Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Ashgreen House

Sandbach Place, London, SE18 7EX

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Date of Inspection: 11 July 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Sanctuary Care Limited
Overview of the service	Ashgreen House accommodates up to 52 people who have elderly nursing, residential, or intermediate care needs. Ashgreen House is located in Woolwich in south east London.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Ashgreen House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safety and suitability of premises
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 July 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

At our last inspection on 22 and 23 January 2013 we found the provider needed to take compliance action to meet essential standards for: care and welfare of people who use services; safety of premises; assessing and monitoring the quality of service provision; and records.

At our inspection on 11 July 2013 we found the provider had taken action to meet these essential standards.

We did not speak to people using the service as part of this inspection because of the nature of the compliance actions we were following up.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

Reasons for our judgement

At our last inspection on 22 and 23 January 2013 we found proper steps had not been taken to ensure each person using the service was protected against the risks of receiving care or treatment that was inappropriate or unsafe. Some people's care and treatment were not planned in detail to ensure their needs were met. Moving and handling risk assessments were not completed consistently. Tools used to monitor people's condition were sometimes not fit for purpose or had been completed incorrectly. Not all staff were aware of the procedure for summoning timely and competent help in an emergency. The provider told us they had put an action plan in place to make the home compliant with this standard by February 2013.

At our inspection on 11 July 2013 we saw care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans we looked at had been rewritten and provided detailed instruction to staff about how care and treatment should be given to meet people's needs. The moving and handling risk assessments we saw had been completed to correctly and provided a reliable assessment of risk. Fluid charts were in place for people at risk of dehydration and had been used to record accurately the volume of liquids they had drunk, to enable staff to ensure people at risk of dehydration were drinking enough.

Records we looked at showed there had been an extensive programme of checks and re checks by the Home Manager to ensure people's care plans were fit for purpose and remained so.

An observation protocol for people who had had a fall was in place. The Home Manager confirmed the provider's accidents / falls 24 hour observation record was fit for purpose within the context of people using a nursing home service and was in line with the provider's prevention and management of falls policy and procedure which had been reviewed and approved by the Executive Committee of the Sanctuary Group in October 2012. As we observed at our last inspection, the record did not prompt staff to measure pupil size and reactivity, but did prompt them to measure the person's blood pressure and

pulse rate every hour, which was sufficient to alert nursing home staff to the need to call the emergency services or GP.

At our last inspection we observed some staff using the repositioning chart to record when a person's continence pad had been changed. The Home Manager confirmed that the provider had not considered it necessary to have a separate form for recording when a person's incontinence pad was changed as part of providing care which prevented people's skin breaking down. We saw instead that there were detailed skin condition and / or continence management plans in place for people requiring these kinds of support, and none of the people using the service had any pressure ulcers.

We saw in each of the home's four units the protocol for staff to follow in the event of an emergency on display. All staff we spoke with told us they would the use the emergency alarm system to summon qualified first aider assistance to provide appropriate assessment and treatment to a person who had collapsed or had been found not breathing, which was in line with the protocol and the provider's prevention and management of falls policy and procedure.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

At our last inspection on 22 and 23 January 2013 we found people who use the service, staff and visitors were not protected against the risks of unsafe premises. Some hold open devices fitted to bedroom doors were not working. This meant some doors were wedged or propped open and so would not close automatically on the operation of the fire alarm to act as a barrier to fire and smoke. The provider told us they had put an action plan in place to make the home compliant with this standard by 14 March 2013.

At our inspection on 11 July 2013 we saw the provider had taken steps to provide care in an environment where fire safety mechanisms were suitably designed and adequately maintained. Records we looked at showed all hold open devices had been checked by an external specialist contractor since our last inspection, and that faulty devices had been repaired or replaced and additional devices had been installed. The home had also entered into an annual service plan with this contractor.

On arriving at Ashgreen House on 11 July 2013 we saw all doors fitted with a hold open device were either closed or held open using the device only on the lower ground, upper ground and first floors. On the second floor we saw one bedroom door propped open using a chair, and relatives visiting the person in that room told us they had propped open the door because the hold open device was not working. A few of the hold open devices on the first floor and most of the devices on the second floor were beeping, indicating they were not working properly. Staff told us the devices had been knocked out of line and needed adjustment, or needed new batteries, and that they would report the faults as soon as their care duties allowed. In the meantime they would keep the doors closed. Staff demonstrated understanding that the doors must be kept closed to keep people safe in the event of a fire.

Faulty hold open devices were repaired in a timely manner. All devices were working properly by the end of our visit. We observed the contractor responsible for health and safety in the home attended Ashgreen House within two hours of staff reporting the faulty hold open devices. We saw the Home Manager was also able to make adjustments to the hold open devices and to change batteries. The Home Manager told us these were tasks that were normally carried out by the home's handyman who also checked on a daily basis

that the devices were working properly. However, the handyman had recently left and the home was in the process of recruiting a replacement. We were unable to assess the impact of the home's arrangements for the routine upkeep of the hold open devices.

Health and safety documentation held at the home did not provide assurance that hold open devices had been operational at all times. Staff we spoke with told us the operation of the hold open devices was checked as part of the weekly fire drill. Records we looked at showed weekly fire drills were taking place at the instigation of contractor responsible for health and safety in the home; however we could not find records to confirm the hold open devices had been operational at the time of each drill. This shortfall in the home's health and safety documentation was identified in the provider's annual audit of the home, which was completed on 04 July 2013. We saw the Home Manager had raised this with the contractor responsible for health and safety in the home on 09 July 2013 by email, to ensure health and safety checks completed by the contractor could be readily audited by the provider. We were unable to assess the impact of this correspondence.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

At our last inspection on 22 and 23 January 2013 we found the provider did not have an effective system in place to identify, assess and manage risks to the health and safety of people who use the service. Following an incident, such as a fall, changes to people's care to manage the risks to their health and safety were not always implemented, or the change that was recommended had been shown previously to be ineffective. The provider told us they had put an action plan in place to make the home compliant with this standard by February 2013.

At our inspection on 11 July 2013 there was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Records we looked at showed the provider's Accident, Incident and Near Miss procedure had been reviewed and amended in June 2013. Monthly accident reports were being collated to enable the provider to identify where repeated accidents indicated a person's needs may be changing and that their care plan should be reviewed in light of this. We saw, for example, that one person who had fallen on more than one occasion had been referred to their GP and physiotherapy for review.

Minutes of weekly business meetings we looked at showed accidents were discussed at every meeting. The meeting was attended by the nursing and senior care staff and they reported back the action they had taken after an accident or incident. In this way the senior management team reviewed the effectiveness of the steps taken to prevent recurrence of an accident or incident to ensure risk control measures were put in place that protected people from harm.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection on 22 and 23 January 2013 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. Some care plans did not provide fully accurate information about how people's needs should be met. Staff could not locate do not attempt resuscitation (DNAR) orders promptly, and some orders were not completed fully. Some records had been kept past their retention date. The provider told us they had put an action plan in place to make the home compliant with this standard by February 2013.
At our inspection on 11 July 2013 we saw people's personal records including medical records were accurate and fit for purpose. Care plans we looked at had been rewritten using the appropriate documentation so that they contained enough detail about how each of an individual's needs should be met. Do not attempt resuscitation (DNAR) orders we looked at were completed appropriately and the home had implemented a new system so that staff could quickly identify those people using the service for whom a DNAR order was in place.
We saw that archive records were kept securely and that more recent records could be located promptly when needed. Archive records had been moved to a locked archive room for which authorised personnel only had the key. Records archived since January 2013 were stored in labelled boxes to aid prompt retrieval if necessary.
Records older than three years and past their retention date had been identified and were stored in the archive room. The Home Manager told us they were in the process of arranging the secure disposal of these records through a registered contractor. We were unable to assess the impact of the home's secure disposal arrangements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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