

MMCG (2) Limited

# Ashmead Care Centre

## Inspection report

201 Cortis Road  
London  
SW15 3AX

Tel: 02082466430

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Ashmead Nursing Home is a residential care home providing personal and nursing care for up to 110 people. At the time of the inspection 104 people were receiving a service at the home.

Ashmead is a purpose built home accommodating people on three floors; each floor is divided into two units with accommodation and related facilities. The two ground floor units, known as Primrose and Bluebell, specialise in supporting older people with nursing care needs; the two first floor units, known as Lavender and Buttercup and the third floor unit called Rose support older people living with dementia. The second floor unit called Daffodil is a specialist step-down unit that provides intermediate short-stay support to people. A step-down unit is traditionally used to provide people with the short-term care and support they need to enable them to return home.

People's experience of using this service and what we found

At the last inspection we found people were not always kept safe at the home because some staff did not always follow risk management plans properly. At this inspection we found the provider had improved people's risk management plans through regular assessments and reviews and staff were aware of these and were putting them into practice.

We also found at the last inspection staff did not always have all the right knowledge and skills to effectively carry out their roles and responsibilities. At this inspection we found the provider had improved the specialist training offered to staff so they could effectively meet people's needs.

Also at the last inspection the service did not always support people to take part in social activities relevant to their social interests. At this inspection we found the provider had recruited a new activities team who were developing activities based on people's preferences. However, we found the staff required further support to be able to provide meaningful activities for older people, those bedfast and people with disabilities.

We have recommended to the provider that activities staff receive training in this area and we will check progress at our next inspection.

People we spoke with were happy with the care they received and with the staff who assisted them. People

were protected from avoidable harm, discrimination and abuse. Appropriate staff recruitment checks were made. Procedures were in place to reduce the risk of the spread of infection. Medicines were administered, stored and disposed of safely. Risks in the environment were very well managed, which helped to ensure the premises were safe.

Staff were suitably trained and supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and to stay healthy, with access to health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respect and ensured people's privacy was always maintained. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

The provider was exploring ways of ensuring they were meeting the Accessible Information Standard for communication. The provider had effective systems in place to deal with concerns and complaints and to assess and monitor the quality of the service people received.

The service had a registered manager who we found to be open and transparent. They were working in partnership with other health and social care professionals and agencies to plan and deliver an effective service that met the needs of the people they supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 September 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Requires Improvement 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Ashmead Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, two Experts by Experience and two Specialist Advisors. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisors were both registered nurses with expertise in nursing older people living with dementia and people with mental health needs.

#### Service and service type

Ashmead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day and the inspector announced they would return on the second day.

#### What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important

events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also emailed four local authority commissioners to ask their opinion of the service their clients were receiving.

We used all of this information to plan our inspection.

During the inspection-

We spoke with 32 people who used the service and four relatives about their experience of the care provided. We spoke with 20 members of staff including the registered manager, deputy manager, and the compliance lead for the provider, the clinical lead, five registered nurses, eight care workers, the chef, and hospitality and housekeeping staff.

We reviewed a range of records. This included 17 people's care records and 12 medicines records. We looked at three files of staff recently recruited in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We observed people and staff in an informal way in the communal areas, to help us understand the experience of people who could not talk with us.



## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had not always kept people safe at the home because some staff did not always follow risk management plans properly. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's care plans now contained detailed risk assessments and management plans which explained clearly the measures staff needed to follow to keep people safe. This included, risk assessments and plans associated with people's mobility, nutrition and hydration needs, falls and personal care.
- Staff explained the process for people who required an air flow mattress, how the pressure was calculated, dependent on the persons' weight and how the mattresses were checked daily. Any issues were reported to the maintenance person who explained the steps they would take to ensure people using an air flow mattress were kept safe and comfortable.
- When asked the Registered Nurse (RN) explained what they would do if someone was choking and we saw the home had a suction machine, which was checked weekly and in working order and a mouth guard in the first aid box, which was last checked on the 11 July 2019.
- Risks in the home environment were very well managed by an onsite maintenance person who kept excellent records of weekly, monthly and quarterly checks of the environment including, water temperatures, emergency lighting and the emergency call bell system. Also, the equipment used by people to aid their mobility, such as hoists, slings, wheelchairs and walking frames were maintained and fit for use.
- An independent contractor and the provider also carried out annual and quarterly inspections of the home. The last audit was in March 2019 and an action plan was produced for any areas needing improvement.

### Systems and processes to safeguard people from the risk of abuse

- People were supported safely by staff. The provider took appropriate steps to protect people from abuse,

neglect or harm and the registered manager knew they had to report abuse to the local authority and CQC.

- People commented "I feel safe. I don't worry about anything really because they [staff] look after me," "I feel everything is looked after and they [staff] take care of me well," "I am very safe here and all my things are too. We all are" and a relative commented, "They [staff] do a great job here. Everyone is safe."
- Staff had received training in safeguarding adults at risk of harm.

### Staffing and recruitment

- The provider followed appropriate recruitment procedures when employing staff. Recruitment files were clearly laid out and included application forms, CVs, interview notes, professional and character references, proof of identification and address and Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- Overall we observed there were sufficient staff on duty to meet the needs of people. People and relatives commented "I see the same one [staff] who helps me and there are lots of them [staff] day and night," "There are always plenty of staff and they do a fantastic job at looking after everyone. There seem to be enough whenever I come and even in the evening", "There does seem to be enough [staff] and they come to assist quickly" and "There are always staff when you need them".
- However at times on one unit we could see that staff were very busy and had little time to stop and talk to people.
- We spoke with the registered manager and deputy about this and they explained their process of calculating the dependency needs of people and said they would look again at staff numbers for the particular unit we had a concern about.

### Using medicines safely

- We observed the administering of medicines and saw this was undertaken in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. People's medicine administration records (MAR) were well organised, fully completed and up to date.
- We checked that time dependent medicines were given on time and in the correct way, such as Parkinson's medicine and insulin was only administered following a test for blood sugar levels when required.
- The MARs included important information such as allergies and an up to date photograph of each person to help prevent medicines errors. Medicines were stored correctly in accordance with the provider's policy. Controlled medicines (CD) were stored and administered safely.
- The registered nurse (RN) administering the medicines wore a red tabard which indicated they should not be disturbed whilst undertaking the medicines round. They also ensured the medicines trolley was locked when left unattended.

### Preventing and controlling infection

- We observed that staff washed their hands between assisting people with personal care and wore gloves and aprons appropriately.
- People and relatives commented, "I get looked after well and it is very clean [the home]," "It is always clean and tidy. It [home] has a nice feel to it" and "They [staff] are always cleaning so it is spotless. I like it a lot because my relative is happy here."
- We also observed that the requirements of the control of substances that are hazardous to health (COSHH) were met by staff. Clinical waste was segregated and disposed of correctly, with 'sharps' (used needles) placed in the correct container. Laundry was separated in to coloured coded bags and dealt with correctly. These processes helped to prevent and control the spread of infection.
- The Food Standards Agency had inspected the kitchens in June 2019 and awarded the service a score of five, where one is the lowest score and five the highest.



### Learning lessons when things go wrong

- The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults.
- The provider took appropriate steps to mitigate the risk of further accidents

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not always receive training in specific subjects to effectively support some people who lived at Ashmead. This was a breach of regulation 18 of the HSCA (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Records showed, and staff were able to tell us about recent training they had received including subjects that specifically supported people who lived at Ashmead. These included dementia and mental health awareness courses and the effects of sensory deprivation on people with dementia.
- People were cared for by staff who were experienced and who received appropriate training and support. Staff spoke positively about the training they received.
- New staff received a comprehensive induction in line with the Care Certificate, initially over three days but the required training was over the next three months. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff were supported through a variety of meetings; individual one to one supervision, team and unit lead meetings, clinical governance and daily handover meetings. These gave staff the opportunity to raise any concerns or to suggest ideas of good practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- We spoke with a registered nurse who had just returned from an assessment at a local hospital and they said, "The hospital staff were very helpful and gave me all the information I needed before I spoke to the person. The sharing of information between services is getting much better."

- Staff were aware of people's individual support needs and preferences and had sufficient information to meet an individual's needs and wishes.
- This helped ensure people received the care and support that was in line with their identified needs and wishes.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Throughout our visit we saw that people were regularly offered drinks and snacks of their choice.
- People commented, "The food is nice, well cooked and looks nice. They help me to cut things up. I would like more choice; I like Indian food and only have a curry once a month maybe. More food for my culture would be nice," "I like the food and you can choose from a couple of things and smaller things like baked potatoes, omelettes, sandwiches" and "I do like that we have a choice and there is plenty. They help me and don't rush me." We spoke with the chef and the newly appointed 'hospitality manager' about the choice of meals and the need to meet people's cultural choices. They said they had a four week rota of menus based on the season which they were looking at and changing as needed. The chef also took time to speak with people and understand their likes and dislikes and cultural needs.
- Where people required assistance to eat or drink this was given by staff who spoke with people in an unrushed individualised manner.
- When required people had fluid and food charts that were updated daily. People's weight was also updated either monthly or weekly dependent on their needs. This helped to ensure people's nutritious needs were being met.

#### Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The home had good communication links with the local GP service and other healthcare professionals when they needed them, such as the district nurses, a dentist or chiropodist.
- People commented, "I tell them [staff] and they look me over and call the doctor. They come the next morning. I've seen the dentist whilst I've been here" and "They arrange all that for me. I haven't had to do a thing. I have new glasses and new teeth."

#### Adapting service, design, decoration to meet people's

- The home was undergoing a programme of redecoration and refurbishment, in stages so as not to cause too much disruption to the people living there.
- We saw that most of the bedrooms had memory boxes outside to help people recognise their own room; some also had names or photos of the person. The activities team told us this was part of their role to help people become orientated with the home. They were also using it as a way of getting to know people better.

#### Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We watched and listened as staff gave people the time and encouragement to make decisions and choices for themselves.
- People and relatives commented, "I know they [staff] write everything down and they give me choices and I think about them, like if I want a bath or them to help me," "They [staff] talk to me about my care that I have and if I want any changes and they write it down. They do ask if they can touch me to wash or undress me" and "They [staff] ask my relative if they can do personal care things. I hear them; they are very discreet and whisper to her."

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated equally and had their human rights and diversity respected.
- People and a relative commented, "We are all treated the same and they [staff] respect how I want things done but I would like to go to pray and they said they could arrange this and will look into it," "They [staff] know my wishes if I get poorly and that I don't want to go to hospital. I have my Rosary and they respect that" and "My relative is asked about what she thinks all the time and they record her wishes in her file."
- We observed that staff appeared caring and had a genuine interest in people they were supporting. They spoke to people kindly and helped people in a gentle and supportive way. They listened to people and showed genuine interest in what they spoke about.
- The staff knew the personal history of the people and when chatting to people used their preferred name.

Supporting people to express their views and be involved in making decisions about their care

- We observed that people and staff knew one another well and could speak freely to one another.
- People and relatives commented "They [staff] are good listeners and they whisper to you if they think you need the loo," "I think I can talk to them [staff] about everything and they deal with it discreetly" and "You can talk to them [staff] about anything and it is handled discreetly and sensitively." "They know how I like things and try the best they can to assist me to do things myself" and "They know I like to sit with my friend and we do that all the time. They help me with the things I find hard, but they do encourage me to try".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected at all times. We observed that people were dressed appropriately for the weather and environment and supported to maintain their personal appearance.
- "I feel they [staff] respect my space," "They [staff] knock on my door and they always ask if they can assist with personal care. There is a lock on my door that I know how to use and I can use locks on the bathroom and they stand outside," "The carers [staff] know I like to be private about things and they respect that. They

ask if they need to wipe my face or brush my hair" and "My relative has dignity here. Each person is treated as an individual."

- Family and friends could visit at any time, day or night.

# Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement because the service did not always support people to take part in social activities relevant to their social interests. At this inspection this key question remains the same. This meant people's needs were not always met because the provider was still establishing social activities relevant to people's interests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since our last inspection the provider had recruited a team of four full time activity co-ordinators, whose aim was to provide activities six days a week.
- They were currently working with people to update their 'Life Story' which was in the person's care file. We saw that in some cases this had not been completed and no explanation given. We spoke with staff about this and they explained that some people did not want to speak about their life history and staff had respected this. In future staff said they would note this in the care file but would ask on another occasion if the person wanted to add to the life history.
- The activity co-ordinators said that speaking to people and writing their life histories had helped them get to know people. There was also a plan to hold monthly resident meetings to discuss what activities people would like.
- People and one relative commented, "I like painting and drawing. I like gardening and we do go out in the garden and do a few bulbs and things. I like animals visiting. I haven't been out to a café or park for several years. I would like that," "There is not much going on if you want to do an activity but I think if I asked they would help me do it," "I like to read and watch tv in the lounge and I do this whenever I want to" and "There is no pressure to do things and they [staff] give one to one activities in his room like the crossword together, Bible reading, singing. They are always singing here".
- We also received a few complaints from people about their televisions not working properly and not being able to get their favourite channels. We spoke with the registered manager about this and they said they would ensure that any broken televisions were fixed.
- A programme of daily activities was being developed based on people's likes and dislikes, with staff trying new activities and responding to people's feedback. This included the opportunity to go on outings, attend a monthly church service and take part in activities such as a barbeque or garden party.
- People and a relative commented "They [staff] tell me every morning what's happening and remind me and we are starting to have meetings so we can tell them ideas for activities and food and things," "I read it

on the board and they tell us" and "They have meetings, send letters, put it on the board. This has been since the new activity staff and it's good. I would like to see more going on."

- We saw some of the activities could have been judged as childlike, passing and catching a balloon and singing nursery rhymes. But we also saw board games being played, reminiscent books being discussed and overheard a quiz being led by a member of the care staff.

We have recommended to the provider that the activities staff would benefit from formal training in activities for older people, those bedfast and people with disabilities. We will check progress at our next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw that care plans were up to date and contained relevant information and guidance for staff. This guidance included notes on people's dependency levels, how they liked to be supported, medical information, details of skin integrity and the type of physical assistance people required.
- Care plans were person centred and informative, helping staff to support people in the way they wanted to be supported.
- Care plans were reviewed on a regular or as-required basis, dependent on people's healthcare needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was exploring ways of ensuring they were meeting the AIS. Staff took their time to explain situations to people wait for a response and act on the response.
- The home was starting to use pictorial images as a prompt to help people understand what was on offer, such as at meal times or what activity was being organised.
- This was in the early stages of development and we will check progress at our next inspection.

Improving care quality in response to complaints or concerns

- Staff told us people's complaints or concerns were taken seriously and lessons were learnt from what they had been told.
- People commented "I would tell my sister and she would tell the nurse or the manager "and "I would talk to the manager." A relative commented, "They deal with anything as quickly as possible. The manager is brilliant, very proactive."
- Two relatives also commented "There are lots of opportunities to give feedback at visits or there is a feedback box. They have started relative meetings and what we would like to see happening for our relatives was asked. They ask regularly what you think or if you have any suggestions" and "You're ideas are welcome and the door is always open."

End of life care and support

- A relative said, "We have discussed his [relative] life plan and his wishes have been recorded. They made this an easy thing to do as they were kind and sensitive"
- When people were nearing the end of their life, they received compassionate and supportive care. It was clear from comments we received from staff they respected people's end of life wishes.
- This included whether they wanted to be resuscitated and where appropriate a do not attempt cardio pulmonary resuscitation (DNACPR) order was in place.



## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement because the provider's governance systems were not well-led. At this inspection this key question has now improved to Good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The registered manager and the provider were keen to improve the service and they recognised the importance of continuous learning and they had improved the governance systems to show this.
- The quality and safety of the service people received was routinely monitored. Audits included; medicines management, care planning, infection control, fire and health and safety, and staff recruitment, training and supervision.
- The provider told us they analysed these audits to identify issues, learn lessons and implement action plans to improve the service they provided people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well. The deputy manager, who was also a registered nurse, had been nominated for the 'Nurse of the Year' award at a national competition.
- The provider had a clear vision and person-centred culture that was shared by managers and staff.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Despite the short time the registered manager had been in post they demonstrated good knowledge of

the needs of people they supported and the staff team. They were also aware of their responsibilities to send CQC notifications about changes or incidents that affected people they supported.

- The staff team were clear about their roles and were committed to supporting people to live good lives.
- People and relatives commented about the registered manager, "Yes I know he is in his office and he comes in to chat and help," "He is very friendly and I see him around all the time," "He is a lovely man and you see him helping out. He knows all the residents well and he comes and sits for a chat or knocks on the door and asks if everything is going okay today" and "He is very good and welcoming. He keeps you informed and he seems proactive and approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident, relative and staff meetings were held by the management team to ensure people were fully engaged in how they were being supported and were up to date with any changes that happened.
- The provider conducted independent annual people and staff surveys. The results for Ashmead were not available on the days of the inspection but we did see the results for all the provider's other homes, a total of 10 homes and overall these were positive.

Working in partnership with others

- The registered manager had good links with the local authority and community health and social care professionals to help ensure staff followed best practice. When required staff were in regular contact with people's GPs or other healthcare professionals and they welcomed their views about people's changing needs and best practice ideas were often shared between them, for the benefit of the person using the service.
- This ensured staff received all the external health and social care professional guidance and advice they required to meet the needs of the people they supported.
- The activities co-ordinators were making links with the local community, from which many of the people using the service came, to help people retain links with the local area.