

## Chislehurst Care Limited

# Ashglade

## Inspection report

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Date of inspection visit: 9 and 10 December 2014

Date of publication: 03/02/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 9 and 10 December 2014 and was unannounced. At the last inspection on 12 and 13 May 2014 we had found breaches of the Health and Social Care Act 2008 in respect of safety of premises, procedures to reduce the risk of infection and systems to monitor the quality of the service. We referred the service to the London Fire and Emergency Planning Authority (LEFPA) because of concerns about adequate fire safety. They served the provider with a notice of deficiency on 18 June 2014. Following this inspection the provider sent us an action plan to tell us how they would meet the regulations.

At this inspection of 9 and 10 December 2014 we checked to see the action plan had been completed and that the provider was meeting the regulations.

Ashglade is registered to provide care for 15 people. There were only 12 rooms at the service when we inspected. The manager told us that following the initial registration, some alterations had been made to the property to put in ensuite facilities in some rooms. This had reduced the number of places available. The manager told us she would ensure an application was made to correct the numbers of people they were registered to provide care for.



# Summary of findings

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 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.

We found the breaches we had identified at the last inspection had mainly been resolved. There were improvements to the system to monitor quality at the service and processes to reduce the risk of infection were in place and being used. There had been improvements made to aspects of the premises we identified at the previous inspection. Although a ramp for people to safely enter and leave the property had not been installed when we inspected but we were sent evidence of its completion the following day.

We found new breaches of regulations in regard to premises. A new fire risk assessment carried out on 22 September 2014 had identified a number of immediate actions; we saw evidence that only two of these had been completed. The notice from the LEFPA had not been fully complied with. This was a breach of Regulation 15 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

People and their relatives said they felt safe from abuse and discrimination. Staff were trained and knew how to recognise and respond to concerns about abuse. Processes were in place to identify any risk to people and these risks were monitored and plans in place to reduce risk. However we did identify some improvements that were needed in the management of medicines.

There were enough staff to meet people's needs safely. Staff received adequate training and support to deliver care to meet people's needs. The premises were clean throughout and equipment was regularly maintained and serviced when needed.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). One application had been made and authorised since the last inspection. We found that the required processes had been followed. Staff had received training on the Mental Capacity Act 2005 and procedures were in place to act in accordance with the associated code of practice. However we identified that some staff needed further assistance to fully understand their responsibilities under the act.

People were supported to have sufficient amounts to eat and drink. Their health needs were monitored and referrals were made to a range of health professionals to meet their needs. People told us staff were caring and treated them with care and respect. Care plans were regularly reviewed to ensure they met people's needs and people felt involved in planning their care and support. A range of suitable activities were organised that catered for people's varied needs.

People told us the manager was approachable and staff said they felt their views were listened to. We identified some improvements needed with the monitoring of quality of the service. The manager regularly monitored the care and facilities for people using the service. Where some concerns with the premises were identified, either by people using the service or through audits, there was not always evidence of a prompt response from the provider and this required improvement.



# 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?

Aspects of the service were not safe. While some premises issues previously identified had been addressed, the provider had not implemented the recommendations from a fire safety risk assessment or complied fully with a notice from the London Fire and Emergency Planning Authority (LEFPA).

People told us they felt safe and free from harassment. Risks to people were identified and monitored. There were systems to deal with emergencies and equipment safety was checked. Procedures to reduce the risk of infection had been put in place.

We identified some improvements required with the storage and management of medicines.

Requires Improvement



### Is the service effective?

The service was effective. People were satisfied with the quality of care and received adequate nutrition and hydration.

Procedures were in place to act in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff received adequate training and supervision to ensure they had the skills and support to carry out their roles effectively.

Good



### Is the service caring?

The service was caring. It was a small service and staff knew people well.

People felt respected and well cared for by staff.

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

Good



### Is the service responsive?

The service was responsive. People using the service had personalised care plans that were regularly reviewed to make sure they got the right care and support. Staff understood how to support each person and provide consistent care.

There was a choice of activities and entertainment for people to participate in if they wished.

People told us if they had any concerns or complaints they would speak to the staff and were confident they would be addressed. There was a complaints procedure displayed for people to use if they needed to.

Good





# Summary of findings

## Is the service well-led?

Aspects of the service were not well led. The provider regularly monitored the care, facilities and support for people using the service. However while the manager identified some aspects of the premises that required improvement there was not always evidence of prompt action by the provider to address the issues.

People, their relatives and staff felt there was an open and caring culture and that their views were usually taken into consideration.

**Requires Improvement**





# 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 inspection took place on 9 and 10 December 2014 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority commissioning and safeguarding teams about their views of the service.

There were nine people using the service at the time of the inspection. Over the two days we spoke with eight people using the service, two relatives, the manager, four care staff, a cook, a domestic staff and the activities organisers.

We looked around the building. We looked at four care records of people who used the service and three staff records. We also looked at records related to the management of the service such as maintenance audits.



# Is the service safe?

## Our findings

At the last inspection of 12 and 13 May 2014 we had found breaches of the regulations with regard to safety and suitability of the premises and infection control. We had found the provider had not taken steps to ensure the adequate maintenance of the premises. There was no suitable wheelchair access and people told us the entrance posed a potential trip hazard. There were other maintenance issues concerning the windows in some rooms and the conservatory roof leaked. We had also referred the service to the London Fire and Emergency Planning Authority (LEFPA) because of concerns we had about the provider's fire safety risk assessment. The provider sent us an action plan to tell us what action they would take to meet the regulations.

The LEFPA inspected the service on 18 June 2014 and served the provider with a notice of deficiency in respect of their fire risk assessment and other aspects of fire safety with a date to be compliant by 18 October 2014.

At this inspection of 9 and 10 December 2014 people told us they thought there had been some improvements to the environment but they had been waiting a long time for the installation of the ramp. We found that most work outlined on the action plan had been completed: windows in most bedrooms had been replaced and radiator covers repaired. The handrail to support people with access to the garden had been repaired and paving slabs that were a trip hazard replaced. Staff told us that the conservatory roof no longer leaked. As it was not raining on the day of the inspection this was not possible to check but we saw no sign of rain ingress. The ramp had not been installed but during the inspection we were told this was to be done the following day. We were sent a photograph to show this was installed the day after the inspection.

However we did not see evidence that the requirements of the LEFPA had been complied with. We have referred this back to the authority. We saw a new fire safety risk assessment had been carried out by an external company on 22 September 2014. There were a number of immediate action points to be addressed but there was no evidence these had been complied with. There were inadequate arrangements in respect of fire safety which could pose a potential risk to people

This was a new breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At the previous inspection of 12 and 13 May 2014 we found although people were cared for in a clean hygienic environment, there was a lack of procedures in place to reduce the risk of infection control. The clinical waste bin was left unlocked. The infection control policy was out of date and did not reflect current guidance. The manager had been unaware of the necessary action to take if there was an outbreak of an infectious illness such as the norovirus.

At this inspection people told us they thought the premises were always suitably clean. We found the environment was clean and hygienic. Regular checks were made of the cleaning carried out. The domestic staff was aware of the use of colour coded cleaning equipment to reduce infection risk. The clinical waste bin was locked. The infection control policy had been updated and referred to current guidance. The manager was the appointed infection control lead and had carried out infection control audits and checks on the cleanliness of the service. She understood her responsibilities and what to do if there was an outbreak of infectious disease.

There was a daily and weekly cleaning schedule for the kitchen. The staff kept a signed note each day which indicated when tasks had been completed. Regular temperature checks were made of delivered food and fridges and freezers to ensure food stayed within safe temperatures.

People using the service told us they felt safe and did not experience any harassment or bullying. One person said "I know the staff by name and they know me. They talk to me politely; there is no abuse or anything like that. Staff do not use bad language." Another person said "the staff are really very good."

Staff we spoke with understood the signs of abuse and what the procedures were to raise concerns. They were aware of what whistleblowing was and how to raise concerns under whistleblowing. Staff had received equality and diversity training and knew how discrimination could occur. There had been no safeguarding concerns since the last inspection and the manager was aware of her role in respect of safeguarding adults. The policy on safeguarding adult was up to date and available to staff as a reminder of their roles.



## Is the service safe?

People told us they received their medication regularly and on time. We checked the medicines administration records (MAR) in place and found the records we checked were accurate and medicines were in date. People's allergies to medicines were recorded on the MAR to reduce the risk of reaction. There were controlled drugs in use and we saw that the procedures and recording of administration followed guidance. We saw there were systems in place for safe disposal of unused medicines. There were regular medicines audits and the manager had worked with staff to reduce errors in recording over recent months. People's medicines were reviewed regularly by the GP. People had signed to consent to their medication being administered. There were no covert medicines being administered. There was a homely remedies policy that had been signed by the GP and all relevant staff had received medicines training.

There were some improvements required. There was a policy for the administration of as required medicines. However there were no protocols or care plans to guide staff on their administration in line with NICE Guidance 1.9.2 Managing Medicines in Care Homes March 2014. This meant staff may not have sufficient information to guide them in supporting someone in the use of as required medicines. There were also no guidelines for medicines administration when someone was temporarily away from the service in line with the same NICE guidance.

Medicines were stored in a medicines room when not in use. The medicines fridge temperature was checked daily. However, guidance from the Royal Pharmaceutical Society for the use of a maximum and minimum thermometer to monitor for changes in temperature effectively over a 24 hour period, was not followed which meant there was a risk medicines were not stored safely. Additionally the room temperature was not being monitored for those medicines stored outside the fridge. Therefore there was no assurance that this medicine had been kept at all times between recommended temperatures.

There were processes in place to identify possible risks to people such as the risk of falls or nutritional risk or skin integrity. Risk assessments were carried out and reviewed monthly to ensure that changes to risk were identified. At this inspection we were told there was no one with pressure area concerns. We saw from accident and incident reports that where people had fallen, actions had been

identified to reduce the risk of further falls where possible. There were no recorded falls in the previous two months. Risks to people were monitored and action taken to reduce them.

Appropriate checks were carried out before someone was employed. These included written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. Equipment was routinely checked and we saw evidence of current maintenance certificates for the hoists, fire-fighting equipment, the lift, electrical and gas appliances. This ensured people were kept safe from any risks from equipment.

There were procedures in place to deal with emergencies. There was a business contingency plan to provide guidance to staff on a range of possible emergencies. Staff knew what to do in the event of a fire or medical emergency. They had received training on first aid and fire safety. Regular fire drills were held although staff were yet to practise using the evacuation equipment. People had individual emergency evacuation plans although these needed to be updated with more details of people's individual conditions to guide staff. For example they did not include any communication issues that people may have which if not known could hinder swift evacuation. Contact details for medical emergencies were readily available.

People told us there were enough staff available to provide care to meet their needs at all times. Our observations during the inspection confirmed this. One person said "Staff are always about if you need them day or night." The manager told us that currently there was no one that needed double handed assistance with their care and if people's needs changed she would add additional staff as needed. She said they were a small staff team and she had worked the occasional night shift when someone's needs had changed and they required extra support. They did not usually employ agency staff as the team covered holidays and sickness between them but they had been short of night staff until recently and had employed regular agency staff to cover during this time. The rota for the previous two weeks conformed to the levels of staff we were told were employed at the service.



# Is the service effective?

## Our findings

People told us they thought staff had enough training to do their job. One person told us “The staff know what they are doing here. They are pretty knowledgeable.” Staff told us they received regular training across a range of areas relevant to their work and that the provider supported them to gain additional qualifications such as the Diploma in Health and Social Care. One staff member told us “We do a great deal of training throughout the year.” We saw from the training records that most staff training was up to date in the areas the provider regarded as essential. This was confirmed in the training records. Two staff that had missed refresher training on first aid and safeguarding adults were booked for the next course in January 2015.

Staff said they felt well supported in their work through regular supervision and an annual appraisal system to monitor their development. Records we looked at showed that the annual staff appraisals were in the process of being completed. The service used the nationally recognised skills for care induction programme to support new staff. We spoke with a recently recruited staff member who told us they had completed an induction period of shadowing, training and getting to know people at the service and their needs well before they began to work independently.

People told us that staff asked for their consent before they provided care and support. They were involved in decisions about their care and support needs. People had signed their care plans to show their agreement with the plan of care. Staff told us that if people did not consent to support, for example with personal care, they would ask them again later. Capacity assessments had been undertaken where it was felt people may lack the capacity to consent to specific decisions. Relatives had been consulted where this was appropriate. The manager was aware of the need to carry out separate capacity assessments and if necessary best interest meetings in respect of different decisions.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with told us they had attended training in the Mental Capacity Act 2005 and DoLS. The training records confirmed this was the case and that all training was up to date. We spoke with staff about the training they had received and they explained the issues surrounding consent. We saw that the manager had correctly applied for authorisation and followed the requirements of the

code of practice. They were in discussion with the local authority about their responsibilities under DoLS following the Supreme Court judgement. However some staff we spoke with who had received training did not appear to have a complete understanding of DoLS. We discussed this with the manager who agreed to address this in supervision and staff meetings.

The people using the service and their relatives told us the food was good and they enjoyed it. One person commented “The food is good. The chef is good and she knows what you want and what you like.” Another person told us “The food is really nice here and there is plenty of it.”

The provider employed a chef who worked during the day and another assistant chef in the evening and on weekends. People told us they felt there was enough choice. We observed that staff discussed the options with people the day before. They talked about what the different options might contain and offered prompts to enable people to choose. There was a pictorial menu to aid decision-making.

There were set meal times and most people ate in the dining room but people told us they could eat in their own rooms if they wished. The chef told us they sought regular informal verbal feedback from people about the food and this was confirmed by people we spoke with. There were detailed written records of people’s preferences available. There was no one with a food allergy or on a high calorie diet or any cultural food requirements at the time of the inspection but the chef told us these could be met when needed. There was a four week rotating menu to provide variety. The chef told us this was designed by the provider and did not change throughout the year. There was a Christmas party planned and a special Christmas menu.

We observed that people were supported to drink enough fluids throughout the day. There were a variety of cold drinks available in the lounge and staff offered these and hot drinks at regular intervals. People also had their own jugs and glasses of water in their rooms or in the lounge.

We saw dietary risk assessments were completed and reviewed monthly or more frequently if needed. There was no one at high risk of malnutrition at the time of the inspection. The manager told us if there were then they would complete food and fluid charts to monitor people’s



## Is the service effective?

intake if needed and refer to a dietician. Where concerns about people's weight had been identified their weight was regularly monitored and staff given guidance on how to encourage them to eat.

People's health needs were recognised and they had access to relevant health professionals when needed. People and their relatives told us they had access to health professionals such as the GP, the optician and the dentist

when required. We saw records of visits were maintained in the care records. We spoke with the visiting GP. They told us that they had been visiting the service for around 25 years and visited regularly. They were also available in an emergency and had visited today as staff had requested he visit someone who was unwell. They said they felt the service was safe, and that the staff were good at communicating any concerns and acting on advice.



# Is the service caring?

## Our findings

People told us that the staff were helpful and caring. One person told us “The staff are wonderful here.” Another person commented, “I am well treated. They couldn’t do more for you here.” A relative said “My relative is very content. We are more than happy with the care.” People told us that staff came promptly if they rang their call bells in the day or at night.

Staff had some time to sit and chat with people one to one, and could be heard making jokes and laughing with people during the inspection. There was a relaxed atmosphere and we saw that people were supported at their pace and not hurried. Staff checked before they assisted people and established their wishes. In discussion with us they showed an understanding of people’s individual preferences or example how people preferred to take their hot drinks and people’s preferred routines. They showed care and concern for someone who was feeling unwell.

People had service user guides that provided them with information about the service. These were available in people’s rooms. People’s views were routinely sought; they told us they were involved in discussing their care and support needs. They felt their views were listened to and included in their care plan. One person said “I am a late riser and I like my breakfast in bed and staff check whether I am ready for it before they bring it to me. That is in my plan.” People had signed their care plans after review

meetings to signify their agreement with the plan. The care plans contained information about people’s personal history including their family relationships, country of origin and languages spoken, past employment, hobbies and spiritual needs. This helped inform staff when they engaged with people.

We saw that there was a notice displayed about general advocacy services in the hallway. Staff told us people could refer themselves or they could refer people to this service if this was a need. There were regular residents meetings and we saw that people contributed to the meetings and activities and maintenance issues were among the themes discussed.

Relatives we spoke with told us they could visit at any time, and were given a warm welcome. We observed that staff knew relatives by name, appeared to know them well, and were able to discuss issues with relatives, as required. Relatives told us they felt they were appropriately informed about any issues as they arose.

People told us that they were treated respectfully and their privacy was maintained. People were called by their preferred names. One person told us “Staff always knock before they enter my room.” We saw that staff were aware of the need for confidentiality when they discussed people’s health and other individual needs. Staff told us how they would ensure curtains were drawn and doors closed when they provided personal care.



# Is the service responsive?

## Our findings

People told us they received care that was responsive to their needs. One person told us “The care you get is good here. Staff can give you more support when you need it.” Relatives said they thought the care was individualised to meet their family member’s needs and changed if their needs changed. Plans of care addressed people’s needs with regard to disability, race, cultural and spiritual requirements. People’s preferences for when they wanted a bath or shower were recorded and we saw from the records these preferences were respected. Staff confirmed that they knew people well and ensured their needs and wishes about their routine were respected.

People’s needs across all areas were assessed and guidance provided to staff on how to meet these needs. Some people at the service were able to be relatively independent with their care and there was guidance on how to support people to be as independent as possible by identifying the aspects of personal care they could manage with encouragement. The care plans included information on how to support people in a way that would optimise their care for example guidance on any communication difficulties people may experience.

There was a key worker system so that people had a named member of staff to go to if there were any issues. A key worker was an allocated staff member who had particular responsibility for a person using the service. This enabled staff to develop close working relationships with people. The key worker spent some individual time with them to build a relationship, engaged in a regular activity

and checked they had everything they needed. They said as it was a small service this meant they were able to get to know people very well and could tell if they were upset and what may trigger this.

People told us they had enough activity to provide them with stimulation and interaction. One person told us “I enjoy the activities on offer. It’s nice to sit with my friends.” Another person said “There is always something of interest. We have a Christmas party tomorrow.” Some people told us they went out with friends and family when they visited.

There were two activity co-ordinators who provided activities during the week. Activities were chosen using feedback from people as well as areas of people’s interests and preferences. The coordinators had good relationships with people and asked people individually if they wished to join in. They told us they provided individual activities if anyone preferred to do something in their room. All of the people using the service joined in with the afternoon activities of quizzes and word puzzle games. There was a relaxed atmosphere in the lounge throughout the day and people were engaged and enjoying themselves.

People said they knew how to complain or raise any concerns if they needed to and they were confident staff would respond. Relatives said they were encouraged to discuss anything relating to the care given in the home. They told us that the manager had an open door policy and that staff were all very approachable. The complaints procedure was displayed in the porch and people had copies of it in their service user guide. We looked at the complaints log and saw that there had been no complaints made since the last inspection.



# Is the service well-led?

## Our findings

At the last inspection of 12 and 13 May 2014 we had found a breach of regulations in respect of monitoring the quality of the service. Regular health and safety checks and infection control audits were not carried out. There were some audits in place at this inspection, but some of these had either not identified issues or where they had they had not always been acted on. The provider had sent us an action plan to advise us on how they would resolve these issues. They told us they would have completed this work by 30 September 2014.

At this inspection we found that policies and procedures we looked at had been reviewed so that staff now had an up to date guide for reference. The manager produced action plans following a monthly service visit by the provider to address any issues identified, to improve the quality of the service. We saw actions needed were addressed. There were a range of audits carried out, these included medicines, care plans, kitchen audits and infection control audits. Where these identified any action we saw this had been recorded. Monthly checks were being made on the premises to identify any health and safety issues.

However there were areas that required improvement in the monitoring of the quality of the service. At the last inspection in May 2014 the need for a ramp to overcome a potential trip hazard at the front entrance had been raised by people at the service and their relatives since January 2014. The installation of the ramp was part of the action plan submitted by the provider. We saw from the monthly premises checks for September to November 2014 that a trip hazard and need for the ramp at the front entrance had been again identified and this information had been sent to the provider by the manager. However, the work was not carried out until the day after this inspection. A residents meeting of October 2014 had also recorded people's concerns about access to the building and one person had requested a broken window pane in their bedroom be replaced. This information had also been sent to the

provider. We could not see that any action had been taken by the provider to replace the broken pane in this person's room or in another bedroom where the pane had cracked or to respond to this person's request. People told us they thought their views were generally listened to although they told us these specific concerns about a ramp and windows had not been swiftly acted upon.

The provider carried out surveys of people's views although we saw this was limited to a few specific areas such as people's involvement in their care. It did not for example include any questions about the premises or equipment at the service. Feedback across all aspects of the service was therefore not always sought.

There was a relaxed and warm atmosphere at the service throughout the inspection. People and their relatives spoke positively of the manager of the service and told us they thought it was well run. One person said "It is well organised here. Staff know what they are doing." A relative told us, "It is absolutely wonderful, I couldn't wish for anything better." Staff and relatives told us the manager was visible in the home and knew people well.

Staff told us they worked well together as a team. One staff member said "In a small service like this you have to all pull together. We all work to support the people here." Staff told us they had regular staff meetings and they felt they could express their views at these and at hand over meetings and that their views were listened to. The provider also conducted a staff survey and staff were asked specific questions about the support and supervision they received. The manager told us this was used to inform them of any areas for improvement at the internal quality monitoring visits.

The registered manager had been in post since June 2012. They understood their responsibilities as registered manager and submitted notifications to us appropriately. We spoke with the local authority commissioning team and they told us they felt there had been improvements made at the service in the last six months particularly in relation to more accurate record keeping.



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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.</p> <p>Regulation 15 (1) (c).</p>