

## Chislehurst Care Limited

# Ashglade

### Inspection report

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Date of inspection visit:  
10 January 2017  
11 January 2017

Date of publication:  
28 March 2017

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 10 and 11 January 2017 and was unannounced. At our previous inspection on 17 November 2015, we found a breach of regulations in respect of the safe management of medicines. We carried out this inspection to check that the home now met legal requirements and provide a fresh rating for the home.

Ashglade provides accommodation and residential care for up to 12 people. The registered manager was not managing the regulated activities at this location at the time of the 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. A new manager had been appointed and started work at the service after the inspection.

We found breaches of regulations at this inspection. We had concerns about the management and oversight of the service, and quality monitoring processes were not robust. Audits were not always completed and where they had been, they did not always identify problems or ensure action was taken to address issues. Recent audits had not identified inaccuracies in people's risk assessments. People's care plans and risk assessments were not always up to date or did not reflect their current needs. Accurate records of people's care and treatment were therefore not always maintained. Full information about CQC's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Improvements were required to ensure staff received adequate training, supervision and appraisal. Medicines were safely managed but regular assessments of staff to ensure they were competent to administer medicines were not always in place. Some people and their relatives did not feel consistently involved in reviews about their care, and records reflected this. The arrangements to meet people's needs for stimulation and social engagement were not always personalised to meet their individual needs. However, a new activities coordinator had recently started and had plans to improve the activities provided. We will check on these aspects at our next inspection.

People told us they felt safe and staff treated them in a caring manner. People's individualised needs with regards to their disability, race, religion and gender were identified and plans put in place to meet their needs. Staff were aware of the potential signs of abuse to look for and what action to take if they were concerned. People were supported to maintain a balanced diet and told us they enjoyed the range of meals on offer. People also told us that there were enough staff available to safely meet their needs, and we saw that staff were available to support people where required. Recruitment checks were completed before staff started to work at the home.

Staff had received training around the Mental Capacity Act 2005 (MCA); applications for authorisations under Deprivation of Liberty Safeguards (DoLS) were appropriately made. People had access to a range of

healthcare professionals when required. A complaints procedure was in place and people told us they knew how to raise concerns if they needed to.

## 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 consistently safe.

Medicines were securely stored and safely administered. Some improvement was required as regular medicines competency assessments of staff were not routinely carried out.

Staff were aware of risks to people and monitored areas of risk. However, records related to risks were not always accurate or up to date.

Staff knew how to protect people from abuse or neglect. There were sufficient numbers of staff to meet people's needs. Recruitment checks were carried out before staff started work. There were arrangements to deal with emergencies.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

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

Staff received enough training to help them meet people's needs. However arrangements for staff supervision and appraisals required improvement to ensure staff had adequate training and support.

People were supported to have a balanced diet and their dietary needs were assessed and monitored. People had access to a GP and other health care professionals when they needed it.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People and their relatives spoke positively about their relationships with staff and told us they felt safe and supported.

Staff displayed kindness, consideration, dignity and respect

**Good** ●

towards people. People told us their independence was encouraged.

People told us they were involved in day to day decisions about their care.

### **Is the service responsive?**

The service was not always responsive.

Care plans were not always up to date and did not consistently reflect the care and support given. Preadmission assessments did not always include a record of people's current needs. People or their relatives were not always involved in reviews of their care plans.

Some improvement was needed to ensure that activities were personalised and provided people with sufficient stimulation. The activities organiser and the provider had ideas about the development of activities to meet people's individual needs and increase access to the community, but these were not yet in place.

People had access to a complaints procedure. They told us they had not needed to complain but were confident any complaints would be addressed.

**Requires Improvement** ●

### **Is the service well-led?**

Some aspects of the service were not well led.

The systems to monitor the quality of the service were not effective. Audits were not consistently completed or were not always effective in identifying where improvements were needed. Records were not consistently completed.

The registered manager had recently left the service and a new manager had been appointed, but was yet to take up their position. Staff told us they worked well together as a team.

People and their relatives had mixed views about the running of the service. People and their relatives' views were sought through annual surveys and there had been one residents and relatives meeting during the previous year. The provider had acted on some aspects of the feedback they received from people.

**Requires Improvement** ●

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 January 2017 and was unannounced. On the first day the inspection team consisted of one inspector and an expert by experience. 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 inspector returned on the second day to complete the inspection.

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 service.

During the inspection 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 spoke with nine people who used the service, three relatives and a health care professional. We tracked three people's care to check that the support they received matched their care plan. We spoke with three care workers, the maintenance person, the activities coordinator, the chef, an administrator and a representative of the provider.

We looked at four people's care records, three staff recruitment records, three 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

Risk assessments were conducted for areas such as manual handling, falls, nutrition and skincare. Staff demonstrated an understanding of the risks people faced and knew the action to take to ensure people's safety. However, we found records did not always accurately assess the level of risk to people or identify the risks within their care plans. We also noted that guidance was not always in place for unfamiliar staff on how to minimise identified risks. For example, one person's care plan identified that a falls risk assessment should be carried out every fortnight because they were at high risk of falls. However, their falls risk assessment record showed that the risk assessments had not been carried out fortnightly, in line with the care plan. The level of risk had also not been scored correctly as not all identifiable risk factors had been taken into account. We observed staff were aware of risks to the person's mobility and supported them appropriately when they mobilised. However there remained a risk to the person's safety without accurate and up to date records for staff to refer to.

In another example, we found that the level of risk of malnutrition had been incorrectly assessed for two people. Whilst we saw they received a fortified diet and their weight was monitored, the extent of the risk was not accurately reflected in the assessment records, placing them at risk of unsafe care by staff unfamiliar with their needs.

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. For example, one person's falls risk assessment had been reviewed with a comment that they had fallen but no other action had been recorded to evidence a review to check the risks involved and what might be done to reduce them.

These issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were arrangements in place to deal with risks from foreseeable emergencies. A fire risk assessment had been completed and actions identified had been addressed. People had personalised evacuation plans in place which detailed the support they required to evacuate the building in the event of an emergency. Staff knew what to do in the event of a fire. They told us that regular fire drills were conducted and we confirmed this from records. Equipment used to support people to evacuate was available and staff knew how to use it. Regular fire system and equipment checks were in place to ensure the home environment was safe.

There were systems in place to monitor the safety of the environment and equipment used within the home, minimising risks to people. We saw equipment was routinely serviced and maintenance checks were carried out on a regular basis. Hoists, wheelchairs, beds, gas appliances, electrical appliances, fire equipment tests and maintenance checks were routinely completed. The home environment appeared clean, was free from odours and was appropriately maintained.

At the last inspection of the home on the 17 November 2015 we had found a breach of regulation because

medicines were not always safely administered. We had found a number of gaps in people's Medicines Administration Records (MARs) which meant people may not have received their medicines as prescribed.

At this inspection on 10 and 11 January 2017 we found improvements had been made. We identified only one gap in the MAR we looked at and were able to verify the staff member concerned had forgotten to sign the record on that occasion. Some arrangements for 'as required' medicines did not have a written protocol to guide staff on when they might be administered, in line with current guidance. We spoke to senior staff about this who, then put appropriate protocols in place and sent copies to us after the inspection. Staff received suitable medicines training; medicines competency assessments had also been completed to ensure staff understood how to safely administer medicines. However improvement was required because these were not reviewed on a regular basis to ensure staff knowledge remained current. We discussed this with the head of care who told us they would address this following the inspection. We will check this at the next inspection.

We found regular medicines audits were carried out to check for any gaps in the records. People's photographs and known allergies were recorded on MAR's to ensure safe administration. We observed medicines were administered correctly and safely to people. Medicines were stored safely and securely.

People told us they felt safe living in the home and that they found staff were supportive and kind. One person said, "Staff make sure I'm ok." Another person commented, "I do feel safe, very much so." A third person told us, "I have no worries about safety." Relatives told us they felt their family members were safe at the home. One relative told us, "We visit at all times of the day, we are very happy. It's like a hotel [our family member] has put on weight and is very happy here."

There were policies and procedures in place for safeguarding people from abuse. Staff received training to ensure they were knowledgeable about how to respond to, and report any concerns. They were aware of the possible signs of abuse and what action to take if needed. One staff member said, "I have worked here a long time. I wouldn't hesitate to report any concerns I had. I know it would be dealt with." Staff were also aware of the provider's whistle blowing policy and we saw this was displayed in the home so that it could be used as a reference guide. Where required, the registered manager had submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate. Information about safeguarding was also displayed in the home to raise awareness with staff and people.

Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm each staff member's identity, references and history of experience and/or professional qualifications.

People told us there were enough staff available to meet their needs and to respond to their requests in a timely manner. One person said, "There is always someone around to help me when I need it. They are so good." Staff told us staffing levels were appropriate to meet people's needs. One member of staff said, "There are enough of us to make sure people are well cared for and kept safe. Most of us have been here a long time which is nice as we all work well together." Observations during our inspection confirmed there were sufficient numbers of staff to meet people's care and support needs.



## Is the service effective?

### Our findings

People we spoke with did not express a view about staff training. Staff told us they received training mainly through e-learning and this was refreshed at regular intervals. One staff member explained, "We get plenty of training and we get sent reminders to go." Staff training records showed that most staff had completed training in areas which the provider considered to be mandatory in areas including moving and handling, medicines, fire awareness, first aid, safeguarding of vulnerable adults and health and safety.

However some improvement was required as three of the eleven staff were overdue refresher training in manual handling, fire safety and first aid. Following the inspection the administrator sent us the dates for the staff in questions training. They told us that staff training was being addressed by the new manager at a staff meeting to ensure all staff were up to date.

New staff were required to complete an induction in line with the Care Certificate. This is a recognised programme of training for staff new to health and social care. The induction process included training, reading the service's policies and procedures, and shadowing of more experienced colleagues.

Staff told us they received regular supervision, both formally and informally, on a day to day basis as they worked closely together. However improvement was required because records showed that formal supervision was not regularly conducted with staff in line with the providers' quarterly requirements. For example, two staff members had only had one recorded supervision session for 2016 and there was no record of an annual appraisal for one staff member.

People told us that they enjoyed the food at the home and we observed this to be the case. One person told us, "The meals are very tasty; there is lots of choice." A second person said, "We chose what we want from the menu; the food is freshly cooked and there is plenty of it." Staff were aware of people's meal preferences and any dietary needs. We saw that where people's care plans included a specific dietary consistency for their food, staff were aware of this and the food was prepared accordingly. The chef was aware of people's dietary needs and preferences, and if people required a specialised diet. They told us they were able to provide for people's cultural needs when required. The kitchen had scored the top score at the last Environmental Health inspection on 27 May 2014.

People were weighed to monitor for concerns about weight loss or gain. Where a person lost weight, they were referred to a dietician or GP when needed. People had daily fluid and food charts in place where risk assessments had identified that additional monitoring was required to ensure they had enough to eat and drink.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the need to obtain consent before they provided care. They told us that they had received training on the MCA which provides protection for people who do not have capacity to make decisions for themselves. They said most people living at the service had the capacity to make decisions for themselves and our observations confirmed this. One staff member told us, "If people can't express a decision I offer them a choice and look for signs of what they would prefer." Staff understood the importance of checking people's ability for each separate decision and to involve relatives and professionals as necessary in making best interests decisions. The head of care who was acting as manager knew how to submit a request for DoLS authorisation if needed. Applications for DoLS authorisations had been submitted when needed.

People had access to a range of healthcare services when required to support them maintain good health. One person told us they regularly saw a chiropodist and records showed people received treatment from healthcare professionals, including the GP, district nurses and optician. We spoke with a visiting health professional on the day of our inspection who told us that staff were knowledgeable about people's needs and took on board any advice given.

## Is the service caring?

### Our findings

People and their relatives all commented that the staff were polite, caring and kind. One person told us, "The staff are considerate. They know me well and what I need." Another person remarked, "Ashglade is a lovely caring place." A relative commented, "We are very happy with the care here. We are always welcomed."

We found a calm and relaxed atmosphere in the communal areas; people were content, clean, well groomed and cared for. We observed that staff adapted their approaches and pace to suit different people; for example, they reassured people while they supported them to mobilise. Staff interactions were calm and they responded to any signs that people needed assistance. The health professional we spoke with as part of the inspection said, "I have no concerns about the care here; staff are friendly and know people well." Many staff had worked at the home for several years and knew people well. They were aware of their life history, personalities and preferences, and could explain people's diverse needs. People told us they enjoyed having staff support them that they were familiar with and who understood them.

People told us they were treated with respect and dignity. One person said, "They treat me with dignity, they are always polite." We observed staff speaking to people respectfully, using their preferred name, and staff also showed an understanding of the importance of confidentiality and discreetness about personal care. Staff gave us examples of how they respected people's dignity by making sure doors were closed and people were covered during personal care.

People told us their independence was encouraged. One person remarked, "They let us do as much as we want to or can do." People were able to choose where and how they spent their day. We saw some people were involved in doing small daily living tasks in the communal areas, such as helping to lay tables which they told us they enjoyed doing.

People told us they were involved in their care. They were given a service user guide when they came to the home as a reference guide. Relatives told us they were kept informed about any changes to their family member; they could visit at any time of the day and were always welcome. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender, and they supported people with their individual needs. For example, staff supported people to practice their faith and to attend services that reflected people's cultural or religious needs.

## Is the service responsive?

### Our findings

People and their relatives told us they had a plan of their care. Records showed care plans documented people's needs across all aspects of their care and support, for example their needs at night, communication needs, personal care needs and eating and drinking. However we found that there was not always an up to date, accurate record of people's care.

For example, one person on respite care did not have a record of all their health care needs. Staff were aware of their needs and provided care and support, but their care records did not accurately reflect the level of their care and treatment. For another person who had fallen and had reduced mobility their care plan did not guide staff on their mobility needs or the equipment they needed. For a third person there was no behavioural care plan to guide staff on how to manage their behaviours. There was no record of a recent visit from a health professional and their recommendations in relation to the prescribing of a sedative, or a date for review. This meant there was no guide for unfamiliar staff on how to best support this person or accurate record of their care and treatment.

Accurate records of people's care and treatment were not always maintained and this was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement was also required as three people and two relatives told us they did not feel involved or consulted about their family member's care plan. Care plans were reviewed as people's needs changed but there was not always evidence that people had been involved in the planning and review of their care.

We saw that some care plans were written to address people's individual needs and preferences and there was guidance for staff on how to support people with their expressed wishes. For example, they explained what people felt able to manage independently and which aspects of care they needed support with. There was information about people's life history for staff to understand important facts about them and the significant people in their lives.

Arrangements to meet people's need for socialisation and stimulation required some improvement. We received mixed feedback about the activities provided at the home. Half the people told us there was enough to do; one person said, "I have enough to keep me amused. We have had some entertainers recently." Another person told us, "I like the activities when they happen." However, other people said they did not feel there was always enough to do. One person commented, "The activities aren't that great, but we enjoy each other's company." Another person told us, "It can get quite boring if our relatives don't come."

An activities organiser had started work at the service during the week of our inspection and we observed they consulted people about their preference for activities and if they wished to take part. They explained they were getting to know people and understand their preferences. They told us they planned to take people out into the community and to provide some individual activities as well as group activities to try to meet everyone's needs and to make use of the garden in the warmer weather.

During the inspection we observed some people were engaged in the group activities. Those who preferred not to take part occupied themselves reading or in their rooms, or chatted to each other, or found a game to play together. We observed that the activities organiser was left to manage the activities alone as staff were busy with other tasks. This meant that activities could be disrupted in order to assist someone with any request for support.

We discussed our concerns with the head of care who told us that they were working to improve the activities for people at the home. We will check on this progress at our next inspection.

People and their relatives knew how to complain if they needed to and were confident any problems would be dealt with. One person said, "I've never had to complain about anything. I would speak to the staff if there was a problem." A relative told us, "I've had no cause to complain in the past or at present." There was information displayed about the home on how to make a complaint. We checked the records and found that there had been no complaints recorded in the last year.

## Is the service well-led?

### Our findings

People and their relatives had mixed views about the running of the home. Some people and their relatives told us they thought the home was well run. One person said, "I am very satisfied. The home is well organised." A relative told us, "I think it is run well. Things seem to work." Other people and a relative felt they could be more involved in discussion about the running of the home. One person said, "Things could be improved. There have been too many changes recently." Another person commented, "We don't get asked what we think could be done to improve things here very much."

We found an absence of robust oversight at the inspection and that 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. The last monthly external health and safety check recorded was in November 2016. We found the light in the conservatory was not working and one person told us it had not worked for some time, but it had not been reported to the maintenance team or identified by any audits. The last monthly infection control audit and care plan audit was in October 2016. There was therefore a risk that any problems may not be identified in a timely way. No audit had been conducted of agency staff records and we identified one agency staff member's profile was out of date. This was rectified during the inspection but the issue had not been identified prior to this. Two staff records did not contain their full employment history as required and this had not been identified through the quality assurance system.

Systems to monitor risks to people did not always address identified risks. For example, we found hot water temperature readings had been recorded above the recommended safe level by the Health and Safety Executive in one bedroom and a bathroom during checks made since October 2016. Although a warning sign was in place the problem had not been reported. There was a risk of scalding as people at the home may not be able to react appropriately or quickly enough, to prevent injury, or may have reduced capacity to understand the warning sign. The water temperatures were addressed and rectified at the inspection but there had been no effective oversight to reduce risk.

Accident and Incident reports were not checked by senior staff to analyse for any patterns or consider additional action to reduce risk. For one person there had been four recorded incidents of falls since November 2016 but no action to analyse the falls to reduce risk.

The system for oversight and review to respond to people's changing needs was also not effective. Risks relating to the welfare of service users were not always acted on in a timely way. For example, no referral had been made to relevant health professionals to request assistance in the managing of behaviour that required a response until this was raised by the inspector at the inspection. For one person who records showed there had been previous applications for DoLS for their own protection no copy of the authorisation was available. This was requested from the local authority during the inspection but the issue had not been identified by the provider's quality monitoring system.

A pharmacy audit dated 8 September 2016 identified that the recorded medicines fridge temperatures were

on occasions below the minimum recommended temperature of 2 degrees centigrade. We checked the medicines fridge temperatures and they were still showing temperature readings below the minimum recommended. The concern identified by the pharmacist had not been acted on. Medicines audits completed after September 2016 had not identified this issue. This did not impact on anyone at the time of the inspection as no medicines were being stored there but there was a risk to safe storage of medicines if new medicines required refrigeration in the future.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's views were sought through surveys and we saw the results from last year were mostly positive. Records showed there had been one resident and relatives meeting in 2016. We saw feedback on some issues had been acted on. For example work on the garden had started in response to feedback from a residents meeting. However, there was no record to show people were routinely consulted or involved in menu changes, choice of furniture or décor, or other changes and improvements at the home.

There were some audits that had identified issues. Medicines audits had identified gaps in MAR charts and these had significantly reduced since the last inspection. Other issues raised by the pharmacy audit had been acted on, for example recording the date of opening on medicines. New chairs had been bought for the service. Staff training was monitored through the administrator to ensure staff remained up to date with their training.

The registered manager was no longer working at the home. A new manager had been appointed and was due to start at the home later in the month. The head of care told us the new manager would be applying to register as manager and had previously been a registered manager. The head of care had been supporting the home during the transition.

Staff said they felt well supported by the provider and head of care, and, that they were approachable and responded to any requests for support. They were aware a new manager had been appointed and told us they felt they worked well together as a team. There had only been one staff meeting in 2016 but they said they were a small team who communicated well and had good handovers between shifts so they did not feel this had been a problem.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality of the service and monitor risks to people were not always effectively operated. Accurate records of people's care are not always maintained.(Regulation 17(1)(2)(a)(b)(c)

### **The enforcement action we took:**

We served a Warning Notice on the provider requiring them to take action to meet the fundamental standards by 17 March 2017.