

# Chislehurst Care Limited

## Ashling Lodge

### Inspection report

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#### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



#### Overall summary

This inspection took place on the 22 and 23 December and was unannounced. At the last inspection on 14 October 2013 the provider met the requirements for the regulations we inspected.

Ashling Lodge is registered to provide residential accommodation and care for 13 people. Bedrooms are on the ground and first floor and there is a stair lift access to the first floor. At the time of the inspection there were nine people using the service.

There was a registered manager in place. 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 were treated with kindness, dignity and respect and we found a friendly, relaxed and calm atmosphere at the home. People spoke highly of the staff and said they felt safe and well looked after and their wishes were respected. They thought the service was well managed and we found sufficient levels of staff at the service to meet people's needs. Staff knew what to do in an emergency.

# Summary of findings

However, we found the provider was not meeting the requirements in relation to how they monitored the quality of the service. Audits of aspects of the service did not always identify actions needed or where they did these were not carried out in a timely manner. You can see what action we told the provider to take at the back of the full version of the report.

There were some areas that required improvement. Staff always sought consent from people they cared for before they provided care. They received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards but were not always aware of how to follow its requirements. People's medicines were not always regularly reviewed by the GP to ensure they reflected people's current needs. Medicines were administered safely but not always stored safely; although the provider made new arrangements for the storage of medicines following the inspection.

We found that the service was meeting the needs of the people it cared for and supported. People's needs were

assessed to ensure they could be safely met. They had a written plan of care which monitored and tried to reduce any risks and was reviewed regularly. People and their relatives where appropriate told us they were consulted and involved in their care.

There was a regular activities programme which included trips out. Where it was appropriate people were encouraged to be independent and to go out into the community. People had a choice about what they ate and drank and had sufficient to eat and drink and their intake was monitored to reduce any risks of malnutrition or dehydration. People's health needs were monitored and they had access to health care professionals when they needed and any advice from health professionals was included in their care.

People knew how to make a complaint and there were regular residents meetings where their views were sought about aspects of the service and action taken to address any issues raised.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe and required improvement. People's medicines were not always regularly reviewed. People's medicines were administered safely but not stored in accordance with latest guidance.

People told us they felt safe at the service and staff were aware of how to raise any safeguarding concerns. Risks or potential risks to people were identified and monitored. Plans were put in place to reduce risk and staff knew what to do in an emergency. Health and safety checks were conducted by the manager both inside and outside the building to reduce risk.

There were effective recruitment procedures in place and sufficient numbers of staff to provide care and support to meet people's needs.

**Requires Improvement**



### Is the service effective?

Aspects of the service were not effective. There was a suitable programme of training for staff and they had received training on the Mental Capacity Act and Deprivation of Liberty safeguards but staff and the manager were not sufficiently aware of their roles in respect of the code of practice for this legislation.

Staff received regular training and support. People told us they were consulted before support or care was offered to them. We saw that there were mental capacity assessments completed to establish if people could consent to the care they received.

People received enough to eat and drink and had access to food and drink of their choice. Staff liaised with other healthcare professionals as required to ensure people's health needs were responded to.

**Requires Improvement**



### Is the service caring?

The service was caring. People felt respected and well cared for by staff. It was a small service and we observed a relaxed, warm atmosphere. Staff knew people well.

People and their relatives were involved in making decisions about their care and treatment. Staff knew how to treat people with dignity and promote their independence.

**Good**



### Is the service responsive?

The service was responsive. People's needs were assessed. Care plans were up to date and reflected the care and support given. Staff responded to changes in people's needs and regular reviews were held to ensure plans remained up to date.

**Good**



# Summary of findings

There was a range of suitable activities available during the day and people were encouraged to use the local community where possible.

There was a complaints procedure and people told us they were confident any complaints would be addressed.

## Is the service well-led?

Some aspects of the service were not well led. The provider did not always act promptly to issues related to the premises. Audits were not effective as they did not always identify where improvements were needed. There was no recorded analysis of accidents and incidents to check for themes or trends.

People, their relatives and staff felt the home was well run, there was an open and caring culture and that their views were listened to.

**Requires Improvement**



# Ashling Lodge

## 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.

This inspection took place on 22 and 23 December 2014 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We looked at information we held about the service from notifications sent to us. We also spoke with the local authority commissioning and safeguarding teams about their views of the service.

There were nine people using the service at the time of the inspection. Over the two days we spoke with eight people, four relatives, four care staff, a cook, a domestic staff, the manager and the activities organiser. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building and checked how medicines were managed. We looked at six care records of people who used the service and four staff records. We also looked at records related to the management of the service such as quality assurance audits and minutes of residents and relatives meetings.

# Is the service safe?

## Our findings

Medicines were safely administered. People told us they received their medicines on time and that they were always available when required. We looked at the records for the administration of medicines. We saw medicines administration records (MAR) were up to date. Staff had received training on the administering of medicines. People's allergies were recorded and medicines were checked to ensure they were safe for use.

However some improvements were required. Medicines were not always stored safely. The medicines trolley and medicines fridge were kept in the dining room and we saw that the temperatures of both were checked once daily but not with a maximum and minimum thermometer. Guidance from the Royal Pharmaceutical Society for the use of a maximum and minimum thermometer to monitor for changes in temperature effectively over a 24 hour period was not followed.

Medicines supplies and controlled drugs were stored in the kitchen in two separate locked cupboards. The storage of medicines in kitchens is also contrary to guidance from the Royal Pharmaceutical Society as these rooms due to their hot, damp conditions. There were no temperature checks made of the cupboards or the kitchen to ensure they remained within recommended guidance for storing medicines. We discussed this with the manager and provider and they told us following the inspection that the medicines cupboards were being removed from the kitchen to a more suitable location. However it was not possible to verify any improvements made following the inspection.

There were no 'as required' medicines protocols or policy in place to guide staff on the use of as required medicines, with the exception of the controlled drugs that had been prescribed, where there was care plan for when this should be administered. The manager told us that there was no arrangement for people's medicines to be reviewed with them by the GP, to ensure they remained appropriate to any changing health needs, in accordance with National Institute for Clinical Excellence Guidelines

People and their relatives told us they felt safe at the service and did not feel bullied, discriminated against or harassed at all. One person told us "I feel very safe here; I would feel comfortable speaking to one of the carer's if

there was a problem." Another person said "We all get on well here, the staff are very caring, and I feel perfectly safe." A third person told us "I have a call bell that I can use if I need someone to help me in an emergency; I have never had to use it." Staff knew how to protect people from abuse; they recognised signs of potential abuse and were aware of the relevant reporting procedures. They told us they would challenge any discrimination if they saw this happened. There had been no safeguarding alerts or concerns since the last inspection. Training records showed that staff received regular refresher training on safeguarding issues and knew who they could report to under whistle blowing procedures. There were adequate arrangements to protect people from abuse and harm.

People had risk assessments based on their individual needs to alert staff to possible risks. These covered a range of possible risks for example, risk of falls, nutritional and skin integrity risk. These were regularly reviewed. Plans were in place to reduce possible occurrence. For example people with fragile skin had a plan to support this with equipment such as a pressure cushion to reduce pressure on their skin. There was guidance to staff about how to reduce the potential for falls for people when they mobilised.

People at the home could all mobilise, with or without the use of walking aids wherever they wished to go inside the building. There was a wheelchair access to the property but we saw internal access to some bedrooms and the dining area would be difficult for wheelchair users. While the majority of the bedrooms were on the ground floor there were four bedrooms upstairs which could only be reached by stair lift. There was little storage space at the home and equipment such as hoists and wheelchairs were stored in the conservatory and in a bathroom. While they did not block fire exits, this impacted a little on the homely appearance of the service.

The manager told us she was careful when she conducted her assessments to be sure that people's needs could be safely met. She told us when people's needs changed and they could no longer be met at the service, this was discussed with the family and local authority where relevant, so that a more suitable home could be found. We saw there were some empty bedrooms upstairs as these could only be used by people who could mobilise safely using the stair lift.

## Is the service safe?

Regular health and safety checks were conducted by the manager both inside and outside the building to reduce risk to people living there. Maintenance checks were made on equipment at the service such as electrical equipment and electrical installation, gas appliances, the stair lift and fire alarm and fighting equipment to ensure these were safe and operated effectively. There was equipment to support people should they fall, staff told us they thought this might be problematic to use in some spaces. We discussed this with the provider who arranged for the delivery of a small transportable hoist that could be used for all aspects of the service. The manager confirmed this was delivered and staff had received training on its use immediately following the inspection.

There were procedures in place to deal with emergencies. Staff knew what to do in the event of a medical emergency or in a fire. They told us they had practised using evacuation equipment and that there were regular fire drills, so they were reminded about their roles in such an event. Records we looked at confirmed that staff received regular refresher training in first aid and fire safety. The business contingency plan had been reviewed in August 2014 and provided staff with relevant contact details for a range of emergencies.

People and their relatives told us there were enough staff members on duty to meet their needs. One person told us, "There is always somebody around if you need them." One relative told us "There is always a staff member available." During our inspection we observed call bells functioned and were answered quickly. We saw that people were attended to promptly and support provided at their pace, people were not rushed. Staff rotas confirmed the levels the registered manager told us were in place. The manager advised that they had one vacancy which was being advertised. Usually staff helped to cover any gaps in the rota for holidays and sickness and they only occasionally needed to use agency staff.

Staff recruitment procedures helped ensure that people were protected from unsafe care. Adequate recruitment checks were undertaken before staff commenced work to confirm their suitability for work. Staff records we checked confirmed the necessary identity, character and criminal record checks had been carried out.

# Is the service effective?

## Our findings

People told us they were consulted before support or care was offered to them and we observed this to be the case. Staff understood the importance of gaining consent and how they considered non-verbal and verbal indications to establish people's wishes. We saw that there were mental capacity assessments completed to establish if people could consent to the care they received. There were also some examples of specific decision related assessments for example with regard to the use of bed rails.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). There was no one at the service who was subject to a DoLS authorisation. Staff told us they had received training on the Mental Capacity Act 2005 and on Deprivation of Liberty Safeguards which provides protection for people who do not have capacity to make decisions for themselves.

However some improvement was required. The manager was unaware of the process for applying for authorisation for DoLS. She was also unaware of recent changes in relation to who may require an authorisation under DoLS. This did not impact directly on anyone's current needs at the service but there was the possibility that without this knowledge people's rights and freedoms may not be upheld. In addition other staff did not have a clear understanding of the circumstances that might lead to an application for authorisation under DoLS.

People told us that they thought staff knew what they needed to do in respect of their care. Staff were aware of their general roles and responsibilities. Some of the staff we spoke with had completed qualifications in health and social care and had experience of work at the service over several years. An induction process was available for new staff which included becoming familiar with the service's policies and procedures and shadowing more experienced staff members.

There was a rolling programme of training and staff told us they received the training required to meet people's needs. Records we looked at showed staff were up to date with their training and refresher courses were booked to ensure they continued to build upon their skills and knowledge.

Staff told us they had support to carry out their work. They said they received individual support sessions at least every three months and could talk about any issues they needed to discuss with the manager. We confirmed this from records.

People told us they enjoyed their meals and that they had sufficient to eat and drink. One person told us, "The food is always good here. There is always a choice." We saw a choice of drinks was offered throughout the day and people had drinks available in their rooms. There was a four-weekly menu rotation to provide variety and balanced meals. People were involved in deciding the menu and there were pictorial menus available to help people's understanding. People could choose where to enjoy their meals. They told us if they wanted something to eat outside of meal times this could be arranged.

We saw people could mostly manage independently but staff were available to support if anyone needed some assistance and this was done in a relaxed and supportive way. Care staff and kitchen staff were aware of people's dietary preferences, medical needs or issues with food consistency. Staff were aware of the need to consider people's cultural needs in respect of their diet when the need arose.

We saw from people's care plans that people's weight was regularly monitored and that risk assessments were completed if people were identified as at risk of malnutrition. These were regularly reviewed. Referrals were also made to the dietician or to the speech and language team for guidance with swallowing and nutritional care plans provided guidance for staff on diet consistency. People's food and fluid intake was maintained and monitored during the daily observations carried out by staff.

People told us they saw the doctor, dentist or chiropodist when they needed to. Records showed people were referred to visiting health professionals when this was needed to ensure people were able to access specialist advice and treatment when required. The home had a GP who visited fortnightly or could come or be contacted at other times if needed. We saw that notes were recorded of contact with health professionals and people's care plans revised in accordance with their instructions.



# Is the service caring?

## Our findings

People and their relatives told us they were very happy with the care provided. One person said, “Little things make the difference, the girls are marvellous.” Another person commented, “The staff are so lovely and kind. They really can’t do enough for you. I can’t fault the place.” A relative told us, “The staff are great, if anything they go above and beyond.” Another relative said staff “are always going that extra mile, [my family member] loves it here.”

We observed staff talking with people in a polite and respectful and caring manner. There was a relaxed and friendly relationship between people, their relatives and staff. Staff called people by their preferred name and interactions between staff and people using the service showed they knew people’s preferences. People were relaxed and chose where they wished to spend their time. They made decisions about day to day activities and were given choices about what they would like to eat and their daily routine. Staff told us that because it was a small service they knew people very well and could detect changes in people’s mood or health quickly. One staff member said “It’s very family orientated here. It’s small and friendly.” They were able to explain to us the details of people’s care plans for example someone’s dietary needs and preferences which we saw were consistent with the care records.

People told us they felt involved and consulted about their care. One person told us, “I speak with my keyworker

regularly, if I wanted to make changes to my care I have the opportunity to speak to her about it.” Another person said, “I decide what time I get up in the morning, if I wanted to change the time I just say something.” We saw staff checked with people before they provided support or care. For example at lunchtime, “Would you like me to take your plate,” and “Can I help you with that.”

Relatives told us they were free to visit when they wished and we observed that they were comfortable with staff and that staff were available to speak with them if they needed to do so.

People were well presented and looked clean and comfortable. We observed staff knocked before they entered people’s bedrooms and asked their permission to enter so that their privacy was respected. We observed staff being attentive and sensitive to people’s individual care needs and routines throughout the day. Staff offered support at people’s own pace and did not rush them when they mobilised or needed other support.

Staff were aware of the need for confidentiality and they spoke discreetly with people about any health issues. They told us that they tried to maintain people’s independence as much as possible by supporting people to manage aspects of their care that they could. Where people needed support with personal care staff said they ensured their privacy by drawing curtains and shutting doors when they carried out personal care.

# Is the service responsive?

## Our findings

People and their relatives told us they had a plan of their care and that they were involved in reviewing this with their keyworker. We saw people had signed their care plan to show they were in agreement with the care provided and that where appropriate relatives were involved in the setting up and review of the care plan. Care plans were reviewed as people's needs changed so that staff knew what support people required.

An assessment was undertaken by the manager to identify people's care and support needs prior to anyone arriving at the service and to check the home could meet their needs. We saw that care plans were written to address people's individual needs. People's preferences were recorded and there was guidance for staff on how to support people with their expressed wishes. For example they explained what people felt able to manage independently and which aspects of care they needed support with. Health professionals were consulted about people's care where this was needed and we saw their guidance was reflected in people's care plans. There was limited life history information in the care records for staff to use as a communication aid but there was a small staff team who knew people well as evidenced from their conversations with them throughout the day. These showed awareness of their routines, interests and significant people to them.

People told us they were supported to take part in a range of activities, some independently and others with support from staff. There was an activities organiser five mornings a week and we saw they consulted people about their preference for activities and if they wished to take part. Daily care notes we saw showed people were supported to

take part in a range of appropriate activities in the home and the local community. One person told us they went out regularly to meet friends. They said "I can come and go when I wish to. I just let the staff know."

The activities organiser arranged outings for example to local garden centres and to a local pub quiz for those who wished to be involved and access the community with support. During the inspection we observed most people were involved in the group activities and participated and responded with enjoyment. Those who preferred not to take part occupied themselves in their rooms out of choice. People told us there was enough for them to do and they had enjoyed a Christmas party recently. The activities organiser told us they could offer individual activities to people in their rooms if they wanted this. This reduced the risk of social isolation.

People and their relatives knew how to complain if they needed to and were confident any problems would be dealt with. One person said "I have never needed to complain at all but if I was unhappy I would speak with the staff or the manager. I am sure they would sort it out." There was a service user guide in people's bedrooms that provide information about the home and this included how to make a complaint. This was also displayed in the entrance so that it was visible to visitors. We checked the records and found that there had been no complaints in the last year.

People told us there were regular residents and relatives meetings where their views were sought about aspects of care. We saw this confirmed in records. Issues discussed included the facilities, meals and activities. People were also asked at these meetings if they were happy with the care provided.

# Is the service well-led?

## Our findings

There were some areas that required improvement in terms of the provider's systems for monitoring the quality of the service. There were a range of audits carried out, these included medicines, care plans, and cleaning audits. Checks were carried out on the premises, call bells and fire-fighting equipment and to identify any health and safety issues. Where these identified any action we saw this had been recorded. For example we saw from a care plan audit that gaps in records of people's preferences in relation to their hygiene had been identified and had been addressed. However actions identified were not always completed. For example the cleaning audits had identified that the conservatory roof leaked in October 2014 and November 2014. Records showed the manager had written to the provider to advise them of this. However the roof had not been repaired at the time of the inspection. This did impact on the quality of the service as the manager told us the conservatory could not be used when it rained because of the potential risks of people slipping. The manager said the conservatory was regularly used by the hairdresser and by some visitors in the winter and by everybody during the summer months. There was no evidence of any planned date for repair.

Medicines audits had not identified the issues with the storing of medicines and this was only addressed when we pointed out the risks associated with storage temperatures. Advice from external audits was not always promptly acted on. We saw that environmental health had visited the home for a routine inspection for food standards and hygiene on 28 October 2014. The home had scored 4 out of 5 and some recommendations had been made. One was for a deep clean of the floor and wall tiles and the floor and cupboard junctions. We were not shown any evidence of a planned completion date for this work.

The premises checks had not identified that the hot tap in the laundry area did not work. Staff told us it had been like this for some time. This meant there was no warm water for staff to wash their hands with in the laundry area. The internal quality monitoring visits carried out by the provider had not identified this issue and there were no infection control audits that may also have alerted the provider.

While accidents and incidents were reviewed and actions taken to reduce risk they were not analysed for possible trends over time which may also help to reduce re-occurrence.

The provider carried out surveys of people's views on some aspects of the service. This was limited to a few specific areas such as whether people felt involved in planning their care. The surveys did not for example ask people for their views on the premises and facilities. This meant people's views about the premises were not sought to take into account as learning and for improvement. The feedback requested was used by the provider to give feedback to managers about the service provided.

We found some policies required review as they did not reflect accurate guidance for staff. The medicines policies at the home did not refer to the National Institute for Health and Care Excellence (NICE), "Managing medicines in care homes" March 2014. We discussed this with the provider who sent us a medicines policy and procedure template that did use up to date guidance but this had yet to be incorporated into a specific policy for the home. The restraint policy referred to 'the removal of people to their rooms' in certain circumstances, although these were not defined. Staff assured us that this was not practised and this was confirmed by people at the service. The policy available to staff for use as guidance was therefore inaccurate and potentially unsafe if put into practice. When we asked the regional manager about the policy they told us it was out of date and they were revising it. Staff did not always have policies to refer to that reflected current guidance or safe practice and were not always up to date.

These issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their relatives spoke positively of the manager of the service and told us they thought it was well run. One person told us, "It is well organised here." They knew who the manager was and said they were often visible and approachable. A relative told us, "The staff are lovely here and the manager is very helpful. We are kept informed about any changes and are very happy with how things are run." Staff told us they thought the manager was supportive and easy to approach about any issues. They were sure about their roles, the structure of the home and said the

## Is the service well-led?

manager was always available to contact for advice. Staff were confident in carrying out their daily tasks and routines throughout the inspection. We found the atmosphere at the home was calm and relaxed.

Records showed that only one full staff meeting had taken place in 2014. The manager told us that in the small service a whole staff meeting was difficult to ensure full attendance

at whole staff meetings and so smaller regular team meetings were used to update all staff on issues and events and this was confirmed in the records. For example we saw that the importance of accurately updating care records was discussed at one team meeting. There were team meetings with both day and night staff to ensure consistency across the staff team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person did not protect service users, and others, against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to regularly assess and monitor the quality of the service.</p> <p>Regulation 10 (1)(a)(b)</p>