displayed which had been coloured by people. We also noted that there was a library available for those who liked to read.

People told us that they would complain to the registered manager if they needed to. One person said, "I would complain to the manager. I've only had to complain once." Another person said, "The manager listens to any concerns and acts quickly." Some of the people could not remember if they had seen or been told about the complaints policy. We saw the complaints policy displayed in two communal areas on the day of our visit. Staff told us that they would escalate any concerns to the registered manager and also do their best to resolve the issue if they were able to do so.

We reviewed complaints made in the last year and found that a written acknowledgement had been sent and a final response after an investigation had taken place. Where necessary, a meeting was held with the complainant to ensure that their concerns were fully understood and resolved. Concerns and complaints were dealt with in a timely manner according to the policy and in manner that resolved people's concerns.

Is the service well-led?

Our findings

People, their relatives and staff told us they could approach the registered manager or their deputy at any time. They felt it was a well-managed service. One person said, “The manager is very friendly. I can talk to her at any time.” Another person said the manager “does a good job”. A relative said, “We’ve got a good relationship with [the manager].” This showed that the registered manager promoted a positive culture that was open, inclusive and empowering.

However, we found that although feedback from people about the quality of the service was sought, it was not always evaluated. For example, some relatives felt that the maintenance of the property had slipped as there was no longer a fulltime handyman. Other issues raised were cleanliness of the service. On the day of our visit both the cleaning and the maintenance issues were still to be addressed properly due to budgetary constraints. We also found shortfalls in the records we saw. Some appraisal and supervision records were not dated or completed in full. Some policies we reviewed were not always followed. For example the supervision policy made stated that supervisions were to be completed on a specific form and were to be signed by both parties. We found that although supervisions were completed they were not always signed or on the correct form.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality of care delivered to people was monitored regularly. This included medicine audits, night spot-checks by the registered manager, daily walk around, infection

control and environmental checks. However, though staff and people confirmed that the registered manager carried out these checks, documentary evidence was not always kept. We recommended that the registered manager considers a more systematic approach of recording and evidencing that environmental checks and night checks were completed.

At the time of our visit there was a registered manager in place and we received notifications of any safeguarding issues or other events that affected the service. There were clear reporting structures and responsibilities for each staff group and arrangements to manage the service in the absence of the registered manager. On the day of our visit the deputy was covering for the registered manager who was on leave. Staff were allocated responsibilities at the beginning of each shift in order to promote accountability. Staff told us that they still worked as a team in addition to the allocated responsibilities. We observed, and saw records of, the comprehensive handovers that took place at the beginning of each shift to ensure that any changes to people’s care were shared and to encourage continuity of care.

Staff were aware of the service’s values and objectives and how to put them in practice. One was to care for people “as an individual through understanding, respect and dignity.” Another was “to provide for health and social care needs of our residents with professionalism, compassion and experience.” Staff demonstrated these values through their behaviours and interactions with people throughout our inspection. People knew staff by their name and had built a rapport with them, and asked them when they were going off duty when they would be back on duty.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that the premises used were safe to use for their intended purpose and were used in a safe way.</p> <p>The provider did not ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way.</p> <p>The provider did not ensure that the premises used were safe to use for their intended purpose and were used in a safe way.</p> <p>The provider did not ensure that the equipment used by the service for providing care or treatment to a service user is safe for such use and is used in a safe way.</p> <p>The provider did not always ensure that assessed risks were implemented. Cupboards with COSHH were left open as the locks were broken. There was insufficient evidence to show that assessment of the risk, prevention; detection and spread of, infections, including those that are health care associated were completed.</p> <p>Regulation 12 (2) (d) (e) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were deprived of their liberty for the purpose of receiving care or treatment without lawful authority. There were key pads on the doors and bed rails were also in use without any authorisations in place. A person was stopped from going outside several times during our visit.</p> <p>Regulation 13 4 (a) and 5</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Processes were not operated effectively to enable the registered person, to assess, monitor and improve the quality and safety of the services provided including the quality of the experience of service users in receiving those services.

Records were not always accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Results of people's feedback were not always evaluated in order to improve practice.

Regulations 17 (2)(a) (e) (f)