

Chislehurst Care Limited

Ashling Lodge

Inspection report

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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 

Summary of findings

Overall summary

This unannounced inspection took place on 1 September 2016 and was carried out by a single inspector. At the last inspection on 30 December 2015 and 5 January 2016 we had found three breaches of regulations as medicines were not always safely managed; arrangements to comply with the Mental Capacity Act (MCA) 2005 were not always in place and people's care and support needs were not always fully assessed before they came to stay at the home, to ensure their needs could be safely met.

Ashling Lodge is registered to provide residential accommodation and care for 11 people. Bedrooms are on the ground and first floor and there is a stair lift access to the first floor. At the time of the inspection there were nine people using the service.

There was no registered manager in place but the manager told us they were in the process of applying to register as the registered manager. 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.

At this inspection on 1 September 2016 we found improvements had been made. Medicines were now safely managed. People's needs were assessed fully before they came to stay at the home so that staff would know if they could meet those needs. Assessments were undertaken to identify people's health and support needs and any risks to people who used the service. Staff received training on MCA and there were processes in place to enable staff to follow the law in relation to mental capacity.

We found that there were some areas that required improvement. Staff had received fire safety training and took part in fire drills; however, they were not sure of their role in the event of the need to evacuate people from the building. The manager told us they would address this as a priority. Audits were conducted to monitor the quality of the service; however systems required some improvement to maintain consistency in identifying and completing some actions needed to address issues.

People and their relatives told us that they felt safe and well looked after. Staff knew how to recognise signs of abuse and how to report any concerns. People told us the home had earlier in the year had difficulty with recruiting staff and agency staff had been employed which they had found difficult. However things had now improved. The manager confirmed this and told us they were now fully staffed. There were enough staff to meet people's needs and safe recruitment procedures were followed. People had enough to eat and drink and gave positive feedback about the quality of the food. People's health needs were met and plans were in place to meet people's support needs.

Staff received enough training, supervision and support to enable them to carry out their roles. People told us staff respected their privacy, dignity and independence. We observed staff engaged with people in a caring manner and knew them well. They understood and responded to people's diverse individual needs

and were familiar with people's histories and preferences. There was a complaints procedure in place and people told us they knew how to make a complaint if they needed to.

People and their relatives told us the manager was approachable and involved in the running of the home. They felt their views were listened to through residents and relatives meetings or informally when they visited. The provider also carried out an annual survey to understand people and their relatives' views.

Staff told us they felt the manager had supported them through a difficult period with staffing and been hands on when it was needed. They were confident the manager would deal with any issues and they told us the staff team worked well together.

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 consistently safe.

There were arrangements to deal with emergencies. However staff were not aware of how to evacuate people safely in the event of a fire.

People told us they felt safe. Staff knew how to protect people from abuse or neglect. There were sufficient numbers of staff to meet people's needs and effective recruitment procedures were in place.

Risks to people were assessed and monitored, and guidance was available to staff on how to safely manage these risks.

Medicines were safely stored, administered and managed.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff asked for consent before they provided care to people. They understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received training and support to meet people's needs. People told us they had enough to eat and drink and there was enough choice.

People had access to health care professionals and any recommendations for people's health needs were included in their care plan.

Good ●

Is the service caring?

The service was caring.

People and their relatives told us they felt safe and well supported. People and their relatives told us staff were kind and caring and they were treated with dignity and respect and we observed this to be the case.

Good ●

We saw positive interactions between staff and people using the service and staff knew people well.

People and their relatives told us they were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People had an up to date individualised plan of their care which reflected their current needs. The manager told us they were working to ensure they were consistently personalised.

People's needs for stimulation and social interaction were recognised and provided for.

People and their relatives knew how to make a complaint and complaints were dealt with in line with the complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not always consistently well- led. There were some effective systems to monitor risk and review the quality of the service but this was not consistently used to address issues and identify learning. Where issues were identified these were not always promptly addressed.

People, relatives and staff were positive about the manager and felt they were approachable and responsive to any concerns or issues.

Ashling Lodge

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 by a single inspector and took place on 1 September 2016.

As part of our planning for the inspection, we looked at the information we held about the service including information from any notifications the provider had sent us. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for the service for their views.

During the inspection we spoke with five people who used the service and a relative. We observed the care being provided and spoke with three care staff and the registered manager. We looked at three people's care records. We tracked three people's care to see if the care they received was in line with their care plan. We looked at three staff recruitment and training records, and records related to the management of the service such as minutes of meetings, records of audits, and service and maintenance records. Following the inspection we spoke with two other relatives by phone, to obtain their views of the service.

Is the service safe?

Our findings

At the last inspection on 30 December 2015 and 5 January 2016 we found a breach of regulation in respect of managing medicines. There was no guidance for staff on when to administer 'as required medicines' to people. There were no recorded medicines competencies completed to verify staff competence in the administration of medicines.

At this inspection on 1 September 2016 people told us they received their medicines on time. One person said, "I always get my medicines when I should." We found that staff were provided with written guidance on when to administer 'as required medicines' and there were records of competency assessments completed to check staff were competent in the administration of medicines.

Medicines were safely and securely stored and checks were carried out on the room and fridge temperatures to ensure they remained at a safe temperature for medicines storage. There was a homely remedies policy agreed with the GP to guide staff on their administration. Medicines policies included guidance on medicines errors. There were systems for recording that people received their medicines as prescribed. People's medicines administration records (MAR) contained important information such as information about any allergies. MAR we checked were accurately completed with no gaps.

Risks to people were identified, assessed and monitored to reduce their impact or the likelihood of them occurring where possible. Individual risks to people such as the risk of falls or possible health risks were identified and care plans included guidance to help reduce that risk. For example risks to people's skin integrity were reduced through the use of pressure relieving equipment and regular monitoring. Possible risks from falls was monitored and people had their mobility aids in close proximity throughout the day. The manager told us they assessed risks to mobility carefully as there was a stair lift and not a passenger lift at the home. The risk assessments and guidance reflected people's current needs and were regularly reviewed to ensure they remained relevant to people's needs.

Risks in relation to emergencies were assessed and planned for; although one area needed improvement. There was a business contingency plan to guide staff in a range of emergencies. Staff knew what to do in a medical emergency and had received first aid training. Staff told us they had received training on fire safety which we confirmed from records. Fire drills had been conducted for staff to practice how to respond to the alarm. People had a personal emergency evacuation plan to guide staff and the emergency services on their safe evacuation. However staff told us they were not familiar with how to use the evacuation equipment as this was not covered in their fire drills. We discussed this with the manager who told us they would extend the drills to include evacuation practice. They sent us dates of future fire drills where evacuation would be practised but we were not able to verify this at this inspection.

The premises and equipment were checked and regularly maintained to reduce possible risks to people. Checks were carried out on equipment, such as fire safety equipment, wheel chairs and bed rails. Checks were made on the premises including, water temperature checks and checks to prevent legionella. We saw where checks had identified a problem; with the emergency lighting this was resolved during the inspection.

Gas safety and electrical installation maintenance checks were carried out.

People told us they felt safely cared for and protected from the risk of harm. One person told us "I'm perfectly safe thanks; we all get on very well here." A second person said "Of course I am safe." Relatives commented they felt their family members were safe at the home. One relative remarked, "People's safety is considered a lot here." Another relative said "I am 100 per cent sure [my family member] is safe. I have no concerns and am genuinely very happy with the care provided."

Staff said they had received training in safeguarding adults and understood the signs of possible abuse or neglect. Staff felt confident that the manager would take action appropriately and they said they would go to the Local Authority or CQC if action was not taken. The manager was aware of their responsibilities under safeguarding. There had been no safeguarding concerns since the last inspection.

People told us that there had been a period when the home used agency staff which they had found difficult, but, there were now enough staff. One person said, "Things have not been ideal, we had agency staff and some did not know what to do." Another person said, "Things are getting better now. When the agency staff were on I did have to wait a while for them to respond." Relatives told us they thought there were enough staff and they did not have to wait long for staff to respond to them. However one relative told us they thought there should be more staff in the morning. We observed that staff were busy in the morning, but, staff told us they felt there were enough of them to carry out their roles. One staff member said, "It has been difficult with the shortage of regular staff but things are now improving." During the inspection, we did not see anyone waiting for staff support or care and there was a staff presence in the communal areas. One person told us, "The regular staff are available when you need them."

The manager told us some staff had left at the end of last year and it had been difficult recruiting new staff, but they were now fully staffed and they supported the staff on duty if needed and could bring in additional staff if people's needs changed suddenly. Staff confirmed that there had been a difficult period with the use of agency staff to fill staffing gaps.

Recruitment checks were carried out before staff started working at the home. This helped protect people from the risk of inappropriate or unsafe care. Staff files contained details of relevant identity, health, criminal record and character checks which were completed before staff started to work at the service.

Is the service effective?

Our findings

People told us they were asked for their consent before care or support was provided. One person told us, "They always check if I need any help but let me do the things I want to myself."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met

At the last inspection on 30 December 2015 and 5 January 2016 we had found that assessments for specific decisions were not always recorded in people's care plans to evidence that a separate assessment of their capacity to make each decision was completed and if needed a decision made in their best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 1 September 2016 we found staff had received training in the MCA and told us that most people living at the home currently had capacity to make their own decisions about the care and treatment they received. Staff said they respected people's views and wishes when offering them support. One staff member told us, "If people don't wish to receive support, I can try and persuade them, but I can't make them and would not try." We saw that where an application for DoLS had been made and authorised appropriate procedures had been followed.

People told us they thought the staff knew how to look after them. One person told us, "I think they are trained and know what to do." Staff new to the home were supported to gain appropriate skills and knowledge to deliver effective care. We spoke with a new staff member who confirmed they received an induction into the home to help them learn about their roles and about the people they cared for. This included a programme of shadowing experienced staff and training in line with the care certificate; a nationally recognised induction framework for staff new to health and social care. A new staff member told us, "I feel really well supported to learn about the job; the staff are a lovely bunch and friendly too."

Staff completed a programme of training that the provider considered mandatory this included safeguarding adults, fire safety, manual handling, first aid and dementia awareness training. Records showed that most staff were up to date with their mandatory training; where there were gaps training sessions had been booked. The provider monitored staff training levels to ensure training needs were identified and that staff remained up to date with best practice.

Staff told us they felt well supported in their roles and received regular supervision from the manager where they could discuss their practice and identify any training needs. One staff member told us, "I feel really well supported, the manager is so approachable, you can discuss any issues with them." Records of formal supervision were completed but not in line with the frequency of the provider's policy. However, this did not impact on staff support as they told us they used informal supervision frequently because they were a small team and the manager was approachable. The manager told us formal supervision and appraisals had been difficult to fit in due to the staffing problems earlier in the year. They showed us an action plan they had to bring formal supervision and appraisals up to date by the end of the month.

People told us they were supported to eat and drink suitable foods that met their needs. People were unanimous in telling us they were very happy with the food and choices provided. One person told us, "The food is always lovely here." Another person said, "The cooking and the pastries are brilliant here. It's delicious food. I was very underweight when I came here and I'm not now." Relatives were also positive about the food provided. One relative said, "I think the quality of food here is very good."

Daily menus were displayed within dining areas for people to confirm the choices available. The manager told us the menus had recently been changed in consultation with people and we confirmed this from minutes of a residents meeting. Care staff provided appropriate support when required to help people eat and drink; they provided a choice of drinks and checked if people wanted support. The chef and care staff knew people's specific dietary needs and preferences well but told us they always checked as sometimes people might prefer different things on different days. We observed throughout the day that people were offered plenty to drink.

People told us they were supported to maintain good health and had access to a range of healthcare professionals when required. We saw in people's care plans staff monitored people's health and wellbeing. Where there were concerns people were referred to appropriate health professionals such as the dietician, dentist and optician. Health professional's advice was recorded within the care records to remind staff of the care and treatment needed. Medicine reviews were conducted by the GP on an annual basis or if there were any changes to people's health.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "The staff are very good. This is a nice friendly place." Another person told us, "The staff are very caring here. Nothing is too much trouble. I am well looked after." Relatives also confirmed this view; one relative said, "I am extremely impressed; staff are very caring and are getting to know (my family member) well."

We observed the care and support being provided at the home. We saw that staff knew people's preferences, personalities and needs well. For example they knew how best to support them mobilise and what their preferred routines were. A relative told us, "When I arrived staff always know where [my family member] is and how they are."

Staff were observed to be friendly and approached people in a caring manner. The atmosphere was calm and friendly and staff were observed to interact well and share jokes with people appropriately. We saw staff took their time, did not rush people and gave people encouragement whilst they supported them. People's independence was encouraged. Their care plans provided staff with information about the elements of their care they could manage themselves for example making contact with health professionals. One person told us, "Staff encourage me to do what I can manage for myself." A relative told us that due to the support of the staff their family member had improved significantly and could now manage to do more for themselves.

People and their relatives told us that they had been consulted about their care and support needs and felt involved in the planning and reviewing of their care. People were given a guide to the service when they first arrived to ensure they had information available about the home. People's links with family and friends were encouraged. Relatives confirmed they were involved in decisions about their care where it was appropriate and that they were welcome to visit at any time. A relative said, "The atmosphere is always warm and inviting when you visit."

Staff were knowledgeable about people's needs and told us they would support people with regards to their disability, race, religion, sexual orientation and gender to meet their identified needs for example through contact with spiritual representatives or any cultural dietary requirements, where these arose. A relative told us, "They take [my family member] to the local church it's always been a part of their life."

People told us they were treated with respect and dignity and our observations confirmed this. One person told us, "Of course they ask for my permission if they want to help me with anything." Staff described how they worked with people to ensure their dignity and privacy was maintained, for example by ensuring doors and curtains were closed when supporting people with personal care. Staff respected people's choice for privacy as some people preferred to remain in their own rooms throughout the day.

Is the service responsive?

Our findings

At the last inspection on 30 December 2015 and 5 January 2016 we had found some improvement was needed as assessments of people's needs had not always been fully completed to ensure that the service could meet their individual support and care needs before they came to stay at the home.

At this inspection on 1 September 2016, we found a written assessment of people's needs was carried out, before they came to stay at the home, to ensure staff could safely meet their needs. The manager told us they carefully assessed people's support requirements to ensure their needs could be met. People had an individual plan for their care and support needs that reflected their needs and wishes and was updated if anything changed. These plans were also reviewed on a monthly basis in line with the provider's requirements to ensure people had an accurate plan of their care. People told us their preferences were discussed and the plan met their own personal needs. They said they and their relatives where appropriate were involved in planning their care and we saw they had signed to show they were in agreement with the plan. The plans included care, health and support needs assessments, risk assessments and input from people, health professionals and relatives. Staff completed daily notes to record the care and support that had been provided. A relative told us, "The home has been very responsive to changes in [my family member's] needs."

People and their relatives told us that there was currently enough to do and that they enjoyed the activities provided. One person told us, "We didn't have an activities organiser for a while and although the staff tried to spend time with us they are busy. It's better now." A relative told us, "The new activities organiser is good and when they didn't have one the key worker used to do things with [my family member]." The manager told us a new activities organiser had recently started although they were on leave at the time of the inspection. We saw from the activity folder they organised activities such as baking, bingo, a quiz, a sing a long and pamper sessions. People told us they were involved in choosing the activities and could take part if they wanted to. They told us they had enjoyed a recent summer party and received a regular visit from a pat dog service. Some people told us they chose to do their own activities and occupied themselves with reading, puzzles and drawing.

People and their relatives told us they knew how to make a complaint. One person told us, "If I was unhappy, then I would complain to the manager." People were confident any concerns would be addressed. A relative said, "I have never had anything to complain about; I've always been happy with the care." The complaints policy and procedure was available in people's rooms to ensure people had access to it. There had been two complaints made since the last inspection, we found these had been managed appropriately and in line with the complaints policy

Is the service well-led?

Our findings

At the last inspection on 30 December 2015 and 5 January 2016 we found that arrangements to monitor the quality of the service required some improvement. Issues were identified but not always acted on in a timely way. At this inspection we found that there had been some improvement in the identifying of actions to improve quality. However we found this was not consistently done in a timely way. The fire risk assessment dated November 2015 stated that the smoke detectors required replacement within 1 -2 years. This was recorded by the provider as a completed action in January 2016 with a note on the risk assessment which stated maintenance advised to initiate replacement. However, we found no smoke detectors had been replaced and the manager was not aware of how and when this work would be carried out. We discussed this with the provider who confirmed they had now arranged with fire service engineers for a gradual replacement of the smoke detectors by August 2017. We will check on this at our next inspection.

There were some auditing processes for medicines, through a system of weekly and monthly checks. These had identified issues and actions taken to address them. However, staff made daily checks of medicines balances, and these were not always recorded accurately. We saw that the manager checked these balances routinely but there had been no analysis of the problems to understand what difficulties staff had in recording accurate balances and so reduce the problem.

Audits of care plans were carried out by the manager, to check records were up to date and accurate. However, the same care plan had been audited each month and any changes needed highlighted each time. This meant audits of other care plans were not completed to ensure all care records were current and accurate. The provider also completed care plan audits as part of their quality assurance visits. However it was not possible to identify from the audit which care plan contained the issues identified. The manager told us they were now changing this audit system to ensure all care records were captured in these audits.

The provider had not acted promptly on feedback from people at the service. People told us they would like more regular visits from the GP. We discussed this with the manager who told us the GP was available by phone but did not regularly visit the home and they had been aware of a lack of regular visits since they had started there. Following the inspection the manager told us they were in discussion with the surgery about the frequency of visits to the home.

There was no registered manager in place but the manager told us they were in the process of applying to become registered manager and sent their application following the inspection. They understood the responsibilities of a registered manager and were aware of the events they were required to notify us about.

People and their relatives told us that the manager was approachable and that the service was well organised. One person told us, "The manager is good, very approachable and they listen to you." A relative told us the manager, "Tries hard and is very organised, competent and supportive of [my family member], they have a handle on everything."

Regular audits were completed by the manager across aspects of the home and the care provided. These

included premises and equipment, accidents and incidents, infection control and medicines. We saw areas for improvement were identified and action plans were drawn up and tracked to ensure completion. For example where checks on First Aid box contents had not been carried out this was identified and rectified. The provider carried out monthly audits of the service to monitor quality.

Staff spoke positively about the manager and felt they were always ready to listen and encouraged them to be actively involved in improving the service. One staff member said the manager, "Is very supportive and works very hard. They will do hands on work if needed." Another staff member told us, "The manager works hard and has made improvements here." Staff told us they worked well as a team and supported each other.