

Chislehurst Care Limited

Ashglade

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We had carried out a comprehensive inspection on 10 and 11 January 2017 and found a serious breach of legal requirements in respect of the record keeping and management at the home. We took enforcement action in respect of this breach and had served a warning notice telling the provider to meet the regulations by 20 March 2017. We undertook an unannounced focused inspection of Ashglade on 25 May 2017 to check that improvements needed to meet legal requirements had been made.

Ashglade provides accommodation and residential care for up to 12 people. In this report, the name of a registered manager appears who was not managing the regulated activities, at this location, at the time of the inspection. Their name appears because they were still registered as manager on our register at the time. CQC is in the process of establishing the most appropriate means for their removal as the registered manager for this location.

At this inspection on 25 May 2017 there was a new manager in post who had started after our last inspection in January 2017. They were applying to register as the registered manager for the location at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At this inspection we looked at aspects of two key questions; Is the service safe? And is the service well led? This is because regulations were not being met fully in these areas at our last comprehensive inspection in January 2017. We found improvements had been made in these areas since our last inspection. However we also found a further breach in respect of staffing levels as there was not always enough staff deployed to meet people's needs at all times. We found there was an absence of staff in the communal areas to support people when needed. Staffing levels in the day and at night had not been reviewed to consider increased dependency levels at the home.

You can see the action we have asked the provider to take at the back of the full version of this report.

We found considerable improvements had been made by the new manager at the home. Records of people's care had improved. Care plans and risk assessments were up to date and reflected people's current needs. There was detailed guidance for staff which we observed was followed in relation to possible risks. Some improvement was still needed as we found two risk assessments for skin integrity had not been totalled correctly to identify the correct level of risk but this had not impacted on people's care, as we saw there was guidance to reduce risk and suitable equipment in place.

Improvements had been made to the systems to monitor the quality and safety of the home. The manager had ensured audits were regularly carried out across aspects of the running of the home and we saw where they identified areas for improvement this work had been completed. Work was being carried out to

improve the conservatory and garden areas that had previously been identified as needing improvement.

Improvements had been made to the way risk was monitored. However, some improvements were still needed to ensure that this was effective over all aspects of the home. For example the issues about staffing had not been identified by the provider and systems to identify possible new risks had not worked effectively at all times.

Although improvements have been made, the overall rating for the home therefore remains Requires Improvement in line with our characteristics for ratings.

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 ●

The service was not consistently safe.

There were not always enough staff to meet people's needs.

Significant improvements had been made to the monitoring and management of risk. However, some improvement was still need to ensure all risk assessment tools were accurately completed.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not always well led.

While improvements had been made to the governance and leadership at the home there were some improvements still needed to ensure that all aspects of the service were effectively monitored.

The new manager had made improvements to ensure many aspects of people's care were monitored and where improvements were needed these were acted on.

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.

At a comprehensive inspection on 10 and 11 January 2017, we found a serious breach of legal requirements and had taken enforcement action. We undertook a focused inspection of Ashglade on 25 May 2017, to check that improvements needed to meet legal requirements had been made. We inspected the home against part of two of the five questions we ask about services: is the service safe, and, is the service well led. This is because the service was not meeting legal requirements in relation to parts of those questions at the last inspection.

The inspection was undertaken by one inspector and was unannounced. Before the inspection we reviewed the information we held about the home, this included any notifications sent to us. A notification is information about important events that the provider is required to send us by law. We asked the local authority commissioners for the service for their views about the home.

During the inspection we spoke with three people living at the home and a visiting relative. We spoke with two care workers and the manager. We looked at four people's care records and records related to the management of the home such as audits and service visit reports completed by the provider.

Is the service safe?

Our findings

At this inspection on 25 May 2017 we found there were not always enough staff to meet people's needs. We observed that there were two care workers on duty in the morning in line with the rota. Both care workers were engaged in people's bedrooms delivering personal care for much of the morning. However some people were sitting in the lounge area throughout the morning without a staff presence. This included two people whose care plans stated they were at high risk of falls if they needed to mobilise. We also observed not everyone had a call bell within reach in order to summon help. One person told us they would get up and press the call bell if they saw other people needed assistance. However, this posed a risk as there was no staff member available to support people in the communal areas should they need assistance or support.

Staff told us that people's support needs had increased and some people needed more than one staff member to assist them in the mornings which meant they were engaged throughout the morning providing personal care. However, although people's dependency levels were reviewed, staffing levels had not been reviewed in line with increased dependency. We saw that staffing levels at night had been discussed at a recent resident's meeting on 4 April 2017 as some people were concerned there was only one waking member of night staff to deal with any emergencies. However, there was no evidence of a formal review of night staffing levels.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the new manager about this and they told us that when they could they would sit in the lounge area, although that morning they had been occupied by other issues. The manager had responded to the concerns raised by people by assuring them they were always on call, and that there were two staff sleeping in who could respond in an emergency. They told us people had said they were reassured by this. They had raised the feedback on staffing levels at night with the provider. However, the provider had not carried out a review of people's dependency levels to establish if there were enough waking staff at night to support people at all times.

At the last inspection of the home on 10 and 11 January 2017 we had found a breach of regulation as accurate records of possible risks to people were not always available to guide staff and help monitor and reduce risk. Risk assessments such as the malnutrition risk assessment were not always accurately completed to identify the level and extent of risks people might be exposed to. Some risk assessments were reviewed on a regular basis but actions were not always documented to evidence what was done to ensure people's well-being. We had served a warning notice and told the provider to meet legal requirements by 20 March 2017.

At this inspection on 25 May 2017 we found that improvements had been made to the assessment and documentation of possible risks. People told us they thought possible risks from falls or their individual health needs were known to staff and checked on. Staff had received training on how to complete the

malnutrition risk tool used by the provider and the new manager told us they were more confident in how to use this. We observed that staff were aware of possible risks with regard to people's skin, nutrition or risk from falls and provided care and support to reduce these risks in line with their care plan. For example where one person preferred staff to guide them to a chair we saw staff did this. For another person at risk of malnutrition they were offered a range of suitable snacks and drinks throughout the day.

Risk assessments were reviewed regularly to ensure an accurate picture of possible risk was maintained. However some improvement was required as two people's skin integrity risk assessment had not been totalled correctly to show the correct degree of risk. This had not impacted on their care as we saw there was guidance and equipment in use to reduce risk. This was addressed at the inspection and the new manager told us they would work with staff to ensure they understood how to correctly complete the tool.

Is the service well-led?

Our findings

At the last comprehensive inspection on 10 and 11 January 2017 we had found breaches of regulation as systems to monitor the quality of the service and to monitor risks were not effectively operated. Audits to monitor quality had not always been completed in line with the provider's requirements. Systems to monitor risks to safety such as checks on water temperatures at the home did not always address identified risks. We had served a warning notice and told the provider to meet legal requirements by 20 March 2017.

At this inspection we found there had been improvements made to the systems for monitoring risks. We found areas we had previously identified as having ineffective or inadequate monitoring were now effectively monitored. These included accident and incident forms, agency recruitment checks, hot water temperatures and applications for authorisations of deprivation of liberty applications when needed to protect people were appropriately monitored and checked. Audits on aspects of the running of the home were completed routinely such as infection control and medicines audits and these identified where improvements needed. For example a kitchen audit identified the need to buy a new food probe and clean some kitchen cupboards and this had been acted on. A medicines audit had identified a gap in record where a staff member had failed to sign to confirm they had administered a medicine and we saw this had been followed up with the staff member concerned in supervision. Work was being carried out to improve the conservatory and garden area which had been areas previously identified as needing improvement. We were told further improvements were planned with a new call bell system being introduced in the near future that would allow the manager to monitor the response times to call bells.

Provider visits were carried out on a regular basis and we saw these included checks on aspects of the running of the home. An action plan was drawn up after each visit and progress was checked at the following visit. Where actions had not been completed these were then highlighted as urgent the following month. We tracked changes identified to some care records and cleaning audits and found these had been completed in line with the action plan.

However some improvement was still required to ensure consistency and effectiveness of the quality monitoring, as, we found an open side gate, which, we were told by the maintenance person was because of the garden work being completed. There was no record that the possible risks to people from an open gate had been considered or assessed. We discussed this with the manager and this was addressed at the inspection. Immediately following the inspection we were sent photographic evidence to confirm the risk had been addressed.

Staff had received training on the completion of one risk tool used by the provider but the need to ensure all staff understood how to use all the tools to identify risk had not been identified and the care plan audits had not picked this issue up. Provider visits had not identified the issues with staffing we identified at this inspection and there had been no formal review of staffing in light of feedback from a residents meeting.

Although improvements have been made, the rating for this key question remains requires improvement as it does not yet meet the characteristics to be rated Good.

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 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet requirements.