

HC-One Limited







# Ashgrove Care Home - London

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Requires Improvement	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on the 6 and 7 October 2014 and was unannounced.

Ashgrove Nursing Home provides accommodation and nursing care for a maximum of 50 older people with dementia and/or mental health needs. At the time of our visit there were 40 people using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

# Summary of findings

The provider did not meet all of the regulations we inspected against at our last inspection on 8 July 2014. The provider was not meeting the legal requirement in relation to infection control and promoting people's independence and dignity. We saw that people using the service, staff and visitors were not protected from the risks of infection as an appropriate standard of cleanliness and hygiene was not maintained in some areas of the home. We also saw that there were not enough staff to provide appropriate support for people during meals. During this inspection we saw that the provider was now meeting the regulations as improvements had been made in the cleaning and infection control procedures at the home with new armchairs being used in the lounges. We also saw there was enough staff to provide people with the appropriate level of support they required during meals but, at times, some staff were not engaging with people using the service to explain what was happening and they could still be task focused instead of considering people's needs.

During this inspection people using the service and relatives told us they felt the care they received was safe. There were policies and procedures in place to respond to any concerns about the care received. Staff had completed safeguarding training and could explain how they would respond to any concerns.

The service had a system in place to record and identify any learning from incidents and accidents.

There was a clear process and procedure in place for the safe administration of medicines that had been prescribed to people using the service. We saw the Medicines Administration Record (MAR) charts were up to date and the information was clearly recorded.

We saw people had a choice of meals and drinks with that day's menu displayed in the dining rooms and lounges. People told us they were happy with the food provided by the home.

We saw the service had carried out initial capacity assessments in relation to a person's ability to make specific decisions about their life. The manager was aware that appropriate authorisation was required where a person might be deprived of their liberty and was in the process of making a Deprivation of Liberty Safeguards (DoLS) application to the local authority for people using the service.

The provider had a clear induction for new staff and supervision process in place. Staff completed a range of training identified as mandatory by the provider to help meet the support needs of the people using the service.

During our visit we saw one occasion when a staff member did not maintain a person's dignity and privacy during personal care. Throughout the rest of our visit we saw staff treated people with dignity, respect and supported people to make choices about the care they received.

People's care needs were assessed when they initially moved into the home and we saw their care plans and risk assessments were regularly reviewed. Information about the person's life experiences, likes and dislikes was used in the development of their care plans.

People using the service, their relatives and health and social care professionals involved in people's care were sent questionnaires to get their opinion on the support staff provided and regular relatives meetings were held. This enabled the provider to identify good care and any areas requiring improvement. The service has a robust audit process in place to monitor the quality of the care provided.

# 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?

The service was safe. Improvement had been made in relation to cleanliness and infection control. People felt the care provided was safe.

Safeguarding procedures were in place and staff had completed relevant training and had a good understanding of how to prevent abuse/or report abuse.

The provider had systems to record and identify learning from incidents and accidents to minimise possible risk and keep people safe.

The provider had appropriate recruitment and disciplinary procedures in place to ensure new staff had the experience and skills to provide appropriate and safe care.

There were procedures in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective. Staff received regular training to ensure they had the knowledge and skills to support people using the service.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Assessments had been carried out for all the people using the service and referrals were being made to the local authority.

People told us they were happy with the food provided and could choose what they ate and drank.

Staff received regular supervision and annual appraisals to ensure they were providing appropriate and effective support to people using the service.

People had access to a GP and other health professionals when required to help maintain their general health and wellbeing.

Good



### Is the service caring?

Some aspects of the service were not caring. We saw that, while providing personal care for one person using the service, a staff member did not maintain that person's privacy and dignity.

Improvements had been made as people were given appropriate support during meals but some staff did not always explain what was happening.

People using the service and relatives told us they were happy with the care provided by the home.

Requires Improvement



# Summary of findings

## Is the service responsive?

The service was responsive. People's needs were assessed and care plans were developed identifying how these should be met by staff. Staff completed daily records identifying what support and personal care had been provided.

People using the service, their relatives and professionals involved in their care could complete questionnaires to give their feedback on the care provided. There were regular relatives meetings.

The service had a complaints policy and procedures in place. We saw complaints had been resolved to the complainant's satisfaction.

Good



## Is the service well-led?

The service was well led. Staff told us they felt the service was well-led and they received appropriate support to carry out their role.

The provider had robust audit processes in place to monitor the quality of the service provided. If areas requiring improvement were identified the relevant actions were taken by staff.

The manager held monthly staff meetings where issues relating to providing care in an appropriate and safe way.

Good



# Ashgrove Care Home - London

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 6 and 7 October 2014 and was unannounced.

The inspection was carried out by an inspector and an expert by experience who attended the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in relation to the care of older people who had lived in a care home.

During the inspection we spoke with four people using the service, four relatives and visitors and three staff members. We looked at the care plans and risk assessments for six people using the service, five daily care files and the Medicine Administration Record (MAR) charts for 21 people. We looked at the records for two staff members. We looked at the records of people using the service to see if information was consistent and up to date across all their records. We 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 talk with us. We also carried out general observations around the home during our inspection.

Following the inspection we contacted two local authorities who commissioned the service and we received feedback from one of them.

# Is the service safe?

## Our findings

When we visited on the 8 July 2014 we saw that people using the service, staff and visitors were not protected from the risks of infection as an appropriate standard of cleanliness and hygiene was not maintained in some areas of the home. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan and told us they would ensure new cleaning routine would be implemented, the carpets in the communal area would be steam cleaned and the armchairs replaced. This would be in place by the end of August 2014.

During our visit on the 6 October 2014 we saw that there were nine new armchairs in each lounge. The manager explained that these armchairs were easier to keep clean as staff could wipe and dry the seat cushions instead of rinsing them. The armchairs we saw during our previous visit were still in use in the lounges and the manager explained these were being removed within two weeks as the newly purchased chairs were in place. There was a very faint malodour when we entered the home but during the rest of our visit we could not detect any malodours around the home. We saw the bathrooms were clean and well maintained. A relative told us, "You don't get a smell of urine as you come into the home."

People using the service and relatives we spoke with told us the care provided was safe. People told us "The care here is good", and "My relative is safe in the home". We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. There were policies on safeguarding adults which identified the responsibilities of managers and care staff. Staff we spoke with confirmed they had completed safeguarding adults training, were aware of the principles of safeguarding and how they would protect people using the service from abuse. We saw copies of safeguarding alerts that had been sent to the local authority. Information relating to any investigation, resulting outcomes and any action taken were also recorded.

The service had a clear system to record and identify learning from incidents and accidents. In the accidents and incidents folder we saw a log showing the number of issues reported each month. There was a flow chart for staff explaining the reporting process for incident and accidents.

The manager explained any incident or accident was recorded on a form including information on the event, if the person's next of kin had been informed, the outcome of any investigation and if any care plans or risk assessments had been updated as a result. Information from incidents and accidents was also monitored for any trends which are then addressed by the provider to reduce their recurrence. For example this could lead to a change in procedure or additional training for staff.

We saw that risk assessments were in place in the care folders we looked at. Risk assessments covering such areas as mobility, continence, nutrition and allergies were seen. A nurse reviewed the risk assessments monthly or sooner if a change in support needs was identified. The risk assessments we looked at were up to date and clearly explained the possible risks and actions to be taken by staff to reduce the risk to the person.

We found there was an effective recruitment process in place. As part of the recruitment process two references were requested and an interview was conducted with the prospective staff member. New staff could not start their role until a criminal records check had been received. We saw that all the staff had received two suitable references and a criminal records check.

The service had a clear process and procedure for the safe administration of medicines. Medicines prescribed for people using the service were kept securely and safely. The nurses who administered medicines had completed specific training in relation to medicines and completed regular competency assessments which reduced the risk of people being given incorrect medicines.

We saw the Medicine Administration Record (MAR) charts were up to date and the information was clearly recorded. In the MAR chart folder there was a clear section for each person with their picture, the contact details of their GP and a description of any allergies the person had. We saw the date of opening recorded on eye drops, creams and tablets to ensure they were within their use by date and safe to use. One person who had recently moved into the home had run out of eye drops. We raised this with the manager who confirmed that the GP had been contacted and a new prescription was being organised. Daily and monthly medicine audits were carried out to check the MAR charts were completed correctly and the recorded stock levels matched the actual level of medicines kept at the home.

## Is the service safe?

During the visit we saw the medicines storage cupboards on each floor were dusty. On the first floor the pots used when giving a person tablets had been washed and left to dry on a paper towel next to the sink. This meant that the pots could be splashed by water when a staff member washed their hands and increased the risk of cross

contamination. We raised this with the manager who immediately arranged for the housekeeping staff to clean the two medicines rooms as part of their daily schedule and the nursing staff ensured the areas were kept clean and tidy. This was in place when we returned to the home for the second day of our visit.

# Is the service effective?

## Our findings

People we spoke with told us they were happy with the food. They told us “The food isn’t bad; they know what to give me”, and “The food is satisfactory”. We saw the results of a food satisfaction survey carried out in June 2014.

People using the service commented “Happy with the menu” and “Still full after breakfast to eat a big lunch”. The menu for the day was displayed around the home and on each table in the dining rooms. People with specific dietary requirements told us they were happy with the food and it met their needs and this was confirmed by their relatives. One visitor told us their relative had lost weight when in hospital and had refused to eat. Since moving to the home their weight had stabilised, they were given appropriate food which they could swallow easily and also received nutritional supplements which had been prescribed.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager explained that they had carried out initial assessments of all the people using the service in relation to the person’s ability to make decisions relating to their care and accessing the community. They had contacted the local authority and were arranging for people to either have their ability to make decisions assessed or to make DoLS applications. We saw completed assessment and referral forms in people’s care plan folders.

The provider had a clear induction, training and supervision process in place for staff. Before new staff started their first shift they had to complete moving and handling training. As part of their two day induction they spent one day on each floor to get to know the people using the service. New staff also shadowed an experienced member of staff during the induction period. Their competency was assessed through supervision,

observation and feedback from senior staff during the three month probationary period. We saw examples of the detailed assessments carried out on new staff during their probationary period.

Staff completed a range of training courses identified as mandatory by the provider which were completed as either online or face to face training sessions. These included infection control, safer handling of people and health and safety. We saw the majority of staff had completed or were scheduled to take their annual mandatory training refresher courses. Staff also completed training to meet the specific support needs of the people using the service including dementia awareness and falls awareness. Staff told us they felt the training they received had been very good with one person saying “The training has improved a lot in the last few years”.

Staff confirmed they had regular supervision sessions with their manager and an annual appraisal. The manager told us staff were having supervision sessions with their manager every two months but the provider had recently changed this to twice a year. All staff were scheduled to have their appraisal completed by the end of 2014. We saw the appraisal and supervision records which showed the date of the most recent meeting and when the next one was scheduled.

The manager explained the home had five different GP providing support for people using the service. The number of GPs was due to people choosing to stay with their existing GP. All the GPs visited the home once a week or sooner if required. People could see the chiropodist monthly. The dentist and optician carried out annual checks on the people using the service and they would also visit if required throughout the year. The manager explained they had a good working relationship with the district nurses and tissue viability nurses who visited the home. Details about GP and other health professional visits were recorded in the person’s care folder. This enabled staff to easily monitor any changes to a person’s medicines or care needs and update their care plans if necessary.



# Is the service caring?

## Our findings

During our visit we saw a person using the service who was being assisted by a member of staff to get out of bed. The bedroom door was left open and the person was partially dressed when moving between the bed and the bathroom. Another person using the service had been left in the corridor in their wheelchair directly outside this person's room. They could clearly hear and see what was happening in the other person's bedroom. When the staff member saw we were standing in the corridor they closed the bedroom door. We discussed this with the manager and they were surprised this has occurred and told us they would speak to the staff member involved. The manager told us later that the person who was receiving care had wanted the door open to their bedroom and the person in the corridor was waiting to be taken to the dining room for breakfast. They told us that in future, if the person wanted their door open the staff member would ensure there was no one waiting outside the room. Since our inspection the manager has told us that the issue of maintaining a person's privacy and dignity has been discussed during all staff supervision sessions. The manager also told us they had been carrying out more observations when staff provided personal care and providing feedback to staff or identifying additional training which might be required.

During our inspection on the 8 July 2014 we saw there were not enough staff to ensure that people's independence was being promoted and dignity maintained during lunch. We saw that staff did not provide appropriate support for people to eat their meal. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan and told us they would ensure all staff were available to assist during meals and they received additional training for providing people appropriate support. This would be in place by the end of July 2014.

When we visited on the 6 October 2014 we observed lunch on both floors and saw that the support people received during meals had improved since our previous visit but, at times, some staff were not engaging with people using the service to explain what was happening and they could still be task focused instead of considering people's needs. We saw staff in the first floor dining room and lounge area did not clearly explain to people using the service that lunch

would be delayed by 45 minutes. When the food did arrive people were provided with appropriate support to eat their meal. We saw that people were given the choice of eating their lunch in the lounge or dining room. People we spoke with said "I want to stay in the lounge as it is warmer", and "I prefer to eat in the lounge and I don't want to go to the dining room". In the lounge people were eating from appropriate height tables and were supported by staff if required. Staff were talking with the people in the lounge during lunch and were encouraging and supportive. We discussed our observations with the manager who told us she would be identifying how to ensure staff were more focused on people's needs and communicated any delays clearly.

We asked staff how they would respect and promote the person's privacy and dignity. Staff gave us examples of how they would ensure a person's privacy and dignity was being respected. These included explaining to the person, while providing personal care, what the staff member was doing, being careful and respectful of the person's wishes.

During the remainder of our visit we saw that staff treated people with respect, promoting their independence and choice. People were encouraged and supported to make choices throughout the day relating to food, drinks, activities and their care. We saw that staff knew how to support people whose behaviour could become challenging to reduce any possible risk to them and other people using the service. People knew the staff and were comfortable receiving care from them. A relative told us "The care is really nice now. The staff were really good with my relative lashing out, they were unbelievably patient. They always make you feel welcome."

People and relatives we spoke with were happy with the care provided by the home. People told us "The staff here are very good and very understanding. The staff are angels", and "The carers [staff] understand me".

We saw that people using the service, relatives or advocates were involved in the review of care plans and risk assessments and these were recorded. This showed that people, their relatives or representatives had agreed with the assessment of what care was required, how that should be provided and any associated risks that had been identified with how to reduce them.

# Is the service responsive?

## Our findings

Relatives we spoke with told us they were invited to the quarterly relatives meetings and regularly attended. One person said “Every meeting we go to we question the number of staff and are told we meet the criteria, but it depends on the needs, as some residents have more support needs than others.” The manager explained that questionnaires were given to people using the service and their relatives. The completed forms we looked at had positive comments including “The care staff are very friendly.” The provider also sent questionnaires to GPs, district nurses, social workers and other health and social care professional involved with the care of people using the service. The feedback we looked at was positive about the care provided. We saw that questionnaires were also available in the reception area for visitors to complete. We saw the provider reviewed the information from the questionnaires and identified any actions required to improve the service provided.

The service had a complaints policy and procedures to enable people using the service and their relatives to raise issues and concerns. During our visit we saw the complaints policy and procedures used by the home. We looked at the complaints log and saw any complaints received had been resolved to the person’s satisfaction. The manager told us when a new person moved into the home the complaints process was explained to them and their relatives. We saw the ‘resident’s guide’ booklet in each person’s room also included information on the complaints process. People and relatives we spoke with told us they had not needed to complain but if they did they were able to take their concerns directly to the manager.

People’s needs had been assessed and the information from the assessments used to plan the care and support they received. We saw detailed assessments were carried out before a person moved into the home to identify if the appropriate care and support could be provided. These assessments reviewed their individual support needs including mobility, social and health issues and were kept in the person’s care folder. An interim care plan and risk assessment was developed for the first week. During the initial assessment the person and their relatives were asked to complete a ‘Getting to know You’ form to provide

staff with information about the person’s life experiences, likes and dislikes. This information was also used in the development of the care plans. Following the first week more detailed care plans and assessment were developed.

Care plans were in place identifying each person’s care and support needs. We saw that each person using the service had a care plan folder which was kept securely in the office for each floor which was accessible to staff. Each person’s folder contained the name of their key worker, their care plan, risk assessments and any other information relating to the person’s daily support needs. We saw a range of detailed care plans including nutrition, mobility and continence. Care plans were reviewed by the nurse monthly or when a change in support need was identified. Some of the care plans showed the person using the service and their relatives were involved in a detailed review every six months. We saw the care plans we looked at were up to date with clearly recorded information detailing the person’s level of independence and the support they might need from staff. A staff member told us “We have time to sit with people in the lounge and we get to know their likes and dislikes well”.

We saw staff completed daily records relating to wellbeing and care which detailed what support and personal care had been provided and the activities the person was involved in during the day. Information for each person on personal care, food and fluid intake, repositioning of people in bed, topical creams and skin care management used was recorded in folders kept securely in the two lounges. We saw that the daily statements and the additional records of care we looked at were up to date and the information was detailed and clearly written.

We asked to see the records relating to food and fluid intake for five people using the service and saw four of these were up to date. The records for one person could not be located by staff and when found we saw that information had not been completed fully on some of the days before our visit. We raised this with the manager who confirmed the folder had not been returned to the correct cupboard and they would check with the staff member who had completed the records to ensure accurate information was recorded.

The service had an activities co-ordinator who organised a range of activities around the home. The home had a board in the reception area identifying planned daily activities but this information was not displayed in communal areas

## Is the service responsive?

around the home. The majority of people using the service could not see this board. The manager explained people were told verbally each day what the activities were but some of the people we spoke with were not aware of what activities were planned. We observed people choosing to read newspapers, watch television and take part in organised activities including playing an inflatable hoopla game. We saw one activity taking place which was referred

to as 'colouring'. People were given copies of pictures taken from a child's colouring book and crayons. This activity was not age appropriate for the people using the service. We raised these issues with the manager and the activity co-ordinator who confirmed the daily schedule would be displayed in communal areas and a more appropriate art based activity would be identified.

# Is the service well-led?

## Our findings

Staff we spoke with told us they felt the service was well-led and they had received appropriate support to carry out their role. Staff said “The manager of the home does really well and does their best to lead us as it is not easy dealing with so many people”, and “The manager knows everything and everybody to ensure quality. They are always around during the day checking the care provided”. We saw the manager interacting with people using the service, visitors and staff in a positive and supportive manner. The manager knew the names of everyone she spoke with and could describe the support needs of the people using the service. During the first day of our visit we saw the manager assist staff with providing care and support. This gave the manager a clearer understanding of the various staff roles, the skills required to provide care and specific support needs of the people using the service.

The provider had appropriate audit processes in place to monitor the quality of the care provided. We saw a quality assurance assessment was carried out by the area manager every two months which identified an internal quality rating. This assessment included any actions identified by external inspections by CQC or the local authority. We looked at assessments completed during 2014 and saw the area manager made notes of their observations around the home. An action plan was developed with the manager which identified who was responsible for each specific task and a completion date. The action plan was reviewed monthly and when an action was completed the staff member responsible signed and dated the plan.

We saw a care file audit was carried out which included an assessment to ensure the care plans clearly identified how

to maintain the person’s independence and what support they required from staff. The audit also identified if care plans and risk assessments had been regularly reviewed and if all the daily records were up to date and clearly written. Each folder was rated inadequate to excellent and if any areas for improvement were identified the manager would discuss any actions with the keyworker and the nurse for that person. The staff signed and dated the audit form to confirm the identified actions had been actioned.

A quality and compliance assessment tool was completed annually by an assessor from head office. The assessment included reviews of the care provided, nutrition and cleanliness of the building. We saw the report that had been updated in April 2014 which identified areas of strength and possible development at the home which had been completed.

The manager held monthly staff meetings which included discussions on training, infection control, activities and any other issues relating to the type and quality of care provided at the home. We saw copies of the minutes for the recent meetings and the manager confirmed these were circulated to all staff. Staff told us they attended these meeting whenever possible and had seen copies of the minutes.

The manager told us they kept up to date with good practice by attending network meetings with other care providers organised by the local authority and information events run by the provider. Staff were also encouraged through team meetings and supervision sessions to review new information on-line relating to best practice and providing quality care.