

Care Providers (UK) Limited

Ashcroft - Bromley

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We last carried out an unannounced comprehensive inspection of this service on 24 and 25 November 2015. Breaches of legal requirements were found in respect of staff recruitment and good governance in relation to record keeping and systems to monitor the quality of the service.

After the comprehensive inspection, the provider sent us an action plan to say what they would do to meet legal requirements in relation to these breaches. We undertook this unannounced focused inspection on 27 April 2016 to check that they had followed their action plan and to confirm that they now met legal requirements.

At this focused inspection we looked at aspects of the key questions Safe, Responsive and Well Led. This report only covers our findings in relation to the focused inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ashcroft' on our website at www.cqc.org.uk.

Ashcroft provides accommodation and care for up to 22 people with residential and or nursing needs including end of life care. On the days of the inspection we were told there were 22 people using the service.

There was no registered manager in place. The previous registered manager had retired from this post at the end of March 2016 and had taken on a quality monitoring role with the service. The deputy manager was acting as manager with a view to apply to register as manager after a mutually agreed trial period. 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.

At this inspection we found that action had been taken to improve the recording of identified risks to people. Risks to people were individually identified, assessed and monitored and we saw these records were up to date. Staff recruitment records had also been checked and missing documentation applied for or completed. The application form had now been amended to request people's full employment history.

People's care records were now accurate and reflected their current needs and preferences to guide new and unfamiliar staff. Staff told us they had received further training on the electronic care records and we observed they were now more familiar with how to use the system.

We have therefore changed the rating of the key question Safe and Responsive to Good in line with the characteristics for each rating.

There had been improvements to the monitoring of quality at the service. Regular audits were completed to monitor quality across the service. The provider had also introduced a system for external audits to provide

additional checks on quality. However, these changes were relatively recent and we were not able to judge consistency or the reliability of these improvements at this inspection.

We have therefore not changed the rating for the key question Well Led as we need to see consistent good practice over time. We will check on this at our next inspection.

The changes in ratings in the key areas Safe and Responsive mean that the overall rating for the service is now Good.

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.

Action had been taken to improve safety. Risks to people were accurately identified and assessed through risk assessments and action to reduce risks was provided in people's care plans. Staff recruitment records had been checked and action taken to ensure an effective recruitment system was now in place.

Is the service responsive?

Good ●

The service was responsive.

Care staff and nurses had received training on how to use the electronic record system. We saw people's care plans were up to date and were personalised and reflected their current needs and preferences.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements had been made to the auditing system to monitor the quality of the service but this needed longer to embed to ensure that this system was consistently effective.

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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.

We undertook a focused inspection of Ashcroft on 27 April 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 23 and 24 November 2015 had been made. We inspected the service against part of three of the five questions we ask about services: is the service safe, is the service responsive and is the service well led. This is because the service was not meeting legal requirements in relation to parts of those questions at the last inspection.

The inspection was undertaken by one inspector and was unannounced. Before the inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. During the inspection we spoke with the provider, the deputy manager who was acting as manager, a nurse and a care worker. We looked at five people's care records and five staff files. We also looked at records held by the service including audits and checks on the quality of the service.

Is the service safe?

Our findings

At the last inspection on 23 and 24 November 2015 we had found breaches of regulations as for some people the recorded guidance about some risks in parts of the electronic care plan was not always accurate and did not reflect the care provided. There was therefore a risk of unsafe care. The provider had introduced a new electronic care record system and we found that some staff were not familiar with how to make entries to update records and risk assessments. We also found a breach of staff recruitment as systems to protect people from the risk of unsuitable staff had not always been operated.

At this inspection we found that action had been taken to improve safety. People's risk assessments were up to date and accurately reflected their individual risks. We saw for one person, risks in relation to equipment they used for a medical condition had been identified, assessed and monitored to reduce risk. Where people were at risk of falls there was guidance on how to reduce the likelihood of falls occurring. Where people were at risk of skin integrity breakdown we saw there were risk assessments to monitor their condition and guidance for staff about pressure relieving equipment and repositioning to reduce risk.

We found effective arrangements were now in place in relation to staff recruitment. An audit of staff recruitment records had been completed since the last inspection and any action needed had been completed. Staff records we looked at contained the necessary identity, health and character checks to ensure suitable staff were employed. The provider had ensured that where some files had missing criminal record checks at the last inspection staff had applied for an updated criminal records check. These checks had been returned except for one staff record which was still waiting for the necessary clearance check to be returned and the manager told us this had been followed up recently. The provider's policy did not require criminal record checks to be renewed but the policy required each staff member signed an annual declaration that there had been no changes since the last check was completed. We saw these records were in place on staff files. A new application form had been downloaded from the providers system that requested from applicants their full employment history and to explain any gaps. The manager told us they would be using the new form for any future applicants.

Is the service responsive?

Our findings

At the last inspection on 23 and 24 November 2015 we had found breaches of regulations as people's care records were not always accurate and up to date. The provider had introduced a new electronic record system and staff were not always familiar with how to use the new system.

At this inspection people's electronic care records we looked at were up to date, personalised and reflected people's current needs. A nurse we spoke with showed us how to access various parts of the care records and showed familiarity with the electronic system. We saw staff regularly updated the daily notes to provide an accurate picture of people's care. There was guidance in the care plans for staff on how to meet people's individual needs. For example, someone's preferences about their personal care and where someone had a difficulty with communicating their needs staff had guidance on what might help to improve communication. Staff told us they had received further training on how to use the electronic system and had now familiarised themselves with how it worked.

Is the service well-led?

Our findings

At the last inspection on 23 and 24 November 2015 we had found breaches of regulations as the systems to monitor the quality of the home were not always effectively operated.

There had been some changes to the management of the service since the last inspection. The previous manager had retired from this post at the end of March 2016. The deputy manager was acting as manager for a trial period with a view to applying to become registered manager.

At this inspection we found that there had been improvements to the quality monitoring at the home. Audits were completed across different aspects of the service such as care records, the kitchen, medicines, infection control, pressure mattress settings and maintenance records. An audit had been carried out on staff records after the last inspection to identify any action needed to ensure records were up to date and met requirements.

The provider told us that the previous manager was now providing some additional auditing support through regular external auditing checks of the service. They showed us the programme of external audits which had started that month.

While there were improvements to the systems to monitor quality these were relatively recent and we were not able to judge if the improvement was consistent. Therefore we could not improve the rating for Well Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.