

Chislehurst Care Limited

Ashglade

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

Ashglade is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashglade is situated in the London borough of Bromley that provides care for up to 12 people. At the time of the inspection the home was providing care and support to 10 people.

The home had a registered manager in post. 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.

This inspection was carried out on 19 March 2018. At our last inspection at the service on 25 May 2017 we found there were not always enough staff to meet people's needs. At this inspection we found that improvements had been made and there were enough staff on duty to meet people care needs.

People told us they felt safe living at the home. Training records confirmed that staff had received training on safeguarding and there was a whistle-blowing procedure available and staff said they would use it if they needed to. Action was taken to assess any risks to people and risk assessments and care plans included information for staff about action to be taken to minimise the chance of accidents occurring. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's needs. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People said they enjoyed the meals provided and they could choose what they wanted to eat. People were supported to maintain good health and they had access to healthcare professionals when they needed them.

People needs were assessed before they moved into the home. Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. People's privacy and dignity was respected. There was a range of activities for people to partake in if they wished to do so. The home had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on.

The provider recognised the importance of monitoring the quality of the service. They sought the views of people, their relatives and staff through satisfaction surveys. The registered manager worked with other care providers and professional bodies to make improvements at the home. Staff said they enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when

they needed it.

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.

There was enough staff to meet people's needs.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

People were protected from the risk of infections.

Is the service effective?

Good 

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and they received training relevant to the needs of people using the service.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring, respectful and dignified manner.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support them with their needs.

People's care plans included sections on their diverse needs. Staff had received training on equality and diversity and said they would support people according to their needs.

There was a range of appropriate activities available for people to enjoy.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

People received appropriate end of life care and support when required.

Is the service well-led?

Good ●

The service was well-led.

The home had a registered manager in post.

The provider recognised the importance of monitoring the quality of the service. They sought the views of people, their relatives and staff through satisfaction surveys.

Staff said they enjoyed working at the home and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured that management support and advice was always

available to them when they needed it.

The registered manager worked with other care providers and professional bodies to make improvements at the home.

Ashglade

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 checked 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.

This inspection took place on 19 March 2018 and was unannounced. The inspection team consisted of one 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 looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We contacted health care professionals and the local authorities that commission services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection we looked at four people's care records, staff training and recruitment records and records relating to the management of the home. We spoke with people, four staff and a relative to gain their views about working for and receiving care. We also spoke with the registered manager, the director of care about how the home was being run.

Is the service safe?

Our findings

At our last inspection at the service on 25 May 2017 we found there were not always enough staff to meet people's needs.

At this inspection we observed there were enough staff on duty to meet people care needs. One person told us, "Yes, there is plenty of staff." Another person said, "There's enough staff to help everyone." A relative commented, "There is always enough staff. It's a small home and the ratio of staff to residents is really good." The registered manager showed us a rota and told us that staffing levels were arranged according to people's needs. If extra staff was required to support people when they were unwell or to attend social activities or health care appointments additional staff cover was arranged. One member of staff told us, "The staffing levels are okay at the moment because we don't support anyone with high needs. When we did in the past the registered manager put an extra member of staff on duty." Another member of staff said, "We don't carry out tasks such as preparing meals or cleaning or laundry anymore so we get to spend more time with the residents."

People told us they felt safe at the home. One person told us, "I feel safe and I can go out with my family whenever I like." Another person said, "The staff look after me and I feel safe." The provider had safeguarding and whistle blowing procedures in place. Training records confirmed that all staff had received training on safeguarding and the staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any safeguarding concerns or observations of poor practice to the registered manager. They also said they would report concerns to the local authority safeguarding team or the CQC if they felt they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of four members of staff and found completed application forms that included their full employment history, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Staffs eligibility to work in the UK had also been verified.

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, moving and handling, nutritional needs and skin integrity. For example, where people had been assessed at risk of falling we saw people's care plans recorded the support they needed from staff to ensure safe moving and handling. Where people had falls we saw these were documented and their risk assessments and care plans were updated. Where risk assessments had been completed for malnutrition we saw there was guidance in place for staff to follow for supporting the person with eating and drinking.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. We saw records confirming that regular fire drills were carried out at the home.

The home had a fire risk assessment in place which had been reviewed in July 2017. We saw records

confirming that the fire alarm system was tested and fire drills were regularly being carried out at the home. There were also systems to manage portable appliances, electrical, and water safety. Equipment such as hoists, wheelchairs and lifts were also serviced regularly to ensure they were functioning correctly and safe for use.

There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. Medicines were stored securely in a locked clinical room. Where medicines required refrigeration we saw they were stored in a medicines fridge. Staff responsible for administering medicines checked the room and fridge temperatures daily and we saw that temperatures were in the correct range for all medicines to remain effective.

We spoke with a member of staff about how medicines were managed and observed them during a medication round. They told us that only trained staff administered medicines to people and confirmed that medicines competency assessments had been completed before they could administer medicines. We saw them administering medicines to people safely in a caring and unrushed manner. People had individual medication administration records (MAR) that included their photographs, details of their GP, information about their health conditions and any allergies. There was guidance in place for staff on when to offer people as required medicines (PRN). Controlled drugs were stored securely in a locked cabinet. We saw a controlled drugs record book that had been signed by two staff each time a controlled medicine had been administered. Regular daily checks of controlled drugs were recorded in a controlled drugs book. We also saw medicine audits were carried out on a monthly basis by the registered manager or area manager and evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.

The home had a team of domestic staff. A member of this team showed us the laundry room. This included two washing machines; one of which was used for washing soiled linen at high temperatures. They showed us a soap powder they used for one person as they were allergic to certain soaps. They also showed us a large stock of gloves and aprons were stored and available for care staff when they needed them. Records showed that infection control audits were carried out on a regular monthly basis. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available in each. Training records confirmed that all staff had completed training on infection control and food hygiene. Care staff told us that personal protective equipment was always available to them when they needed it.

The registered manager showed us the homes system for recording and monitoring incidents and accidents. They told us that incidents and accidents were monitored to identify any trends. They told us lessons had been learned from where trends had been identified. They had discussed these trends with staff and had taken action to reduce the likelihood of the same issues occurring again. For example reviewing peoples care plans and risk assessments after they had a fall.

Is the service effective?

Our findings

People told us staff were effective and met their needs. One person told us, "Oh yes, the staff are trained well." Another person said, "The staff do their job and they're there when you want them." A relative commented, "The communication that staff have with my loved one is brilliant."

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool [MUST] were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them. We saw that people's care plans and risk assessments had been kept under regular review.

Staff told us they had completed an induction when they started work and they were up to date with their training. They said they received regular supervision and an annual appraisal with the registered manager. The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix confirming that all staff including the chef, activities coordinator and the house keeper had completed training that the provider considered mandatory. Mandatory training included fire safety, moving and handling, safeguarding, health and safety, first aid, infection control, the Mental Capacity Act 2005 (MCA) the Deprivation of Liberty Safeguards (DoLS). Staff had also received other training relevant to people's needs for example administration of medicines, equality and diversity, dementia awareness, pressure sore prevention, diabetes and end of life care. Records seen confirmed that all staff were receiving regular supervision with the registered manager and where appropriate staff had received an annual appraisal of their work performance.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered and staff demonstrated a good understanding of the MCA and DoLS. The registered manager told us that most people had capacity to make some decisions about their own care and treatment. Where there were concerns regarding a person's ability to make specific decisions we saw that the registered manager had worked with them, their relatives, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. Where an application to deprive the person of their liberty for their own safety had been authorised by the local authority we saw that all of the appropriate documents were in place and kept under review and the conditions of the authorisation were being followed by staff.

People were provided with sufficient amounts of food and drink to meet their needs. People's care files included assessments of their nutritional needs, food likes and dislikes and allergies and the support they needed with eating and drinking. We saw a speech and language therapist's advice was in place for supporting a person with eating and drinking. We spoke with the chef who had a very good understanding of people's dietary needs and preferences. They showed us a document located in the kitchen referring to people's dietary needs.

We observed how people were being supported at lunchtime. The atmosphere in the dining areas was relaxed. There was enough staff to assist people when required. We saw that people were provided with a choice of drinks and snacks throughout the day and these were available in the lounge. Comments from people about the food at the home included, "The food is good, it's just right. It's cooked well and tastes good." And, "The food is very tasty, well-cooked and hot. You get a choice."

People had access to health care support. One person told us, "I had a bad cough and the manager took me to get checked over." Another person said, "You can see the GP if you need to. Staff would arrange it for me." Staff monitored people's mental and physical health and when there were concerns people were referred to appropriate healthcare professionals for advice and support. We saw that people's care files included records of their appointments with healthcare professionals. A GP told us they would have no hesitation in recommending the home as a 'nice residential home' with excellent food, nice accommodation and excellent staff. They said the home offered people high quality care and they had no concerns about the home.

We found that the home was warm, clean and tidy and free from any unpleasant odours. People told us the home was comfortable and met their needs. One person told us, "The home is always clean." The home had a very well kept garden. Staff told us that people liked to use the garden in the summer to relax in.

Is the service caring?

Our findings

People and their relatives felt staff were kind and caring. One person told us, "The staff are very caring and kind." Another person said, "The staff are very helpful and caring." A relative commented, "We're so happy that we found this place because our loved one is so happy here, and we know that they are well cared for. The staff are caring, patient, polite and always professional."

People told us they had been consulted about their care and support needs. One person told us, "I don't know anything about care plans or reviews and I'm very independent. The staff always ask me about things and how I like to be looked after." A relative told us, "Yes, they do reviews for our loved ones care on a regular basis."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know people well they were able to tell us about people's individual needs and what they did differently for each person. Care was delivered by staff in a way which met people's needs. For example during meal times and social activities we saw staff actively listening to people and encouraging them to communicate their needs. Staff were also observed assisting people to sit or stand with gentle physical promoting. Staff respected people's wishes for privacy by knocking on doors before entering their rooms.

People's privacy and dignity was respected. One person told us, "Personal care is given to me in private. The staff treat me with respect and dignity." Another person said, "Care is given in private and how I want it. I can have showers or baths regularly when I want them, and staff help me because I'm not able to do it on my own." Staff told us how they ensured people's privacy and dignity was respected when personal care was provided. One member of staff told us, "I always ask people where they want to have their personal care for example in the bathroom or in their bedroom. I make sure I close people's doors and draw their curtains. I ask them what they want to wear. I encourage people to do as much as they can for themselves." They also told us they made sure that personal information about people was locked away at all times.

Staff had received training on equality and diversity and they understood how to support people with their diverse needs. People's care plans referred to their religious, cultural, spiritual needs and preferences. The registered manager and staff told us that one person attended Church at the weekend with a family member and another person had regular contact with a church representative to follow their faith. No one else currently using the service had expressed any diverse needs however they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do. The registered manager said that most people could communicate their needs effectively and could understand information in the current written format provided to them, for example the newsletter and the activities program. They told us these documents were provided to people with poor eyesight in large print. They said they could provide information in different formats to meet people's needs for example in different written languages if need be.

People and their relatives were provided with appropriate information about the home in the form of a service user guide. This included the complaint's procedure and the services they provided and ensured

people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they started using the service. The home also produced a monthly Newsletter and distributed this to people at the home. The March 2018 Newsletter referred to activities and issues that had occurred in February and included items on people's birthdays in March, a Spring poem and St Patricks Day celebrations.

Is the service responsive?

Our findings

People told us the service met their care and support needs. Comments from people included, "They have lots of activities here and some outings.", "I join in some of the activities but I don't always know the answers." And, "Our visitors can visit us any part of the day." A relative told us, "The activities coordinator has got my loved one doing cross stitch and involves them in one to one stuff. She's brilliant with my loved one."

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. Care records indicated that people, their relatives and healthcare professionals had been involved in the care planning process. Care plans and risk assessments included guidance for staff on how people's needs should be met for example with moving and handling or with eating and drinking. They also included people's personal histories, their communication methods, their likes and dislikes and interests and preferences. It was evident during the inspection that staff knew people well and understood their needs. All of the staff we spoke with were able to describe people's care and support needs in detail. We saw that people's care plans and risk assessments were reviewed regularly in order to reflect their changing needs.

People were provided with a range of appropriate social activities that met their needs. The home employed an activities coordinator. They showed us an activities programme for the week that was agreed with people using the service. The programme included trips out, musical bingo, group crosswords, baking and music appreciation and a Saturday matinee. We observed activities being provided during our inspection. Activities included physical exercise such as skittles and throwing and catching games, quizzes and singalongs. The activities coordinator told us that a volunteer visited with their dog every Monday, entertainers such as singers and musicians were booked on a regular basis to attend the home, arts and crafts sessions were delivered twice a month by two volunteers. They told us they were making plans with people on how they wanted to celebrate the Royal wedding.

People said they knew about the complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to. We saw that copies of the complaints procedure was displayed at the entrance to the home. One person said, "I would tell the staff or the manager if I wanted to complain but I've never needed to do that." A relative commented, "If I was going to make a complaint I would go to the manager but I've never ever had to." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. The registered manager told us the service had not received any complaints since our last inspection. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

People's care files included a section on their future wishes including the support they required at the end of their lives. The registered manager told us that when required advice was always available from district nurses, the GP and a local hospice to support people with end of life care. Training records showed that all of the staff team had completed training on end of life care. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be

resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Is the service well-led?

Our findings

People and their relatives spoke positively about the running of the home. One person told us, "The manager is a very nice person. As far as I can see it's very, very good." Another person said, "I know who the manager is, and whenever I've needed to speak to her she's always very attentive." A relative commented, "The manager is always doing little bits to make improvements at the home. For example when my loved one first moved in they were replacing furniture, curtains, duvet covers and painting their rooms and they have done more since."

The home had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team. Our records showed that the registered manager routinely notified CQC about important events which the service is required by law to send us.

Staff spoke positively about working at the home. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. One member of staff told us, "I love working here. The registered manager gives us all the support she can. We have a small staff team who know each other well; communication is very good and we are very supportive as a team. We also have regular team meetings and daily handovers where we talk about people's needs, activities or any incidents that occur at the home." Another member of staff said, "The manager has an open door policy and listens to staff. They help us as much as they can. Training is very good. I am very happy working here. We have a good bunch of staff at the moment."

There were effective systems in place to assess and monitor the quality of service that people received. We saw that regular audits had been carried out at the home in areas such as medication, infection control, health and safety, falls, incidents and accidents, care files, staff training, safeguarding and concerns and complaints. We also saw reports from unannounced night time visits carried out at the home by the registered manager in December 2017 and January and March 2018. Records from the visits indicated that staff were meeting and responding to people's needs and completing paperwork as required. The registered manager told us they carried out these unannounced checks to make sure people were receiving appropriate care and support. We also saw a report from a service audit visit carried out by the provider on 9 March 2018. The report included a number of areas for improvement. The registered manager confirmed that most of these areas had been addressed. For example some staff had attended a fire drill, some staff had provided their renewed passports and the registered manager was in the process of ensuring that all staff were receiving supervision in line with the providers policy.

The provider sought the views of people, their relatives and staff through satisfaction surveys and meetings. One person told us, "I have completed surveys and so have a couple of my relatives." A relative said, "I mentioned on one of the surveys that the home had a lovely garden but it was very overgrown and it would be good for residents if the garden was sorted out, and they done it." We saw a report and an action plan from the December 2017 survey. People very happy with staff attitudes, the activities provided and they were satisfied with the overall care provided. Relatives felt welcomed when they visited. They were happy with the cleanliness of the home and that staff were available to discuss any issues they had. Staff felt the manager

listened to them, they felt people were receiving good care and they had the opportunity to attend training.

The provider worked with external organisations to ensure people received good quality care. The registered manager told us they had worked closely with the dementia care team who trained the whole staff team on dementia awareness. They also had regular contact with the local authority service commissioners and they welcomed their views on service delivery. We contacted the local authority contract monitoring team for their views on the service. They told us they had carried out a visit to the home in January 2018 where they received very positive feedback from people relating to the care they received, the food provided and activities. They said there were no current concerns about the service.