

Brownlow Enterprises Limited

Ashfield Care Home

Inspection report

23-25
Castle Road
London
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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

About the service

Ashfield Care Home is a residential care home providing personal care for up to 20 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 20 people using the service.

Ashfield Care Home accommodates people in one adapted building across three floors, two of which are accessible by a lift.

People's experience of using this service and what we found

We identified concerns with cleanliness and maintenance at the home.

The provider had monitoring systems in place, but these had not been effective as they had failed to proactively identify and address the issues we found during our inspection.

We have made a recommendation about the management of medicines.

We found that records related to 'As Needed' medicines were not always in place. Medicines were not stored securely and not all staff administering medicines had been assessed as competent to do so. The provider took prompt action to address these concerns following the inspection.

People and their families were overall positive around their experience of care at Ashfield Care Home. Feedback praised the person-centred care, caring and committed staff team and management team.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

People told us they felt safe living at Ashfield. Risks associated with people's health and care were assessed and staff knew how to keep people safe. Staffing levels were appropriate, and staff were safely recruited.

The provider sought feedback from people. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 12 February 2021).

Why we inspected

This focused inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfield Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to premises and equipment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashfield Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. The Expert by Experience spoke to people living at the service and after the site visit made phone calls to families to obtain their feedback.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. This included notifications of incidents sent to us by the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people living in Ashfield and eight of their relatives afterwards by telephone. We also spoke with nine members of staff including the registered manager, senior care staff, care staff, the activities co-ordinator and the cook. We also spoke to a company director via video conference after the site visit.

We reviewed a range of records. This included four people's care records and 11 people's medicines records. We looked at four staff files in relation to staff recruitment. A variety of records relating to the management of the service, including quality assurance, training records and accidents and incidents were also reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured systems were in place to ensure the premises and equipment were maintained to a safe standard.
- Lingering odours were found in areas of the home including people's bedrooms which were unpleasant. The registered manager and provider provided assurances that the flooring would be replaced as a priority, evidence of which was supplied after the inspection.
- Bedding including mattresses, duvets and sheets were, in some bedrooms, in a poor condition. Some mattresses were stained and malodorous of urine with the protective mattress covers torn. Some duvets had no duvet cover and were overall thin and worn.
- Following the inspection, the provider sent evidence that new mattresses had been ordered for the home.
- Two people's en-suite bathrooms had loose and broken floor tiles, which placed people at risk of harm. We showed this to the registered manager who provided evidence that these issues had been reported to the provider, on one occasion in December 2021. Following the inspection, the provider advised that the tiles were awaiting repair.
- We also found loose radiator covers which were not affixed to the wall.
- There were also other maintenance issues such as broken plug sockets and bulbs that needed replacing.
- Some people's personal effects such as brushes, razors, nail clippers and toiletries were found in communal bathrooms which meant that there was a risk that people living with dementia may access these items.
- There were no bins in the communal bathrooms on the ground floor for disposing of paper towels after handwashing. Soiled incontinence pads were stored in bins in bathrooms which resulted in an unpleasant odour in the bathroom and when using these bins to dispose of paper towels. When this was reported to the management team, we were advised that bins were replaced in the bathrooms promptly and incontinence waste would be removed at more frequent intervals throughout the day.
- Health and safety checks and audits had not identified these areas of concern and/or ensured prompt action was taken to resolve maintenance issues. This is elaborated further in the 'Is the service well-led?' section of the report.

The provider had failed to ensure that aspects of the premises and equipment used in delivering care to people was fit for purpose and maintained to a safe standard. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety. The service

was awarded a '5' star rating at a recent food hygiene inspection.

- Risk associated with people's care were assessed and guidance was available to staff on how to keep people safe from the risk of harm. Risk assessments were regularly updated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were not safely stored. We found that the medicines trolley had a broken lock and could be opened without needing a key. The registered manager told us that they were awaiting a new medicines trolley and two days after the inspection site visit, a new medicines trolley had been delivered. Routine medicines audits had not identified that the medicines cabinet was broken, despite staff telling us that this had been the case for a number of months.
 - Protocols for 'as required' (PRN) medicines were not always completed. This included medicines for pain relief and agitation. Following the inspection, the provider sent examples of completed PRN protocols.
 - Staff received medicines training and most had their competency assessed annually. However, we found that night staff did not have their competencies to safely administer medicines assessed. The registered manager told us that night staff did not administer medicines. We discussed if people needed PRN medicines and how they would be supported if staff on duty did not routinely administer medicines. The registered manager gave assurances that night staff would have a competency assessment.
 - People received their medicines as prescribed. Medicines Administration Records (MARs) charts were completed without errors or gaps. Feedback from people and their families confirmed this. One relative told us, "They're good with their medications. It's all in the care plan."
- We recommended the provider consider current guidance on administering medicines and act to update their practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Policies and guidance were available, and training had been provided.
- People and their families told us they felt safe living at Ashfield. People told us, "I don't have anything to worry about.... We are all safe" and "My room is secure, there's no violence. People behave themselves." A relative told us, "Yes, I've no doubt [my relative] is safe."
- Staff were aware of how to appropriately report any concerns.
- Where any potential safeguarding concerns were raised, these were reported promptly to the local authority and CQC.
- Staff completed accident and incident records. These were reviewed by the registered manager to identify any further action required to prevent a reoccurrence. Records of accidents and incidents were also reviewed centrally by the provider's quality team.

- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. We observed staff wearing masks correctly during our inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- Due to the concerns outlined above, we were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following the current government guidance for visitors at the time of our inspection.

Staffing and recruitment

- Systems and processes were in place when the service recruited staff. All pre-employment checks were completed before a new member of staff started working at the service.
- There were enough staff to ensure people's care needs were met. Staff told us there were enough staff on duty and most people and families indicated the same. One person told us, "The care workers always respond to me in a very positive way."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were a range of audits to monitor the quality of the service carried out by the registered manager. However, some audits were not always sufficiently detailed to enable the service to identify where improvement was needed or identify trends.
- We found some audits to contain repeated phrases and outcomes month after month which indicated that they were not being fully utilised to identify concerns and areas for improvement.
- We were not assured that governance at provider level was enough to identify and action where improvements were needed. We found that provider led audits at the service, aside from signing off the registered managers audits, without checking for accuracy or completeness, were minimal. There was no specific plan or schedule in place to ascertain how often the provider carried out quality monitoring checks at the service.
- We found several concerns, particularly around the environment and cleanliness which had either not been identified by the provider or when reported by the registered manager not responded to.
- We spoke to the provider about how environmental issues were reported and addressed. We were advised that there was no in-house maintenance team or person within the organisation, which operates seven other residential care settings. All repair or remedial maintenance works were outsourced which could cause delays.
- Medicines were audited weekly by the registered manager, however issues around medicines records, staff competency training and medicines storage had not been documented in the audits completed.
- People were not always supported to maintain their oral health care and hygiene. One relative reported that they were concerned about their relative's mouth care.
- We visited people's bedrooms and found that not all people had access to suitable toothbrushes or toothpaste. Toothbrushes had become brittle and dry and toothpaste had become hard which suggested that people had not been supported to use them. Some people's bedrooms had no visible toothbrush or toothpaste available. We showed this to the registered manager who advised that this would be reviewed and addressed with the staff team.

We found no evidence that people had been harmed however, governance systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, any concerns identified and discussed with the home management team were promptly acted on and evidence sent following the inspection to confirm this. This indicated that the service was continuously learning and improving care.
- At the time of the inspection, the registered manager had just completed their registration at Ashfield. They also managed a similar sized second care home operated by the provider and as such split their time between both homes. There was no deputy manager in place at the time of the inspection, although the provider advised that they were actively recruiting for a deputy manager to better support the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their families told us staff at Ashfield were caring and they were treated with compassion and respect. People were particularly complimentary around the quality of food on offer. Feedback from people included, "[Living here] has been enormously beneficial to me. It's good home cooking. I think of [the food] as a bit like living in a small hotel. The whole meal scenario is very impressive. They always offer seconds" and "I think the relationship I have with all the carers is good."
- Relatives told us, "I find the people who work there are kind and helpful", "I'm happy with [my relative] being there. The carers understand him well and handle him well. I'm amazed he's in the room with the other residents" and "I'm really happy with the care; it's her home."
- During our inspection we observed positive interactions between staff and with people. Staff worked cooperatively with each other as a team. Staff told us they enjoyed their work and were happy in their roles. One staff member told us, "We are a good team here. We look after the residents."
- People's cultural, ethnic and religious needs were documented in their support plans and staff provided support in these areas, if needed. On the inspection, we observed staff communicating with people in different languages which helped people better communicate their wishes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were processes in place for people and their relatives and representatives to give feedback about the service.
- Staff attended regular team meetings where they could share learning experiences, safeguarding information, reflect on how the service was performing and provide suggestions for improvement. Residents meetings also took place at regular intervals, where topics such as menu choices, activities and current COVID-19 guidelines were discussed.
- The service worked in partnership with a range of other organisations and professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. CQC had received notifications as required.

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 15 HSCA RA Regulations 2014 Premises and equipment The registered provider failed to ensure that the premises were clean and well maintained
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered provider oversight processes in place did not always assess, monitor and improve the quality of care for people using the service.