

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Aashna House Residential Care Home is a care home that provides nursing or personal care for up to 38 older people. At the time of our inspection there were 38 people using the service including those living with dementia. The care home accommodates people in one building on the ground, and first floor.

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

People using the service and relatives told us that the home was a safe place to live and staff said it was a safe place to work in. They were particularly complimentary about how kind staff were. Risks to people and staff were regularly assessed and reviewed. This meant people could take acceptable risks, live safely, and enjoy their lives. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. Staff were appropriately recruited and there were enough staff to meet people's needs. Trained staff safely administered medicines. The home used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy was up to date.

The home's management and leadership were transparent with an open, positive and honest culture. The provider had a vision and values that were clearly set out, staff understood, and they followed. Areas of responsibility and accountability were identified, and a good service maintained and reviewed. Thorough audits were in place and records kept up to date. Community links and working partnerships were established and kept up to minimise the risk of social isolation for people. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and met people's needs in a professional, open and friendly way.

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.

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

Rating at last inspection

The last rating for this service was Good (published 22 October 2019). The overall rating for the service remains good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aashna House Residential Care Home on our website at 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.

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

This inspection was carried out by two inspectors.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection took place on 6 September 2022 and 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 health professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We spoke with ten people using the service, 15 relatives, ten staff and six health care professionals to get their experience and views about the care provided. We looked at four people's care plans and four staff records. We also reviewed a range of other records. They included staff rotas, recruitment, training and supervision, medicine records, risk assessments, care plan reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures.

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.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us they thought the home was a safe place to live in and staff treated them in a kind and respectful manner. This was reflected in people's body language, particularly towards staff which was relaxed and positive indicating that they felt safe.
- One person said, "I do feel extremely safe living here. Everything is good." Another person told us, "Very safe here." A relative said, "The staff are both kind and respectful and my mother feels totally safe in their care and able to ask for whatever she needs." Another relative told us, "Aashna House is very safe. He [person using the service] used to fall but hasn't in 1 year. The staff are very caring and look after him. This means that he at much lower risk of falls." One staff member told us, "I've completed my safeguarding training and I know what abuse is and that I must tell the senior in-charge or the managers straight away if I see it ever happen here."
- Staff were trained to identify abuse towards people, knew the appropriate action to take, and were aware of how to raise a safeguarding alert. The provider had a safeguarding policy and procedure that was given to staff.
- Staff gave people advice about how to keep safe and any concerns about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People were enabled to take acceptable risks and enjoy their lives safely. This was because staff were aware of and followed risk assessments that included all aspects of their health, daily living and social activities. To keep people safe, the risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- Staff identified and had a good understanding of risks to individual people and the action they needed to take to prevent or safely manage those risks. An example of this was staff being aware of what action they needed to take to mitigate risks associated with people choking on their food, using various walking aids to move independently and freely accessing the kitchenettes to make themselves hot drinks and snacks.
- People had care plans that were up to date and contained detailed risk assessments that were reviewed and updated. There were also management plans to help keep people safe. They addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- The home had a well-established staff team that was familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks.
- There were general risk assessments that were regularly reviewed, updated and included reference to

equipment used to support people. This equipment was regularly serviced and maintained. This included the fire-resistant doors, we tested, which closed automatically into their frames when released.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.
- People told us there were enough staff on duty to flexibly meet their support needs. One person said, "Always plenty of staff about day and night", while a second person added, "Staff come as quickly as they can when I use my call bell or just ask them for some help".
- Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. The interview team comprised of four people using the service and the registered manager. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a six-month probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills. One person told us, "The food is my second favourite thing about the home after the staff."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately disposed of. People's medicines records were fully completed and up to date.
- People's prescribed medicines were securely stored in locked cabinets and medicines trollies kept in the care home clinical room when not in use.
- Staff were trained to administer medicines and this training was regularly updated. A care worker told us, "I've had medicines training, which is refreshed every year. I also think the new electronic medicines records are really helping to keep recording errors down."
- People told us staff helped them take their prescribed medicines as and when they should. One person said, "Staff make sure I always get my medicines on time."
- If appropriate, people were encouraged and supported to administer their own medicines.

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.

- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. One person said, "Staff always wear facemasks in the home."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.
- We observed that staff wore masks in line with current guidance and wore gloves and aprons appropriately when required.
- People told us that the home environment was kept clean and hygienic. One person said, "The staff do an excellent job keeping this place spotless." The care home looked and smelt hygienically clean.

Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- Following medicine's recording errors that had previously occurred in the care home, the provider responded appropriately by introducing a new electronic medicine's monitoring system. This automatically flagged up when errors occurred. The deputy manager told us eMAR had significantly reduced the risk of medicines handling and record errors happening at the care home and minimised this risk.
- There were regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

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 remains 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

- Aashna House Residential Care Home had a culture that was person-centred, inclusive, and empowering. This achieved good outcomes for people.
- People and their relatives said the home was well-led and this was reflected in people's positive, relaxed body language towards the registered manager and staff. This indicated care and support was provided in a way that met people's needs. One person said, "An excellent management team." A relative told us, "The management at Aashna House is superb. The [registered] manager leads by example, she is very approachable, and communicates well with the team, [people using the service] residents and visitors. The deputy manager is also very quick to help when needed." Another relative said, "Overall no complaints about the home, it is safe and secure and [person using the service] is well looked after."
- Relatives said the registered manager was good and the home well organised and run. Staff worked hard to meet people's needs, make people's lives enjoyable. A relative said, "You could not ask for a better [registered] manager and staff." A staff member said, "I just love working here."
- The services that the home provided were explained to people and their relatives so that they understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also set out the organisation's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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 provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were informed when things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude. A relative said, "We are informed of most changes and where needed, check that we are happy with the service."

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

- The registered manager and staff understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.

- People living at the care home and staff working there all spoke positively about the way the service was managed. One person told us, "I think the [registered] manager and her deputy are both excellent. They do a good job managing the place between them." A care worker added, "I like the managers and all the senior staff who work here and feel I get all the support I need from them. This is by far the nicest care home I've ever worked in."
- The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Staff were aware that they had specific areas of responsibility including record keeping and medicines management and carried them out efficiently. This was reflected by the praise from people and their relatives.
- Regularly reviewed audits were carried out by the registered manager, staff and provider that were thorough and kept up to date. These included care plans, clinical analysis, documentation and health and safety. There was also a monthly regional manager quality visit with a service report and development plan. A local authority commissioning officer also carried out a quality assurance audit in August 2022. This meant people received an efficiently run service.
- Records evidenced that complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The provider conspicuously displayed their previous CQC inspection report and rating in a communal area, ensuring this information was accessible to everyone living or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People, relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. This included regular people's and relatives group meetings, care plan reviews, annual customer satisfaction surveys and resident of the day. People, their relatives and staff told us they had the opportunity to give their opinions about the service. One person told us they were an ambassador for the care home and one of their responsibilities included, chairing the monthly residents' meetings where people regularly shared their views about the standard of care and support, they received at the care home.
- The deputy manager told us people had the chance to be resident of the day approximately once a month when managers and staff would review that individual's package of care and ask if they needed any changes to be made.
- The registered manager and staff checked throughout our visit that people were happy and getting the care and support they needed in a friendly family environment.
- Relatives said they made regular visits and had frequent contact with the home. They also said that they were kept informed, and up to date with anything about people, good or detrimental and adjustments were made from feedback they gave. A relative said, "I am always kept informed of how my mother is fairing and immediately should an emergency arise." The provider circulated a monthly newsletter for people and their relatives which kept them informed about up and coming events and religious festivals that were regularly held at the care home.
- The provider sent out surveys to people, relatives and staff and suggestions made were acted upon. The surveys were available in easy to read pictorial formats and various languages people living in the care home spoke, which included English, Gujarati and Urdu. Staff received annual reviews, quarterly supervision and monthly staff meetings took place so that they could have their say and contribute to improvements.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as speech and language therapists, physiotherapists, and occupational therapists. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The deputy manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice and shared best practice ideas with their staff. A community health care professional told us, "My first impressions of this care home have been great. Very friendly staff who take on board my advice and guidance. The atmosphere feels very nice here."
- Healthcare professionals thought the home was well managed and there were good lines of communication.