

Chislehurst Care Limited

Ashling Lodge

Inspection report

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Date of inspection visit:
14 September 2017

Date of publication:
07 November 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 14 September 2017. At our last inspection of the home on 1 September 2016 we had found improvement was required in the key questions of safe and well led. Staff were not fully aware of how to use evacuation equipment in the event of a fire and aspects of the quality monitoring of the service did not always identify issues or ensure issues were promptly acted on.

Ashling Lodge is registered to provide residential accommodation and care for 11 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. Prior to the inspection concerns had been raised with CQC about staffing levels at the home. We were also made aware of the uncertainty of the long term future of the home. The provider told us they had written to people and relatives in June 2017 to advise them about this. At the time of the inspection no final decision had been made.

Following the inspection the provider's representative informed us a decision had been taken to close the home and that people, their relatives and relevant local authorities had been advised of this.

At this inspection there was no registered manager in post. The previous registered manager had left the home suddenly in June 2017. 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. The home had been managed by a representative of the provider since the departure of the registered manager.

At this inspection we judged there were sufficient staff deployed to meet people's needs. However, we found breaches of regulation with the governance of the home and with recruitment arrangements. Aspects of the quality of the service were not well monitored to reduce risk. Previous fire safety recommendations on the gradual replacement of older smoke detectors had not yet been started. While legionella checks were completed arrangements for the assessment of risk from legionella did not comply with legal requirements. Audits did not always identify issues effectively. The provider did not regularly seek formal feedback from people or their families about the service or act on feedback to drive improvements. Recruitment systems were not always effective as we found employment histories for three staff had not been verified to ensure the provider had a full employment record as required under the regulations.

You can see what action we told the provider to take at the back of the full version of the report.

Some further improvements were needed. Most risks to people were identified and assessed but some risk assessments were not up to date to accurately reflect the level of risk or provide guidance to staff on how to reduce risk. Maintenance checks on a piece of fire safety equipment were not always effective. Staff knew people well, but people or their relatives, where appropriate, were not always consulted or invited to reviews of their care. People's preferences about their care and support were not always recorded in their care

plans.

The provider's representative told us they had been busy with the day to day management of the home and had not had time to oversee the overall quality of the care provided. They took action to begin to address these issues described at or following the inspection.

There were some good aspects to the care provided. People told us they felt safe and well care for. Staff understood how to protect people from abuse or neglect. People's nutritional needs were met. Medicines were safely managed. People had access to health professionals when needed. Staff received sufficient training and support to carry out their roles.

People were asked for their consent before care was provided and were involved in the day to day decisions about their care. People told us that staff were kind and caring and we observed this was the case. Staff knew people well and interacted with them sensitively and with respect. People's needs for stimulation and social interaction were met.

There was a complaints system that people had access to. People told us they thought the home was well run. Staff told us they felt the home was being well managed and that the provider's representative was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

Recruitment checks were not always effectively completed.

Risks to people were assessed and monitored and guidance provided to staff to reduce risk but some risk assessment records required improvement to ensure they were up to date and reflected people's current needs. There were arrangements to deal with emergencies. However, some maintenance checks required some improvement to ensure their effectiveness.

Staff knew how to protect people from abuse or neglect.

Medicines were safely stored and administered and managed. There were sufficient numbers of staff to meet people's needs. Recruitment checks were completed before staff began to work.

Is the service effective?

Good ●

The service was effective.

Staff were supported in their roles through relevant training and supervision.

Staff asked for people's consent before they provided care. They understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. They were supported to maintain a balanced diet and had access to a range of healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with kindness and consideration and we observed this to be the case.

People told us staff treated them with dignity and respected their privacy.

People were involved in every day decisions about their care and treatment.

Is the service responsive?

The service was not consistently responsive.

While staff knew people well, their preferences were not always recorded to ensure unfamiliar staff could meet their needs. Some care plans were not always up to date to consistently reflect the care and support given.

Activities provided people with sufficient stimulation and social interaction to meet their needs.

People had access to a complaints procedure if they needed to make a complaint. There had been no complaints made since the last inspection.

Requires Improvement ●

Is the service well-led?

The home was not always well-led.

Quality monitoring did not always identify issues or where it did there was not always evidence that the concerns had been addressed. The home did not always act on feedback from people or seek regular feedback from people or their families to drive improvements.

Staff said they felt well supported and that the current manager was approachable. Some audits did identify issues and recorded the actions taken to address the problems.

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 fresh rating for the service under the Care Act 2014.

This unannounced inspection took place on 14 September 2017 and was carried out by a single inspector. Before the inspection we looked at the information we held about the service including information from any notifications the provider had sent us. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for the service and the safeguarding team for their views of the home.

During the inspection we spoke with five people who used the service and two relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not express their views of their care. We spoke with three care workers, the chef, an administrator and a representative of the provider.

We tracked four people's care and their care records to check that the support they received matched their care plan. We also looked at five staff recruitment records, staff training records and records related to the management of the service such as minutes of meetings, records of audits and service and maintenance records.

Is the service safe?

Our findings

At this inspection on 14 September 2017 we found a breach of regulation as effective recruitment processes were not always in place to reduce the risk from unsuitable staff. The manager carried out background checks on staff before they started work. These checks included details of an applicants' employment history, references, a criminal records check, right to work and proof of identification. However, we found for three new members of staff their full employment history had not been verified as required under the regulations.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Before the inspection we had received information of concern about staffing levels at the home. We had spoken with the acting manager who had sent us staff rotas to confirm their current staffing levels. At this inspection people told us there were enough staff throughout the day and at night. One person said, "Yes, of course there are always enough staff. They do come quickly when I call them, day or night." We observed that people were supported appropriately and we did not see anyone waiting to be attended to. We judged there were enough staff to support people with personal care, at meal times and throughout the day. Staff told us they thought there were always enough staff on duty. One staff member told us, "There are enough of us, always. It is not a problem."

Relatives told us that there were enough staff but that there was a high turnover of staff who did not always know their family member well. One relative said, "There are enough staff but there are always different faces and it is unsettling." We discussed this with the manager who told us there had been some staffing difficulties during the year and they had needed to use agency staff frequently to fill gaps. However this need had now reduced and so people would have more regular staff.

At the last inspection of the home on 1 September 2016 we had found that some improvement was needed to the way risks from emergencies were planned for as staff were not always familiar with how to use fire evacuation equipment. At this inspection we found that staff had received training on the use of evacuation equipment and new staff had been booked to be given this training.

Staff were knowledgeable about what they would do in the event of a fire or medical emergency. Staff had fire safety training and fire drills had been conducted on a regular basis. People had evacuation plans to guide staff or the emergency services in the need for an evacuation.

Risks in relation the premises and equipment were reduced through checks and external servicing. Equipment for example fire, gas and electrical equipment, the hoists, call bells were checked and serviced. However, internal maintenance checks had failed to identify a problem with an emergency light in one area that had been reported on during external maintenance visits in May and August 2017 and this required improvement. The provider took action to address this following the inspection.

Assessments were undertaken to identify specific risks to people such as risk of falls or risk to skin integrity. For example where people were identified as at high risk of skin breakdown they were supported with pressure relieving equipment. People at risk of falls were assessed for suitable aids and were reminded to

use the call bell when they needed support to mobilise. Staff were knowledgeable about people's individual risks and the steps to take if they were concerned people may be at risk. Risk assessments had mostly been reviewed regularly and in line with the provider's requirements or when there was a change in risk level. However, for two people their falls risk assessments had not been reviewed following recent falls, in line with the guidance in their care plans. This required improvement to ensure all risks were addressed and appropriate care was provided.

People told us they felt safe from abuse, bullying or harm and that their possessions were safe too. One person said, "Of course we are safe here, we are well looked after." A relative told us, "I have no concerns at all about [my family member's] care or safety." There were procedures in place to protect people from the risk of abuse. Staff had received safeguarding training and were aware of the different types of abuse and the signs to look for that could suggest abuse may have occurred. They also knew to report any safeguarding concerns they had to the registered manager and told us they would whistle blow if they felt their concerns were not acted on appropriately. There was information about whistleblowing displayed to be available to staff for reference. The provider had raised any possible safeguarding concerns with the local authority appropriately.

Medicines were safely managed. People told us they received their medicines when they should. One person remarked, "The staff are reliable like that, without fail." MAR (Medicine Administration records) records were accurately completed. Medicines were stored safely and appropriately and people received their medicines, including 'as required' medicines when they should and how they were prescribed. Staff had medicines training before they were allowed to administer medicines and then regular refresher training and an annual competency assessment. There were policies and procedures in place for staff to refer to when needed. There had been two reported medicines errors since the last inspection, both occurred when an agency staff member administered medicines; no harm had resulted on either occasion. The acting manager told us that since then agency staff were no longer allowed to administer medicines and they ensure there as always someone on each shift trained and competent to manage medicines.

Is the service effective?

Our findings

People told us they thought the permanent staff were competent when they supported them with their care. One person said, "The regular staff know what to do." New staff told us they received an induction which included training, and a period of shadowing more experienced staff members. The induction followed the Care Certificate, a recognised programme for staff new to health and social care. We saw there were checklists to confirm when new staff were ready to complete tasks on their own. Staff received regular refresher training in areas the provider considered essential. This included moving and handling, safeguarding, dementia, Mental Capacity Act 2005 (MCA) awareness, health and safety, first aid and fire safety training and other topics.

Staff told us they thought they had sufficient training. One staff member said, "We get lots of training. It has helped me understand what I need to do." Staff told us they received regular supervision to support them in their roles and we confirmed this from records. One staff member told us; "We get supervision. The manager is really good at supporting us and you can go to her anytime about anything."

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 staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA and DoLS principles were being followed.

People told us staff sought their consent before care was provided. One person said, "The staff do ask me first and see what I say." We saw staff asked people for their permission before care was provided. For example, one staff member asked if someone would like to be supported to mobilise safely by having their walking aid in a particular position. People were asked where they wished to sit or how they wanted to spend their time. Staff explained the importance of assessing people's ability, to decide on each decision separately. The acting manager was aware of the need to involve relatives and professionals as necessary in making best interests decisions. The manager knew how to submit a request for DoLS authorisations and were aware of the need to check for any conditions placed on the authorisations.

People were all complimentary about the food and drinks provided. They told us they had plenty of choice and had sufficient amounts of nutritional food and drink to meet their needs. One person commented, "The food is really good here. There is lots of it." Another person told us, "The food is home-made and tasty. There are plenty of choices of drinks as well." A relative said, "The food always looks good and smells lovely too." There were pictorial menus on display to remind people about the options available. We saw a choice of

drinks was offered throughout the day and made available to people who spent time in their rooms.

The chef and care staff knew people's preferences well and told us there were no specific dietary requirements currently at the home. However, although all the staff were aware of one person's allergies when we asked them, a record was not accessible in the kitchen to reduce risk, in the event of the regular staff being unavailable. We discussed this with the provider's representative who agreed to put this in place. We saw people's weight was monitored regularly and the acting manager told us they would fortify people's diets if they were losing weight and refer them to a dietician.

People told us they were supported to maintain good health and had access to support from health professionals when needed, for example a chiropodist, and optician. We saw advice was recorded in people's records to ensure all staff were aware. Staff were quick to respond to changes in people's behaviours and alerted health professionals when needed. We saw people's medicines had all been reviewed in the last year.

Is the service caring?

Our findings

People told us staff were "friendly" and "caring". One person said, "The staff are all very good. Nothing is too much trouble." Another person remarked, "The staff look after me well." Relatives also confirmed this view. One relative said, "The staff are lovely they always welcome me whenever I visit." Another relative commented, "They do give good care. I've no concerns."

We observed the care and support being provided at the home. We saw that staff were familiar with people using the service and knew how best to support them and how to approach them respectfully in a caring manner. The atmosphere in the communal areas was warm and friendly with an appropriate use of humour and we saw staff took their time, did not rush people and gave them encouragement while they supported them.

Staff showed good knowledge of people's personalities and behaviour and were able to communicate effectively with them. They demonstrated a good understanding of the needs of the people they supported and could describe people's preferences. There was a keyworker system in place to allow staff to build relationships with people and their relatives and get to know them well.

People told us they were treated with respect and dignity and our observations confirmed this. One person said, "They do ask for my permission first if they want to help me." Another person commented, "They always knock on my door before they come in." We observed staff discreetly speaking to people about how they wanted to be supported with their care. Staff described how they worked with people to ensure their dignity and privacy was maintained, for example by ensuring doors and curtains were closed when supporting people with personal care. Staff respected people's choice for privacy as some people preferred to remain in their own rooms or not to participate in planned activities.

People told us they were involved in day to day decision making about their care and our observations confirmed this. People were given information about the home when they arrived at Ashling Lodge. We observed they chose how and where they wished to spend their time. One person said, "I get up when I want to and go to bed when it suits me." Staff showed an understanding of people's preferences and routines and could describe people's individual preferences about their drinks or morning routines. This meant they were able to support them in a personalised way.

Staff showed an awareness of the importance of supporting people's needs with regards to their disability, race, religion, sexual orientation and gender. We found cultural needs in respect of people's diet or personal care and any spiritual needs had been discussed with people and or their relatives and were recorded and support was provided to meet those needs. Where people had a disability they were supported with appropriate equipment.

Is the service responsive?

Our findings

People told us that they received care and support in line with their needs. They and their relatives confirmed they had been involved in the initial assessment of their care and support needs when they came to Ashling Lodge. One person said, "There is a care plan I know we talked about it." Records showed an assessment of people's care needs was completed before they moved in to ensure the home could meet their needs safely. Care plans were written to guide staff on how to address people's individual needs and preferences.

While staff knew people well, we found two care plans did not contain information that would help new or agency staff support people effectively and this required improvement. For one person there was no life history or information about their preferences with regard to their care needs. When we spoke with them they were able to provide details of their history and of their preferences which would support staff to understand their wishes engage and build a relationship with them. Their mobility care plan was not up to date and did not reflect the care provided. For another person their care plan had not been updated to address changes to their needs and preferences in the care plan.

People and their relatives had mixed views about whether they were consulted and involved in the care planning for their family member's support needs. One relative told us they were involved another advised they had not been asked to attend a review. Care plans did not evidence that people or their relatives were involved in the review of their care and support needs and this required improvement.

Some care plans did accurately detail people's needs across all aspects of their care and support. For example their needs at night, communication needs, personal care needs, mobility and eating and drinking. The care plans outlined what people felt able to manage independently and which aspects of care they needed support with. There was information about people's life history for staff to understand important facts about them and the significant people in their lives. Staff also recorded daily notes and observations where relevant, to show that people were supported in line with their individual wishes and their care plan.

People's needs for stimulation and social interaction were met. People told us there was enough for them to do. One person said, "We do have something on most days that we can all join in. It works well." There was a full time activities coordinator who was at the home every week day.

They told us they asked people what activities they would prefer each day rather than have a planned programme. We observed activities taking place in the lounge area and noted from the level of people's engagement that they enjoyed spending time together and the quiz games being provided. The activity coordinator ensured they all participated at their own level. There was a warm atmosphere and interactions were supportive and had an appropriate use of humour. Where people preferred to spend time in their rooms we saw they were supported with the opportunity for an individual activity if they wished. We saw some planned outings had been arranged although unfortunately two were cancelled due to transport issues. However, the activities coordinator told us that this was now resolved.

People had information about how to make a complaint if they needed to. They told us they had not had

cause to complaint but if they did they would speak with staff and they were confident any issues would be addressed. One person said, "I have nothing to complain at about at ll. If I did I would just speak with staff or the manager." We found there had been no recorded complaints since the last inspection.

Is the service well-led?

Our findings

At the last inspection on 1 September 2016 we found that arrangements to monitor the quality of the service required some improvement. Issues were identified but not always acted on in a timely way, feedback from people at the home was not always responded to promptly and this required improvement.

At this inspection we found there were further issues about the monitoring of the home and feedback from people about their views of the service were not always acted on.

The system to monitor the safety and quality of the premises was not effectively operated. The provider had not begun the replacement programme for the smoke detectors as recommended due to their age during external maintenance visits the previous year. While checks for legionella prevention were being carried out a risk assessment had not been completed; (as required under the Health and Safety at Work Act 1974 and Control of Substances Hazardous to Health Regulations 2002) to establish the extent of the risks and if the completed checks were sufficient to reduce the risks.

Accident reports were not signed off or reviewed by a manager or the provider's representative to ensure learning in relation to any risks was identified and shared with staff. There was therefore no analysis to identify patterns or trends to reduce risks. Some audits did not consistently identify actions to be taken or evidence that the actions were completed. For example care plan audits failed to identify where care plans needed review. An audit on 28 July 2017 of the checks completed by key workers found that the weekly checks had not been completed but no action was recorded to address this. The provider had not identified the issues with recruitment checks that we found at this inspection.

People told us feedback about the home was routinely sought on an informal basis but there had been limited formal feedback opportunities. One person said, "They do ask what we think and if we want anything different." However, we found feedback was not always consistently acted on. Resident and Relatives meetings were not held frequently to obtain regular feedback. We found one meeting had been held in April 2017 to discuss activities and previously a meeting dated 3 November 2016 in which we found three people had asked about a later time for their lunch. They were told this would be discussed with staff. However we noted that lunch remained at 12 noon despite this and the provider's representative told us they were unaware of this issue.

These issues were a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We spoke with the provider's representative about our findings. They told us they would address these issues as soon as possible. We were sent information to confirm the legionnaires risk assessment was booked. The provider's representative said they had been busy managing the service and it had been difficult to find time to carry out audits but they were putting plans in place to resolve this. However we were unable to verify these issues at the inspection.

There was no registered manager in post at this inspection the previous registered manager had left the home suddenly in June 2017. We found that the provider had not carried out their own quality monitoring of the home since November 2016 so that issues with the monitoring of the quality and safety of the home were not being identified. The provider's representative told us they had been managing the home since then and had tried unsuccessfully to date to recruit a new registered manager. They understood the role and responsibilities of the registered manager and had notified us appropriately about any issues.

People and their relatives told us they thought the home was well run. One person commented, "Everything runs ok here. I have no complaints or problems." A relative said; "I have no concerns at all." However, one relative told us; "There are sometimes some issues with communication here; staff don't seem to pass on information always." They were aware of the question of the longer term future of the home.

We found some good aspects about the management of the home. Staff told us they felt very well supported by the provider's representative. One staff member said they were, "Approachable and always available to help." Another staff member told us, "I feel really well supported now. There is always someone you can ask if you are unsure."

Some audits were completed to monitor the quality of the home across most aspects of the care provided. For example, medicines audits, health and safety audits and care plan audits. More recent audits such as medicines audits and some health and safety audits did identify actions needed and by whom and recorded if these were completed. An action plan had been drawn up to address actions identified in a quality monitoring visit by the local authority who commissions the service we saw that actions identified such as a new business continuity plan had been addressed and completed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not operated effectively to monitor and reduce risk or monitor the quality of the service. Feedback from people was not always sought or acted on to improve the quality of the service provided. Regulation 17(1)(2)(a)(b)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment processes were not always operated. Regulation 19(3)