

Bondcare (London) Limited

Ashwood Care Centre

Inspection report

1a Derwent Drive
Hayes
Middlesex
UB4 8DU

Tel: 02085731313
Website: bondcare.co.uk/ashwood/

Date of inspection visit:
15 June 2021

Date of publication:
19 July 2021

Ratings

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

Summary of findings

Overall summary

About the service

Ashwood Care Centre is a nursing home for up to 70 older people. The provider cares for people living with the experience of dementia, people with nursing needs and people being cared for at the end of their lives. At the time of the inspection 63 people were living at the service.

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

People using the service and their relatives, were happy with the care they received. They felt well supported, care was personalised and reflected their needs and preferences. People had been involved in planning their care and were able to make decisions about this.

People received their medicines in a safe way. The staff worked closely with other health care professionals to monitor and meet people's needs and make sure they received the health care they needed. When people were being cared for at the end of their lives, external palliative care teams offered support and guidance for staff so they could help make sure people were comfortable and pain free. People were supported to have enough to eat and drink. The staff responded appropriately where there were changes to people's needs, in their condition, weight or wellbeing.

The staff were well supported and trained. There was a positive culture and the staff enjoyed working at the service. They knew people well and were kind, caring and responsive to people's needs. There were appropriate procedures for recruiting staff to make sure they were suitable.

There were effective systems for managing the service. These included regular checks on all aspects of the service, as well as good communication between managers and staff. Incidents, accidents, complaints and safeguarding concerns were dealt with appropriately and lessons were learnt from these to improve the service. People using the service, visitors and staff knew and respected the registered manager. They felt able to discuss any concerns and felt these would be investigated and addressed.

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

Our last inspection of the service was a targeted inspection looking at infection prevention and control only (Published 6 November 2020). We did not award any ratings at this inspection.

The service was rated Good at our inspection of 6 June 2018 (Published 29 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Ashwood Care Centre

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 Care Act 2014.

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

The inspection was conducted by two inspectors, a member of the CQC medicines inspection team and a nurse specialist advisor. An Expert by Experience supported the inspection by making telephone calls to relatives to ask for 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

Ashwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the provider. This included records of contact we had with them since the last inspection, information from members of the public and statutory notifications the provider is required to tell us about significant events.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted representatives of the local authority quality monitoring team.

During the inspection

We spoke with people using the service throughout the day. Our discussions included more lengthy conversations with seven people and five relatives who were visiting the service on the day of the inspection. We also spoke with staff on duty who included, the registered manager, deputy manager, head of care, nurses, senior care assistants, care assistants, the chef, domestic staff and the activities coordinator.

We carried out observations of care and support. These included 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 looked at the whole care plans for eight people who used the service, and part of the care plans for a further five people. We looked at how medicines were being managed, the recruitment records for three members of staff and other records the provider used to manage the service. These included records of staff meetings, training, audits, complaints, accidents, incidents and safeguarding information.

After the inspection

We attempted to contact the relatives of 10 people who used the service on the telephone. We managed to speak with four.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely.
- Medicine Administration Records (MAR) provided evidence people were given their medicines as prescribed. Changes in doses had been handwritten onto MARs. Information on the MAR was correctly transcribed from prescriptions. However, these handwritten changes were not always checked and signed by two members of staff. We discussed this with the registered manager who agreed to make sure this happened in the future.
- Medicines were stored securely at appropriate temperatures. There was adequate stock of prescribed medicines.
- Some people were prescribed medicines to be taken on when required (PRN) basis. Guidance in the form of PRN protocols were in place to help staff give these medicines consistently.
- Care plans for medicines had the necessary information in them to help staff monitor and manage people's health needs.
- The local GP had carried out regular medicines reviews. The staff worked with NHS clinicians from the local area to optimise medicines for people at the home.
- There was a medicine policy in place. Staff members were competency assessed and received training to handle medicines safely. The provider had carried regular medicine audits with actions derived from them to improve medicine management at the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems designed to safeguard people from the risk of abuse. When concerns had been raised, the provider had worked with other agencies, such as the local authority, to investigate these and protect people from further harm.
- People using the service and their relatives felt they were safely cared for, with one relative explaining, "[Person] is definitely safe, more so than at home."
- There were appropriate policies and procedures for dealing with safeguarding alerts. The staff received training in these, so they knew what to do if they were concerned about someone being abused. They were able to explain this to us.

Assessing risk, safety monitoring and management

- The staff assessed risks to people's safety and wellbeing. Risk assessments included information about how to reduce the risks whilst supporting people to make choices and be as independent as they could safely be. The assessments included personalised details about individual needs and how people wanted to be supported. Assessments were regularly reviewed and updated.

- The staff demonstrated a good understanding about how they supported people and managed risks. We observed staff supporting people to move around the home safely and with eating and drinking. They used safe techniques and made sure people felt comfortable and well informed about what they were doing.
- Equipment used to support people was appropriately maintained. There were dedicated "sling" champions on each floor, staff assigned the role of checking slings each week to make sure they were in good working order. We saw other equipment, such as hoists, specialist mattresses, wheelchairs and sensor mats, was also regularly checked.
- The provider had carried out assessments of the environment and regular audits of health and safety. These assessments included fire safety arrangements. There were clear evacuation plans, including individual plans which identified the support each person needed in the event of evacuation.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. We saw staff attending to people's needs and responding to requests for help. The staff explained they felt there were enough of them and they did not feel rushed.
- The provider used a tool to assess staffing requirements based on people's needs. This was regularly reviewed.
- There were appropriate systems for recruiting and selecting staff. These included making checks on their identity, professional registrations, eligibility to work in the United Kingdom and asking for references from previous employers and details of any criminal records from the Disclosure and Barring Service (DBS). All potential staff attended a formal interview where their skills, knowledge and attitude were assessed.
- New staff completed a range of training and an induction where they were supervised and assessed. This meant the provider was able to judge whether they were suitable.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling infection. Procedures had been updated and reviewed since the start of the COVID-19 pandemic and included safe working practices in line with government guidance. Visiting relatives and staff confirmed the procedures were followed, with one relative explaining, "There are no concerns at all around safety, everyone has found the COVID-19 situation difficult, but the home had done their best." Another relative told us, "They are absolutely doing the whole infection control procedure, they are very strict with this."
- There was enough personal protective equipment (PPE) for staff and visitors, with clear procedures for the use and disposal of this. There were hand washing areas and sanitiser throughout the building. The provider made regular checks to ensure staff were following good hand hygiene and wearing their PPE.
- There were enhanced cleaning schedules and infection control audits which helped to make sure all areas of the environment were clean and infection free. Staff demonstrated a good awareness of infection prevention control and were able to explain about this.
- There was a regular programme of COVID-19 testing for staff, people who used the service and all visitors. Staff and people using the service were encouraged to have vaccinations against COVID-19 and seasonal flu.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They recorded, investigated and responded to all accidents, incidents and other adverse events. There was evidence learning was shared with staff to improve practice.
- Senior staff attended regular meetings where they shared information about changes in people's needs, any wounds, infections, changes in people's weight, hospital admissions or complaints. They discussed whether changes needed to be made to keep people safe or improve the service in other ways.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The staff assessed people's needs and choices before they moved to the service. They met with the person and their representatives, as well as gathering information from other professionals. Care plans were developed to reflect these assessed needs.
- People and their relatives told us they were happy with the assessment process, they said they had been involved in this and that moving to the service had been well managed. One person told us, "I was greeted warmly at the door [when I first moved here]. I couldn't fault anything."

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported, trained and supervised. The provider employed an 'area trainer' who worked with Ashwood Care Centre and two other Bondcare homes to assess training needs and provide training for staff. They explained they worked with individual staff to meet their training needs.
- New staff completed a range of face to face and online training. They undertook inductions where they were assessed, and their knowledge and skills were tested. The registered manager and other senior staff regularly reassessed all staff members' abilities.
- Nursing staff were provided with clinical training and supervision to make sure they had the skills they needed. The nurses told us they took lead responsibility for specific areas of care, such as monitoring wound care.
- The staff told us they had the information they needed to care for people safely. This included regular team and individual meetings and daily handovers of information. There were also training boards where staff were provided with quick reference guides to key areas and the registered manager had created laminated cards the staff could carry with them to remind them about their responsibilities under the Mental Capacity Act 2005.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. People spoke positively about the food. Some comments included, "The food is excellent" and "The food is nice." Relatives explained they were able to bring home cooked food for people to encourage them to eat if this is what they wanted.
- The staff carried out nutritional and hydration assessments and created personalised care plans about these needs. When people required additional support with eating, drinking or swallowing, the staff had referred them to the appropriate medical professionals. They had incorporated guidance from the professionals within the care plans. People were regularly weighed and changes in their weight were reported to senior managers, monitored and, if needed, referrals made for additional support.

- The staff encouraged good hydration and monitored people's fluid intake. When this was consistently lower than required, they had taken action. People always had drinks available and were offered liquid based foods to help increase fluid intake.
- The provider catered for a range of different dietary needs, including those with cultural and medical needs as well as lifestyle choices. The chef understood about texture modified foods and there was guidance and information for staff about this and why it was important to make sure people had the right consistency of food and fluid.
- The registered manager undertook catering audits and people using the service were encouraged to give feedback about the food and any changes they wanted.

Adapting service, design, decoration to meet people's needs

- The building and equipment being used were designed to meet people's needs. People had their own rooms with en-suite facilities. Their equipment needs were assessed, and they were provided with the equipment they needed, such as specialist beds, mattresses, cushions, sensor equipment and chairs. These were regularly serviced and checked by staff to make sure they were suitable and safe to use.
- Bedrooms and communal areas were suitably decorated, and furniture was appropriate and complemented the rooms. There were some attractive features created by staff to make the environment more pleasant, these included paintings. There was a well-kept garden with areas for people to sit and receive visitors.
- Throughout the building were notice boards and information to help orientate people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health care needs were assessed, monitored and met. The staff worked closely with other agencies in making referrals for additional support and alerting medical staff to changes in people's needs.
- People had access to healthcare services. The GP had a weekly surgery for the home, consulting with anyone who needed an appointment. The service was also supported by the community matron who spoke with the nurses daily to assess people's changing needs and make sure the staff were meeting these. One relative told us, "The standard of care is excellent. [Person] has regular dentist and optician appointments." We saw evidence of regular consultation with specialist healthcare teams.
- There were care plans for people's individual conditions and physical health care needs. These included clear guidance, which staff followed, and regular reviews. Wounds were appropriately assessed and treated, and there had been improvements in the conditions of people's wounds.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider ensured people's consent for care and treatment. For people who had the mental capacity to

make decisions about their care the provider had sought their consent. They offered choices to people about everyday decisions and people confirmed this. The staff had a good awareness about the MCA and obtaining consent.

- Where people lacked the mental capacity to make decisions, the provider had sought consent from their legal representatives and made decisions in people's best interests along with these representatives and others who were important to the person.
- The provider had made applications for DoLS authorisations as needed and made sure conditions of any authorisations were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and were respected. People using the service and their relatives confirmed this with comments which included, "They are very caring and don't make you feel as if you are a burden", "They are always so cheerful and wanting to do something for you", "The staff are attentive and treat residents and relatives as one big family" and "The carers are good, kind and understanding."
- We observed kind and caring interactions. Staff were patient with people, gentle and considerate of their needs. The staff knew people well, including their preferences and interests. They spoke with people politely, offering them choices, comforting them when they were distressed and explaining what was happening.
- One member of staff was a "dignity champion" who helped to provide information and training for staff about privacy and dignity. They worked with the registered manager to carry out audits and observations to help make sure people were well treated.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices about their lives and were involved in decisions about their care. We observed staff offering people informed choices and respecting these. People also confirmed this, telling us they were able to make choices.
- Care plans included detailed information about people's known preferences and likes. This helped the staff to have a better understanding of how people would like to be cared for. People's relatives, or those who were important to them, had helped develop care plans, especially for people who did not have the ability to express their own needs and choices.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. Care was provided behind closed doors and discreetly. Staff addressed people politely, using their preferred names.
- People living at the service were from a variety of different religions and ethnic backgrounds. The staff supported them to access religious services and prayer when they wanted this.
- People were supported to be independent where they were able, and their care plans stated what people could do for themselves.
- The provider had a number of thank you cards and letters from people who had used the service and their relatives. These explained how people had felt well treated and respected with one relative stating, "You have helped us through the last 18 months and made us feel special. You made us feel like [person] was the most important person there. And we know you do that for all your residents and families."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. People using the service and their relatives told us they were happy with the care they received. One relative commented, "There has been a big improvement in [person's] wellbeing – [they] have improved under [Ashwood Care Centre]'s care."
- We saw people were well cared for. Staff were attentive to their needs and offered them choices.
- Care plans included personalised details about people's needs and preferences. These were regularly reviewed and updated. Relatives told us they had been invited to participate in reviews and were well informed when people's needs changed. The staff demonstrated a good knowledge of the people they cared for.
- Records of care provided showed people's care plans were being followed. The provider used an electronic recording system where they could monitor how people's needs were being met and check they were given the care and support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Literature and information about the service was available in different languages and formats if requested. Staff spoke a range of different languages meaning most people had at least one member of staff who spoke their first language. For people who did not speak English, the staff could also use prompt cards and easy reference guides to help with communication.
- People's communication needs had been assessed and there were care plans relating to this. Staff were reminded how to support people to make choices using objects of reference and key words when needed. There was also information about how to understand people's non-verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in contact with friends and family. During lockdown periods, staff supported people to use video calling to stay in touch. Since the easing of national restrictions of care home visits, the provider had set up an effective system where families and friends could book visits, and these were managed safely. Families we spoke with told us they felt this had been well managed. They told us the staff kept in regular touch with them and shared photos and videos of their relative when they couldn't visit

them.

- Prior to the COVID-19 pandemic, there were good links with the local community including schools, colleges, religious groups and visiting entertainers. Whilst visits from external groups had been restricted, the staff had tried to support remote contact with other groups. They also followed a programme of planned activities within the home for people to take part in.
- There were activity coordinators who planned and supported different activities. People using the service told us they were happy with this, and we saw people engaging in different activities during our inspection. People using the service and families told us the staff had made special efforts to help people celebrate birthdays and special events.

Improving care quality in response to complaints or concerns

- There was a suitable procedure for dealing with complaints and concerns. People using the service and their relatives told us they knew who to speak with if they had any concerns and felt they would be listened to.
- The registered manager kept a record of all complaints. We saw these had been effectively dealt with and responded to. There was evidence the findings of investigations had been discussed with staff so they could learn from these.

End of life care and support

- People being cared for at the end of their lives were supported to be comfortable and pain free. The staff worked closely with external professionals to monitor people's needs. There were no restrictions for friends and families to visit or stay with loved ones when they were dying.
- The staff had created care plans which outlined people's preferences and needs for the end of their life and after death. Families were presented with photo albums of memories for people who had died. The staff demonstrated a good understanding about providing dignity and support for people they cared for and their families during and after the end of their lives.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and person-centred culture at the service. People using the service and their relatives confirmed this with comments which included, "I don't know what they could do better", "They are so friendly and good, it is a home from home, I can't fault them, [registered manager] has bent over backwards to help me and [person using the service]" and "This is a really nice place for [person] to live."
- Staff explained they enjoyed working at the service with many of them describing the atmosphere as like a "family." Staff told us they were given opportunities to develop their careers and skills, that the management team were approachable.
- Regular audits of the service showed that people's needs were being met, there were low instances of falls and infections and these were responded to appropriately.

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 understood their responsibilities under the duty of candour. They submitted notifications of significant events to CQC and informed other relevant agencies, such as the commissioners and local safeguarding teams when things went wrong.
- There was evidence the provider had responded to all complaints and concerns, keeping the complainant informed and offering apologies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior team were appropriately qualified and experienced. They understood their roles, responsibilities and legal requirements. They kept themselves updated with change in legislation and guidance.
- People using the service, their families and staff gave positive feedback about the registered manager and deputy manager. Some of their comments included, "[Registered Manager] is very hands-on. [They don't] just manage, [they] know exactly what is going on", "[Registered manager is very understanding and helpful]", "[Deputy manager] is an angel, all the management here are good" and "The manager and seniors support me, [they] are really good."
- Staff told us they were given appropriate information and guidance for their roles and they could ask for help when they needed it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and other stakeholders. They asked them for feedback and their views and kept them informed of changes within the service. One person told us, "They've been very supportive and kept us updated" and a relative commented, "There are no problems with communication, I am not worried at all, they keep in contact with me."
- The provider had identified people's protected characteristics. Care plans gave information for staff about how to support people with these needs, for example providing support for them to practice their religion. They also supported staff needs in this area. One member of staff explained that the management team had undertaken risk assessments and provided them with support when they were pregnant.
- There were regular surveys asking for people's views and experience. The registered manager collated the responses and had addressed any areas of concern.
- There was a regular newsletter providing information for people using the service and their friends and families about special events and news from the service.

Continuous learning and improving care

- The provider had effective systems for monitoring and improving the quality of the service. They undertook a range of audits on all aspects of the service. Staff of all levels were involved in the auditing and checks and worked together to identify where improvements were needed.
- The registered manager met with senior staff to discuss the service and individual needs. They developed action plans where improvements were needed and followed these up to check on the improvements.
- People using the service, staff and other stakeholders were asked for their views and these were considered when developing the service.
- There were plans for continuous improvement, and since our last comprehensive inspection, the provider had made improvements which included changes to the environment, staffing structures, care planning systems and quality monitoring systems.
- The staff took part in supervision meetings where they reflected on their work and how they could make improvements and learn from things that had gone wrong.

Working in partnership with others

- The staff worked closely with other professionals to make sure people's needs were being met. They made timely referrals to healthcare professionals and followed their guidance and plans. The registered manager showed us an email they had received from an external professional shortly before our inspection. They commented on the positive partnership working with external professionals and healthcare teams to provide safe care to people being discharged from hospital.
- The registered manager attended meetings and forums with other local managers and the local authority to keep themselves updated and share ideas and information.