

Sanctuary Care Limited

# Ashgreen House Residential and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Ashgreen House Residential and Nursing Home is a care home providing personal and nursing care to older adults. The home accommodates up to 52 people across four floors and in five units, each of which has separately adapted facilities. One of the units specialises in providing care and support to people living with dementia. At the time of this inspection, 41 people were using the service.

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

People and their relatives were complimentary about the service and told us the service had improved and was meeting their individual needs. People were protected from the risk of avoidable harm. People were supported by enough members of staff on each unit to ensure their needs were safely met. Accident and incidents were reported, recorded and analysed with lessons learnt shared with staff to prevent reoccurrences.

Medicines were managed safely, and people were receiving their medicines as prescribed by doctors. The home was clean, and staff followed appropriate infection prevention and control practices to minimise the spread of infections. People told us they felt safe living at the home and had no concerns regarding abuse or neglect. The service followed appropriate recruitment practices and ensured staff were properly checked before they began working at the home.

The service was well-led by the new management team who had good oversight of the service. Care and support was planned and delivered to meet people's diverse needs and records were accurately maintained. An effective system was used to monitor the quality and safety of the service and to drive improvements.

People's, their relatives' and staff's views were sought to improve on the quality of the service provided. The service worked in partnership with key organisations and health and social care professionals to deliver a joined-up service. Staff knew of their individual roles and responsibilities, they told us they felt supported in their role and were happy working at the service.

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 19 March 2021) and there were breaches of regulation.

Why we inspected

This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We carried out an unannounced focused inspection of this service on 26 and 27 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgreen House Residential and Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow-up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Ashgreen House Residential and Nursing Home

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashgreen House Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Ashgreen House Residential and Nursing Home is a care home with nursing care. 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 Care Quality Commission. 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with 11 people using the service and one relative to gather their experience of the care provided. We spoke with 12 members of staff including the area manager, two registered managers, two deputy managers, two nurses, four care workers and an activities coordinator.

We reviewed a range of records. This included six people's care, risk management and medicine records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure appropriate risk management plans were in place, up to date, consistent and reflective of people's needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and they had appropriate risk management plans in place to minimise or prevent risks occurring.
- Risk assessments covered areas including personal care, moving and handling, medicines, nutrition and hydration, skin integrity and continence care.
- For each risk identified, such as a fall, appropriate risk management plans were in place which included guidance for staff on actions they should take for example by ensuring the person wore suitable footwear to mitigate the risk of a fall.
- Risks to people were rated, regularly monitored, reviewed and updated to ensure people's changing needs were captured and reflected their needs.
- Where healthcare professionals, such as speech and language therapists (SALT), or dieticians were involved in assessing risks, their recommendations were updated in people's care records to ensure staff knew of actions to take to safely managed these risk.
- Each person had a personal emergency evacuation plan in place. This ensured information was made available to staff and emergency services to provide appropriate levels of support to people to safely evacuate the premises where required.
- Health and safety checks including fire tests, fire drills, gas safety, legionella, portable appliance tests and call bell tests were carried out to ensure the environment and equipment was safe for use.

### Learning lessons when things go wrong

At our last inspection the provider had failed to ensure appropriate risk management plans were in place, up to date, consistent and reflective of people's needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Lessons were learnt from accidents and incidents to improve the quality of the service. Staff understood the importance of reporting and recording any accidents and incidents and had followed the provider's policy where required.

- The provider had accident and incident policies and procedures in place which provided staff guidance on how to report and record accidents, incidents or near misses.
- Where accidents or incidents had occurred, appropriate actions were taken to maintain people's safety.
- Monthly accident and incident audits were in place to analyse and identify any trends or recurrent themes to prevent reoccurrences. Any lessons learnt from accidents or incidents were shared at daily staff meetings or through supervision sessions.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was enough staff available to support people's needs. One person told us, "We don't have a problem with staffing."
- The registered manager informed us staffing levels were planned based on people's needs. A staff rota we reviewed was consistent and matched the number of staff on duty. Staff told us staffing levels had improved and they did not feel rushed when supporting people.
- There was a diverse skill mix among staff and people were supported to engage in social and leisure time of their choice to minimise the risk of social isolation. We observed staff sitting and engaging with people either in their room or communal areas.
- The provider had appropriate recruitment policy and procedures in place. Pre-employment checks were satisfactorily completed for staff before they began working at the service. These checks included two references, right to work in the United Kingdom and a criminal records check. Nurses were also supported to maintain their registration with the Nursing and Midwifery Council.

#### Using medicines safely

- The management of medicines had improved. There were effective systems in place to receive, store, administer, dispose of and monitor medicines, including controlled drugs. One person told us, "Staff bring my medicines and explain what they are."
- Each person had a medicines administration record (MAR) which included their photograph, list of medicines, dosage, frequency, how they would like to take their medicines and any known allergies.
- Records showed that people were receiving their medicines as prescribed by healthcare professionals. We checked and confirmed the number of medicines in stock matched with the number of medicines recorded and we found no gaps in the MARs.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there was a PRN protocol in place for staff on when they could administer these medicines and the dosage to administer.
- A pharmacist and the home's GP carried out regular reviews of people's medicines including covert medicines, to prevent the risk of overprescribing and to ensure people were only taking their medicines in the right way.
- Staff responsible for supporting people with their medicines had completed medicines training and their competencies had been assessed to ensure they had the knowledge and skills to safely support people. Regular unannounced or spot checks were carried out on medicines and staff who administer medicines to ensure it was safely managed.

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



- People were protected from the risk of abuse. People told us they felt safe living at the home. One person told us, "I feel safe with all the staff, because there is no one who doesn't have the right attitude. They're all very, very nice." Another person said, "I feel safe because I just do."
- The provider had safeguarding and whistleblowing policies in place. Staff had completed safeguarding training and knew of their responsibility to report any concerns of abuse to their manager. Staff also knew of the provider's whistleblowing policy and had used it to escalate concerns to senior managers, local authority and CQC in the past.
- The registered manager knew of their responsibility to protect people from the risk of harm and abuse and had reported concerns of abuse to the local authority safeguarding team and CQC.
- The service had measures in place to minimise or prevent the risk of abuse. However, where abuse had occurred, they had acted to ensure people were supported to be safe.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Appropriate arrangements were in place to ensure visitors could access the home safely and in line with current government guidance. A visiting relative informed us, "All the way through COVID it's been very clear how we could visit. It was all explained... I'm always impressed how clean [my loved one's] room is kept, and the bathroom is always clean."

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# Is the service well-led?

## 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems and processes in place to assess and monitor the quality of the service. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was well-led. People and their relatives were complimentary of the managers. One person said, "What the [registered manager] says she does, I find her easy to talk to, If I've got a problem, she's up and looking at it straightaway." Another person said, "[Registered manager name] is very good. It's a nice care home. I've been in another home and it wasn't so good. Nothing needs to be improved."
- There was a registered manager in post who was supported by a deputy manager and the regional manager. The registered manager had a good understanding of their registration and had worked within the requirements of the Health and Social Care Act 2008 and had notified CQC of any significant events that had occurred at the service.
- Staff knew of their individual roles and responsibilities and told us they adhered to the provider's values. A member of staff told us, "I am much happier now than before, and I ensure that I abide by the policies and procedures."
- The systems and processes in place for monitoring the quality and safety of the service had improved. There were daily, weekly, monthly, quarterly and annual quality checks carried out in areas including care plans, medicines, infection control, health and safety, call bells, staff files and training records. The regional manager and the provider's quality assurance team based at the head office also carried out their own quality checks.
- Where issues were identified, for example with life histories or Mental Capacity Act 2005 (MCA) an action plan was completed to improve on people's records.
- The manager understood their responsibility under the duty of candour that they needed to be open, honest and to take responsibility when things go wrong. Where required, they had informed CQC of significant events that had occurred at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people;

- The culture at the service was positive and had improved. Care and support was planned and delivered to meet individual needs including those from minority and ethnic backgrounds. For example, people dietary requirements and cultural preferences were taken into consideration when planning and delivering their care.
- Care plans included people's likes and dislikes and their preferences. Staff we spoke with knew of people's choices and preferences and provided care and support that met their needs.
- Staff morale had improved since the last inspection. Staff told us they felt supported in their role and could raise concerns with managers where required. A member of staff told us, "Working here is much better now, the manager is open, and she talks to us like human beings." Another staff member said, "[Manager's name] has gone above and beyond what is expected, she has supported me to develop and it is really rewarding to see the residents coming out of their room to do activities especially those living on the nursing unit."
- The new management team demonstrated a commitment to improve on the quality of care and support provided. The registered manager acknowledged and said, "It is not perfect or 100% but we are working hard to get there, and it will take some time." They said they were in the process of implementing new ideas which would improve on the quality of care and support delivered.
- People and their relatives were provided with regular information about the care and support and about the home. For example, a relatives' newsletter updated them about visiting the home, residents and relatives' meetings, activities in the home, contacting people living in the home and update on staff recruitment.

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

- People's and their relatives' views were sought to improve the quality of the service. The service held monthly residents' and relatives' meetings both face to face and via Zoom. Minutes of the meetings showed discussions covered areas including COVID-19, visiting, vaccinations, menus, and activities. Where issues or concerns were raised for example about the low number of relatives' attendance, effective resolutions were put in place to improve this.
- The results of a 2021 satisfaction survey were positive and showed 97% of people were happy with their care during the pandemic, 96% of people were happy with the staff that support them, another 96% were happy with their living environment and all respondents were happy with the communication and information provided by the service.
- Staff views were sought through surveys and staff meetings. A staff survey was being carried out at the time of this inspection. However, various meetings including daily head of department meetings and regular staff meetings were held to gather staff's views.
- Minutes of staff meetings showed topics discussed included, record keeping, staff attendance and attitude, annual leave, training and development and health and safety. Where any issues were raised at these meetings for example with staff uniform, prompt action was taken, and new uniforms were provided to staff to ensure they adhered to the provider's dress code.

Working in partnership with others

- The home had a good working relationship with the local authority, clinical commissioning group, a community hospice and other health and social care professionals to plan and deliver effective care and support.
- The home also had good relations with other organisations in the local community including schools and churches to support people's interests and wellbeing.

