Sanctuary Care Limited

Aashna House Residential Care Home

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Aashna House Residential Care Home is a care home providing accommodation and personal care for up to 38 older people. The provider is Sanctuary Care Limited and the home is situated in the Streatham area of south London.

People's experience of using this service and what we found
People said living at the home was a very nice experience and staff said it was a good place to work. Everyone felt the home was a safe place to live and work in. Any risks to people were assessed, enabling them to enjoy their lives and take acceptable risks, whilst living safely. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. There were suitable numbers of staff appropriately recruited to meet people's needs. Medicine was safely administered.

People's equality and diversity needs were met, and they did not experience discrimination. They were spoken to by well-trained and supervised staff in a clear way, that they could understand. Staff encouraged people to discuss their health needs and they had access to community-based health care professionals. People were protected, by staff, from nutrition and hydration risks and were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to meet people's needs. Transition between services was based on people's needs and best interests.

The home was warm and welcoming and had a friendly atmosphere with staff providing care and support in a way people liked. The staff we met were caring and compassionate. Positive interactions took place between people, staff and each-other throughout our visit. Staff observed people's privacy, dignity and confidentiality and encouraged and supported them to be independent. People had access to advocates, if required.

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's needs were assessed, reviewed and they received person centred care. They had choices, pursued their interests and hobbies and did not suffer from social isolation. People were provided with information; to make decisions and end of life wishes were identified. Complaints were investigated and recorded.

The home's culture was open, positive and honest with transparent management and leadership. There was a clear organisational vision and values. Service quality was reviewed frequently, and areas of responsibility and accountability established. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update
The last rating for this service was good (published 10 February 2017).

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Aashna House Residential Care 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector, an expert by experience and a specialist advisor. 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
Aashna House Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection
We spoke with fifteen people, one relative, thirteen care staff, and the registered manager. We looked at the personal care and support plans for four people and four staff files. We contacted eight health care professionals to get their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We requested additional evidence to be sent to us after our inspection. This included a training matrix, audits and details of activities. We received the information which was used as part of our inspection.

Good

Is the service safe?

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● The home employed enough staff to provide care flexibly to meet people's needs. Staffing levels, during our visit, matched the rota and enabled people's needs to be met and for them to follow activities they enjoyed, safely.

● The staff recruitment process was thorough, and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of providing care and support. References were taken up and Disclosure and Barring Service (DBS) criminal record checks carried out prior to staff starting in post. There was also a six-month probationary period, five-day induction and staff were required to complete an induction work book.

● Staff received bi-monthly supervision, an annual performance review and there were monthly staff meetings.

Systems and processes to safeguard people from the risk of abuse

● People told us, and their relaxed body language indicated that they felt safe. One person told us, "I feel very safe." Another person told us, "Couldn't be safer."

● People were safeguarded by trained staff who were aware how to identify abuse, the action to take if encountered and how to raise a safeguarding alert. There was no current safeguarding activity.

● Staff had access to up to date provider safeguarding and abuse policies and procedures.

● People were advised by staff; how to keep safe and areas of individual concern were recorded in their files.

● General risk assessments, for the home, were regularly reviewed and updated. This included equipment used to support people which was serviced and maintained. There were clear fire safety plans for staff about what to do in the event of an emergency. Fire drills were held regularly.

Assessing risk, safety monitoring and management

● Risks to people were appropriately assessed, and measures put in place to minimise risks, with clear directions for staff. This included all aspects of people's health, daily living and social activities which were regularly reviewed and updated as people's needs, and interests changed.

● People, who at times displayed behaviours that challenged, had clear records of incidents and plans in place to reduce them. Records showed that action was taken, and the advice of specialist professionals sought when these occurred. A staff handover was completed including a person by person break-down.

● Staff checked on people frequently to ensure they were safe, during our visit.

Preventing and controlling infection

● Staff work practices reflected that they had infection control and food hygiene training. The premises were very clean. We observed staff wearing appropriate personal protective equipment (PPE), such as aprons when supporting people and washing their hands using recognised techniques.

● Regular infection control audits took place.

Learning lessons when things go wrong

● The home maintained accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using. Incidents were analysed to look at ways of preventing them from happening again.

● People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded in a falls diary and the registered manager analysed these to look for patterns and trends.

Using medicines safely

● Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to self-administer their medicines.

Good

Is the service effective?

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 Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● Where there was a commissioning body, it was required to provide the home with assessment information and information was also requested from any previous placements before a new person moved in. The home, person and relatives also carried out a pre-admission needs assessment together. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and which they were comfortable with. One person told us, "I looked on the internet, when living in America and asked my daughter to visit and ask three things, smell, staff facial expressions and residents. She couldn't fault all three and I couldn't be happier." Another person said, "I've been here three years and am very happy and comfortable."

● People's physical, mental and social needs were assessed holistically, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.

● People visited the home as many times as they wished, before deciding if they wanted to move in. They were able to share meals, to help them decide. During these visits' assessment information was added to.

● The home provided easily understandable written information for people and their families, in their first languages.

Staff support: induction, training, skills and experience

● Staff supported people in a way that met their needs effectively. This was enabled by the induction and mandatory training staff received. A staff member told us, "Very good training."

● New team members shadowed more experienced staff, as part of their induction. This improved their knowledge of people living at the home, their routines and preferences.

● The induction and probationary period was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.

●The training matrix identified when mandatory training was required to be refreshed. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included dysphagia and choking, pressure care awareness and falls awareness.

● Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

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

● People had care plans that included health, nutrition, diet information and health action plans. There were nutritional assessments and fluid charts that were completed and regularly updated. Nutrition and hydration audits took place.
● Staff observed and recorded the type of meals people received, to encourage a healthy diet and make sure people were eating properly. Meals accommodated people's religious beliefs, activities, their preferences and they chose if they wished to eat with each other or on their own.
● Whilst encouraging healthy eating, staff made sure people had meals they enjoyed. One person told us, "I love the food." Another person told us, "The food is excellent."
● Staff frequently went around with drinks, to make sure people stayed hydrated.

Staff working with other agencies to provide consistent, effective, timely care
● Staff cultivated solid working relationships with external health care professionals such as GPs, speech and language and physio therapists.
● The home provided written information and staff accompanied people on health and hospital visits, as required.

Adapting service, design, decoration to meet people's needs
● The home was appropriately adapted, and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture with them, provided it would fit into their private accommodation.

Supporting people to live healthier lives, access healthcare services and support
● People received regular health checks and referrals were made to relevant health services, when required.
● People were registered with GPs and dentists and had access to community-based health care professionals such as chiropodists and speech and language and physio therapists.
● Health care professionals did not raise any concerns about the quality of the service provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.
● People's consent to treatment was obtained and recorded on file.
● Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
● Three people had up to date DoLS authorisations in place and two were awaiting assessment decisions. Conditions were in place that were being met.
● Mental capacity assessments and reviews took place as required.

Good

Is the service caring?

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 enjoyed and were relaxed in the company of staff and each other. This was reflected in what they said and their positive body language. Everyone shared much laughter during our visit. One person said, "Staff are very caring. They work so hard." Another person told us, "The staff here couldn't do more for us."
- People did as they wished with staff support. One person commented, "We have a real community. Extended family. Staff have the welfare of the residents at heart."
- Staff were passionate and committed about the care they provided and people they provided it for. This was delivered in an empowering and thoughtful way. One person said, "Staff are exceptional, I take my hat off to them." Another person told us, "Very patient, able and enthusiastic staff. Always cheerful and smiling"
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in the inclusive staff care practices with no one being left out. People were treated respectfully and as adults, by staff who did not talk down to them.
- Staff were trained to respect people's rights to be treated with dignity and respect. They provided support accordingly, in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy.

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

- During our visit people came and went, as they pleased, attending various activities including a keep fit session, art and music sessions that they ran. One person said, "I write articles for the newsletter."

Respecting and promoting people's privacy, dignity and independence

- People felt respected and relatives said staff treated people with kindness, dignity and respect
- Staff's knowledge of people meant they were able to understand what words and gestures meant and people could understand them. This enabled them to support people appropriately, without compromising their dignity, for example if they needed the toilet. They were also aware this was someone's home and they must act accordingly.
- One person told us, "They don't mollycoddle you. I'm independent and they [staff] give me space when I want it."
- One person had been supported to plan a trip to India for their grandson's wedding.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

● There was a visitor's policy which stated that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Good

Is the service responsive?

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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff supported people to make their own decisions regarding their care, how it was delivered and the activities they did. Staff checked that people understood what they were saying, the choices available to them and that they understood people's responses. Staff asked what people wanted to do, where they wanted to go and who with. One person said, "I do not have enough words of praise for what I feel about Aashna House. It is my second home." Another person told us, "Really comfortable under the able hands of the [registered] manager. Everything runs so smoothly, never a mishap."
- Staff met people's needs and wishes in a timely fashion, and in a way that people liked and were comfortable with.
- People had individualised care plans that recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them.
- People had their care and support needs regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs with fresh goals set. They were encouraged to take ownership of their care plans and contribute to them, as much or as little as they wished.
- The registered manager and staff made themselves available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. One person told us, "Home sweet home, because of her [registered manager] and the staff who work so hard." Another person said, "My expectations are high and completely met."

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 AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand, in their first language. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

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

- One person said, "The activities co-ordinator is a star, so much choice. I also set up a discussion group

which we [people using the service] run independently."

● People had choices of individual and group activities, at home and in the community and were given weekly, part pictorial activity schedules. Many of the activities were focussed on religious and cultural celebrations including Eid, Baishakhi, Holi / Duleti – Festival of Colours, Christmas, Ram Navmi, Hanuman Jayanti, Mahavir Jayanti, New year, Easter, Halloween, and Remembrance Sunday.

● During our visit people using the service were preparing to celebrate the Divali Festival of Light. The local community including the local nursery toddlers' group, were invited to join in the celebration with live music, festive food and traditional fun.

● Other people led activities included, board games, walking in the garden that had flat pathways to make it easier for people to use, exercise, sensory sessions, reminiscence, classic Bollywood movies, arts and crafts and cookery. The inspector was invited to be a guest speaker at the Saturday Discussion Group that people chair, on the topic of the inspection process and role of an inspector. Singers also visited. One person told us, "I recently formed a committee, and everyone has a chance. Nobody is left out."

● There was a prayer room specifically for people who followed the Islamic faith and a temple to support the Sikh, Buddhist, Hindu, Christian and Jainism faiths.

● People were encouraged to keep in contact with friends and relatives. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they wished.

Improving care quality in response to complaints or concerns

● People said they were aware of the complaints procedure and how to use it. One person told us, "I have never heard anyone complain about this place." The complaints procedure was readily available and easy to understand. There was a robust system for logging, recording and investigating complaints.

End of life care and support

● Whilst the service did not provide end of life care, people were supported to stay in what they perceived as their own home for as long as their needs could be met with assistance from community based palliative care services, as required. End of life wishes were recorded in people's care plans. One person said, "The right place for me, hopefully I will be here till the end of my life."

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had an open and positive culture. This was due to the contribution and attitude of the staff and registered manager who listened to people and acted upon their wishes. One person said, "Everything is good. It starts from the [registered] manager, deputy and down to the carers who look after us very well." The registered manager operated an open-door policy. One person told us, "I have never seen a [registered] manager like this. Approachable at any time. She listens to what I say and it's all sorted straight away." A staff member said, "I've been here 17 years and really love it."
- The organisation's vision and values were clearly set out and staff understood by them. They were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties.
- There were clear lines of communication and specific areas of responsibility, regarding record keeping.
- Many senior staff were promoted internally. One staff member told us, "I started as a carer and am now a senior. We have opportunities."

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

- The home and organisation had robust quality assurance systems that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager, regional manager, staff team and the internal quality team. They were up to date. There was also an audit action plan.
- The regional manager visited monthly as part of their audit review.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager conducted spot checks. There were regular department heads meetings and staff shift handovers where risks, concerns, upcoming events and good practice were shared and then cascaded down to staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

● The home built close links with services, such as speech and language therapists, GPs, the St Christopher's Hospice and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. One healthcare professional said, "They work really well with us and always keep us informed about changes to people's health."

● The home had built up solid links with community organisations including providing work experience placements from Mencap, the health innovation network, prevention of stroke campaign and volunteers.

● The home held meetings for people and their relatives and questionnaires were sent out. These included meeting the chef to discuss menus. Staff also received questionnaires. One person said, "I attend the residents' meetings. We have good conversations and laugh and have a joke."

● There was also a three-monthly newsletter to keep people and staff informed about any changes or updates.