Mrs R Elango & Mr P Elango

Ashgrove Residential Care Home

Inspection report

64-66 Billet Lane
Hornchurch
Essex
RM11 1XA

Tel: 01708458834
Website: www.ashgrovecarehome.co.uk

Date of inspection visit:
21 July 2016
25 July 2016

Date of publication:
08 September 2016

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

The inspection took place on 21 and 25 July 2016 and was unannounced on 21 July. The service was not meeting legal requirements relating to premises, equipment, infection control, record keeping and quality assurance at our last inspection on 30 April 2015. During this inspection the service met all legal requirements.

Ashgrove Residential Care Home provides accommodation and support with personal care for up to 26 older people. The service supports people living with dementia. On the day of our visit there were 24 people using the service. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were cared for by staff who were friendly, polite and respected their wishes. They told us they were treated with dignity and respect and felt safe living at Ashgrove. We found some concerns with the environment; however these were addressed straight away. We recommended best practice guidelines to be followed in relation to health and safety and maintenance.

Medicines were managed safely with the exception the medicine room temperatures not always being recorded as checked although there was a room thermometer. The proprietor ensured a new record sheet was in place and informed staff on the need to check this daily.

Staff had attended relevant training and were aware of the procedures in place to protect people from harm. They knew how to recognise and report abuse. Staff were aware of the procedures to follow in the event of a fire or a medical emergency. They explained the regular health and safety checks in place, the incident and accident procedure and the risk assessments in place in order to mitigate risks such as falls, pressure sores and choking.

People told us that there were enough staff during the day but said at night the staffing was sometimes challenging depending on the needs of people using the service. We reviewed Rotas and found that the staffing levels were currently two staff at night which was usually ok but sometimes difficult if someone was unwell. The manager said they lived close to the service and could be called upon if needed out of hours.

There were safe recruitment practices in place to ensure that only staff who had undergone the necessary checks and had suitable skills and experience were employed. Staff underwent a comprehensive induction and annual training program was offered to keep staff up to date with practice. Regular supervision and annual appraisal was in place to ensure staff had the opportunity to reflect on practice and identify any personal development needs that would enable them to deliver safe and effective care.

People told us they were happy with the food choices available and told us that the chef had been changed

last year as they were not happy. They told us they felt free to express any concerns or issues they may have related to the care received.

Care plans were person centred and reflected people's preferences. These were reviewed and updated regularly. Where people lacked capacity to consent appropriate guidelines were followed based on the Mental Capacity Act (2005).

People told us the registered manager was approachable and that they thought the service was well run. There were systems in place to ensure the quality of care delivered was maintained and improved. People were given the opportunity to be involved in running the service at regular "resident meetings."

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 mostly safe. We made a recommendation about the seeking best practice advice on health and safety as there was an issue about maintenance and safety that was addressed by the second day of inspection.

Medicines were managed safely by staff that had been assessed as competent.

Risks for people were assessed with clear steps to take to mitigate the risks.

Staff knew how to recognise and report abuse.

Is the service effective?

Good

The service was effective. People were supported by staff who understood their needs.
Staff were supported by means of regular supervision and annual appraisals. They told us the management was supportive and encouraged them to develop.
People were supported to maintain a balanced diet. Staff were aware of people's special dietary requirements. Where advice had been sought from specialists such ad dietitians this was clearly documented and followed by staff.

Staff understood the principles of the mental capacity act and had attended relevant training. Where people did not have capacity to consent we saw evidence that best interests assessments were in place for issues such as covert medicine.

Is the service caring?

Good

The service was caring. People told us staff were kind and caring.

People were treated with dignity and respect. Where rooms were shared appropriate steps were taken to ensure people's dignity was maintained especially during personal care.

Staff understood how to support people and their families towards the end of their lives. Advanced directives were in place and specific funeral plans and requests were in the care records

we reviewed.

Is the service responsive?

Good

The service was responsive. People told us staff responded to them when they called and anticipated their needs.

Care plans were specific and included peoples past and present preferences and provided a comprehensive social and medical history.

People were satisfied with the activity program and told us recommendations they had suggested were implemented.

Complaints were logged, investigated and responded to in a timely manner.

Is the service well-led?

Good

The service was well-led. People told us the manager was approachable and listened to their concerns.

There were systems in place to monitor the quality of care delivered. People and their relatives were involved in making suggestions about how the service should be run.

Ashgrove Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 and 25 July 2016 and was unannounced on 21 July.

The inspection team comprised of an adult social care 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.

Before the inspection we gathered information from safeguarding notifications, previous inspections and the service's website. We also contacted the local authority and the Havering Healthwatch to find out information about the service. We received concerns from a former relative and a former staff member.

We spoke with ten people who used the service, four relatives and three visitors. We used the Short Observational Framework for Inspection (SOFI) during breakfast for 45 minutes. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. "We spoke with two night staff, and three day staff. We also spoke with the registered manager, the proprietor, the cook, and one domestic staff. We observed care interactions in the main lounge, the quiet lounge and the dining room. We reviewed four staff files, four care plans, five medicine administration records and the daily handover book. We also reviewed records of incidents and certificates and risk assessments related to the health and safety of the environment and quality audits.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I've been happy and safe." A second person told us, "I've definitely felt safe, well looked after." A third person said, "I'm very happy here and feel safe." A relative told us, "[A person] is completely relaxed here, yes safe."
Staff were aware of people's needs and we saw them respond quickly when movement alarms triggered for people at risk of falls.

On the first day of inspection there were health and safety hazards as the shed used by the maintenance man was caving in and unsafe. On the next day the shed had been demolished and a new one purchased. Similarly, a dirty and well-worn carpet located by a stairway accessible by staff had been ripped out and the stairwell painted. The garden also was a potential hazard as the laundry room could be easily accessed by people sitting in the garden where machines and chemicals were kept, leaving people at risk. We recommend that best practice guidance in health and safety and risk assessment to be sought to ensure the safety of people and staff.

At our previous inspection on 30 April 2015 risks to people and the service were not always managed so that people were protected. The provider did not ensure that the premises used were safe to use for their intended purpose and were used in a safe way. The fire assembly point was cluttered with two hairdryer stands and a hoist, which left hardly any room for people to assemble in the event of a fire alarm. Another door in the quiet lounge clearly labelled as a fire exit was blocked by a chair and a wheelchair. During this inspection all fire exits were kept clear. Regular fire drills were in place and staff had been trained on how to use the evacuation equipment. They were aware of the procedure to follow in an emergency and showed us the documentation they completed following incidents such as falls and accidents. We looked at incidents of falls and noted that a record was kept with a monthly analysis in order to look at patterns and ways to reduce them. Most people at risk of falls had sensor mats in their rooms at night and some had them on their chairs during the day so as to alert staff each time they moved.

At our last inspection the provider had not always ensured that assessed risks of the environment were implemented. Control of Substances Hazardous to Health (COSHH) and environment risk assessments were completed but not always implemented. Cupboards located in garden which contained COSHH were left open. During this visit we found that all COSHH cupboards were locked to protect people from harmful substances. Staff had access to the keys and ensured no harmful substances were left in bathrooms and toilets. We spoke to the cleaner who could explain the colour coded system in place.

At our previous inspection the bathrooms, toilets, skirting boards needed a deep clean and repainting in many areas and the flooring replaced throughout. We also noted that the ceiling boards near the quiet lounge needed replacing as they were cracked and visibly damp. The carpet in the main lounge showed visible stains and evidence of damp on one wall. During this visit the cleanliness had improved and the cleaning staff told us that their hours had been increased

At our last inspection we recommended that the cleaning and maintenance schedules are reviewed in order

to meet the needs of the service. During this visit the cleaning hours had been increased. Communal areas and people's rooms were clean. People and their relatives told us the service was kept clean. One person said, "Yes, it's quite a clean place." Another person commented, "The place is usually quite clean and they do my room."

Robust staff recruitment systems were in place and these included two references, disclosure and barring checks, identity check and proof of qualifications. This showed that staff were appropriately checked to ensure they were suitable to provide safe care.

Seven out of ten people said there were enough staff on duty. Comments included, "There are plenty of staff, they do a good job, helpful; usually there are enough staff working here;
mostly there are enough staff", and "I've not had to use my call bell but I think they respond quickly". Others thought there were shortages at times especially at night. However, a shortage was not apparent on the day of the visit. We reviewed rotas and found staffing to be in line with what we were told and to ensure people's needs were met. The manager, a chef and a cleaning staff member were on duty during the day with five staff and two staff on at night. Staff told us staffing was ok but could get a bit busy at night at times depending on people's support needs. We reviewed incidents and found that there was no increase in incidents at night that would support the increase in staff at night based on the current people using the service.

People told us they received their medicines on time. One person said, "I get my medication when I should every day." Another person said, "I get my medication ok. They watch me take it". Relatives also said medicines were managed well with one relative telling us, "They manage [my relative's] medication very well." Medicines were managed safely by staff that attended regular training. Staff were aware of the procedure to follow if someone refused medicines. Where covert medicine was offered this was done in people's best interests with the involvement of the GP, the pharmacist and an advocate where applicable.

Good

Is the service effective?

Our findings

Nine out of ten people told us that staff knew how to effectively support them. One person said, "They are well trained." Another person told us, "I do get a sore bottom, so they [staff] know I have this special chair and cushion. It helps." A third person said, "Most of them have been here a while. So, yes they definitely know what they're doing." A relative told us, "The staff do seem to be good at what they do." Staff we spoke with were aware of how to help people according to their preferences.

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

At our previous inspection consent to care and treatment was not always sought in line with legislation and guidance. Staff were aware of the need to promote choice but had limited knowledge about best interests' decisions, deprivation of liberty safeguards (DoLS) and how the MCA applied to their daily work. During this inspection we found staff had attended training on the MCA and were able to tell us how they used it in practice. They gave examples of people who required best interest's assessments in order to receive their medicines covertly. Care records showed clearly where people had attorneys or deputies authorised to make decisions on their behalf. Staff knew where DoLS were in place and ensured these were current. Before care was delivered staff ensured that there was consent verbally or implied.

At our previous inspection supervision records were not always completed in line with the service's policy on the appropriate forms. During this inspection supervisions were more structured and regular. Records and staff we spoke with confirmed that supervisions were completed and reflections on practice were encouraged. Annual appraisals had been completed for staff with clear goals and aspirations noted. Staff were satisfied with the supervision and appraisal process and said it gave them the opportunity to discuss and agree personal development plans that would enable them to carry out their work effectively.

Staff underwent an induction program including shadowing when they first started to work at the service. We spoke with one staff member who had recently completed induction and told us it had been useful to shadow and learn about the people. Annual refresher training was offered both online and classroom based on varied topics such as moving and handling, health and safety, first aid and safeguarding.

Seven out of ten people told us that they enjoyed the meals with the other three stating the meals were just ok. One person told us and the registered manager and staff confirmed that the cook had been changed to ensure that the food met people's preferences. One person said, "The meals are good, I've never asked for an alternative." Another person said, "The food's very nice, if I asked for something different, they would do it. We get plenty to drink all day." A third person told us, "The food's quite good. Usually there are two

choices. We do get enough to drink."

Staff were aware of people on special diets and those needing assistance. Meal times were a social time, however people also had a choice of eating in their room, the dining room or any of the communal areas. There was a varied menu which was reviewed with people. Water, squash and tea and biscuits was available at regular intervals and at people's request. People were supported to eat a balanced diet. Where people had complex needs or weight loss was noticed appropriate referrals were made and advice given was implemented into the care plans. Monthly weights and nutritional assessments were completed to ensure that weight gain and weight loss monitored and action taken when an anomaly was noted.

We saw records of regular visits from other health care professionals such as district nurses, GPs, chiropody and optometry. Those with chronic illnesses were supported to attend annual health checks and regular appointments. For people requiring blood tests some had phlebotomists (professionals who take bloods) coming to take their bloods at the service. People were supported to maintain healthy lifestyles.

Good

Is the service caring?

Our findings

People told us that staff were caring, kind and tried their best to anticipate their needs. One person said, "The staff are excellent at looking after me." Another person said, "The staff are very nice to us. They are caring people. They help me having a bath and using a hoist." Relatives told us they felt welcome and that staff were kind. One relative said, "The staff are homely, they are adaptable. I am made to feel very welcome. I get tea and biscuits when I come. [My relative] is very grateful to the staff." We observed staff interacted with people in a kind and sensitive manner. They knew people's likes and dislikes and their social and medical history in great detail.

Staff respected and promotes people's privacy and dignity. One person said, "The staff do treat me with respect." We saw staff discreetly asked and took people to the toilet, helped people clean up after meals. There were three shared rooms. Curtains were in place and staff were mindful of preserving people's dignity during personal care. We noted that in one of the shared rooms a curtain was missing where the wash basin was. Staff told us they were assisting people with personal hygiene needs in the adjacent bathroom and that a new curtain had been ordered. One relative told us, "[A person] doesn't seem to mind sharing a room." After the inspection we received confirmation that the curtain had been fixed.

People told us that staff listened to them. One person said, "The staff do listen if you ask for things." People told us that they were able to say what they wanted to do and were also able to change their mind. One person said, "I like to try and do more some days and am able to. On the days I am a bit stiff and can't do much, they understand and help more." We observed staff responded quickly when people rang for assistance. One person told us, "I had a little fall and they came to help me quickly." Staff spoke fondly of people and called them by their preferred names.

The service supported people to express their views and be actively involved in making decisions about their care. We saw evidence that where possible discussions about care preferences were made and documented. Information about meals, staff on duty, activities and how to make a complaint were displayed within the service in addition a service user guide was issued to people when they first moved into the service. One relative said "They keep in touch with me about [my relative's] medication and health. They are good at that."

People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff understood how to support people and their families towards the end of their lives. Staff told us they were supported by the management. Some staff attended people's funerals for closure and some families continued to visit after their loved one had passed away. Advanced directives were in place and specific funeral plans and requests were in the care records we reviewed. This showed that end of life planning was discussed with people and their relatives.

Good

Is the service responsive?

Our findings

People received personalised care which met their needs. One person told us, "I need a frame to move around but I am free to go to bed and get up when I want." Another person said, "I can get up and go to bed as I wish." A third person said, "Sometimes I go to bed early, when I choose, I need help to move around sometimes [and staff do help me." A relative told us, "[my relative] feels [they have] freedom here. [My relative] is comfortable doing her own thing."

People were assessed before they moved and reassessed on a regular basis after moving in to ensure that care plans were completed with the involvement of people and their relatives. People could remember they had a care plan but some could not remember they had care plan reviews. One person said, "I am aware of my care plan but not of any reviews." Care plans included people's past careers, medical history, and hobbies. There was a "This is me" summary of people's preferences outlining how they liked their tea, if they liked any pets, their preferred names, wake up and sleep times, and routines. A key working system was in place which ensured that each keyworker was responsible for updating the care plans for the people within their keyworking group.

People who were close to their families told us that they were able to see their grandchildren and family when they wanted. One person said, "Visitors can come when they want to." Another person said, "There are no restrictions on my visitors." We noted visitors came and went and some chose to take people to their rooms while other sat in communal areas or the garden. Staff spent some one- to-one time with people especially those in their rooms and those without visitors in order to engage and reduce the risk of social isolation.

Nine out of ten people told us that they were happy with the activities provided. One person told us, "Yes, I do get what I need. We have quizzes and a bit of exercises." Another person said, "Sometimes [staff] takes us out, like to the pictures." We looked at the activity schedule which had an entertainer at least three times a week, and arts and crafts quizzes and arm chair exercises twice a week. People's care plans outlined their interests such as reading and singing. People went to different areas in the home based on their preferences. Some people were in the quieter lounge reading books or newspapers or dozing and others were in the main lounge where the entertainer came. Sometimes the TV or the radio was on and a person was knitting.

People told us that they were able to complain when needed. Others could not remember and only one out of ten thought their complaint would not be listened to but had never had to complain. One person said, "I never complain. If I was unhappy, I'd go to the manager. Nothing's too much trouble for her." We reviewed complaints made in the last year and found that a written acknowledgement had been sent and a final response after an investigation had taken place. Where necessary a meeting was held with the complainant to ensure that their concerns were fully understood and resolved. However, we were contacted by a family whose complaint had not been resolved. Concerns and complaints were dealt with in a timely manner according to the policy and in manner that resolved most people's concerns with the exception of one.

We saw compliments and 'thank you' cards written by relatives and visitors commenting on the care and support received. We reviewed ten cards and found them to be very positive. One comment read, "Thank you for all the love and care over the last 51/2 years. Another read, "Thank you for looking after mum. Will pass by one day."

Good

Is the service well-led?

Our findings

Eight out of ten people, visitors and three out of four relatives were very complimentary about the registered manager and management of the service and said they were approachable. One person said, "The manager's very good, pleasant and is approachable." Another person said, "The manager is very kind. You can go to her." A third person said, "Things run smoothly here, I have felt happy about everything." One relative said, "The manager knows what she wants and she keeps a tight ship. I've never seen any sloppiness." This showed that the service promoted a positive culture that was open, inclusive and empowering.

At our previous inspection we noted that although feedback from people was sought it was not always evaluated. Some appraisal and supervision records were not dated or completed in full. Some policies we reviewed were not always followed. During this inspection we found improvements had been made in all these areas. Policies had been updated and were being followed, records were more up to date and completed fully. All feedback was recorded and if there was any action required this was followed up to ensure that people's views were heard. Staff meetings were regular and there were formal relatives' and residents' meetings advertised in order to listen and act upon people's views of the service. One person said, "Sometimes they do have residents' meetings."

People told us they had completed questionnaires about different aspects of the service such as meals, their rooms and activities. One person said, "I've done a couple of questionnaires in three years." Another person told us, "I have had questionnaires from the home." We reviewed results from a questionnaire completed in September 2015 where 24 responses were received from people and their relatives. The two areas with the lowest scores which were about having accessible information about activities and people requesting to change the colour of their rooms had been addressed and another questionnaire was to be sent out in September 2016.

At the time of our visit there was a registered manager in place and they sent us notifications of any safeguarding issues as required by their registration. There were clear reporting structures and responsibilities for each staff group. Staff told us they worked well as a team and that they had access to the registered manager out of hours and at weekends if they needed. Allocated responsibilities at the beginning of each shift were in place in order to promote accountability. Staff told us that they worked as a team in addition to the allocated responsibilities. We observed and saw records of the comprehensive handovers that took place at the beginning of each shift to ensure that any changes to care of people was shared and to encourage continuity of care.

Staff were aware of the service's values and objectives and how to put them in practice. They told us that they put people's choice first and encouraged people to be as independent as they could be. People told us staff and the management listened to them. One person said, "They definitely are a listening management." Another said, "Yes, I think the staff listen."

The registered manager or the deputy completed daily walk rounds to ensure the service was run well. We

saw evidence that unannounced night visits by the registered manager took place to ensure that night staff were delivering effective care. There were regular audits on the environment and the quality of care delivered.