

Brownlow Enterprises Limited

# Ashfield Care Home

## Inspection report

23-25  
Castle Road  
London  
N12 9EE

Tel: 02084454100

Date of inspection visit:  
18 May 2023

Date of publication:  
13 July 2023

### 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

Ashfield Care Home is a residential care home providing personal care to up to 23 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 22 people using the service.

Ashfield Care Home accommodates people in one adapted building across 3 floors, accessible by a lift. The service had recently developed 3 one bedroom flats at the rear of the property which accommodates people of lower dependency. Residents had access to a communal lounge, dining area and garden.

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

People received safe and effective care from a qualified and competent staff team. The service ensured people's safety by ensuring risks to people were appropriately identified and managed. People were protected from abuse or risks of abuse as staff were trained in safeguarding and knew their responsibilities to raise concerns. Staff ensured people received their medicines safely. People were protected from the risk of infections as staff adhered to infection control measures.

Managers assessed people's needs and made sure these were reflected in their care plans. The service served healthy meals to people and staff knew how to support each person with their eating and drinking needs. Staff also promoted people's health and wellbeing by making sure they had appropriate access to healthcare services.

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.

Staff were caring, respected people's differences and promoted their independence. Staff knew people well and delivered care according to people's specific needs. People were encouraged to stay active as much as possible and engage among each other in activities organised by staff.

The leadership team was supportive and aware of their duties. Managers and staff had worked together to implement positive changes and address previously identified shortfalls. Systems were in place to manage complaints, capture people's views and assess the quality of service.

People, their relatives and staff were overall satisfied with the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 May 2022) and there were breaches

of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was 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 ●

# Ashfield Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was carried out by 1 inspector, and 2 Experts by Experience who observed care and spoke to people during the inspection, and spoke to relatives for their feedback following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We interacted with 9 people living at the service. We spoke with a senior care worker, the deputy manager, the registered manager and a visiting healthcare professional. We observed interactions between people and staff, activities and mealtimes. We explored the premises while looking at aspects of health and safety and infection control.

We reviewed a range of records. This included 5 people's care records and several medicines records. We looked at 6 staff files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including quality assurance, staff training, accidents and incidents, complaints, policies and procedures, health and safety, and meeting minutes were also reviewed.

Following our visit, we spoke with 4 relatives and a further 3 care workers.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Staff carried out regular checks on the premises and equipment to make sure they were free from hazards and in good working order. This meant people's health and safety were protected from risks arising in their living environment.
- The provider had refurbished parts of the home, including fitting new carpets, purchasing new mattresses and fitting new tiles in some bathrooms. Premises were kept clean and free from clutter. Any maintenance issues were reported and addressed promptly.
- Staff completed other safety checks in relation to gas, water, electric and fire safety. During our visit, we felt a room was rather hot as it appeared the heating was on the maximum setting. We discussed this with the registered manager who made sure the thermostat was properly adjusted and assured us staff carried out daily monitoring of people's rooms to check that people were comfortable.
- The service assessed risks to people's health, care and safety, and implemented guidance for staff to follow to make sure people received safe care and support. Risk assessments covered a range of areas, including mobility, eating and drinking, swallowing/choking, confusion, fire safety, and health conditions such as diabetes and people who were on oxygen therapy.
- Staff knew people well. We observed a staff member who interacted with a person, whose mood was elevated, in a calming and deescalating manner. A relative told us, "I believe the service is safe a secure."

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm and risks of abuse because staff knew the signs of abuse and how to report concerns effectively.
- Staff received training in safeguarding and their comments on the topic included, "Immediately inform senior carer or manager", "Call 999 if needed" and "Contact CQC."
- Relatives felt people were protected from harm and lived in a safe environment. A relative said, "[Person] is safe because there is always someone there keeping an eye on him, feeding him and really looking after him."

## Staffing and recruitment

- The service recruited and deployed staff safely.
- Managers carried out safer recruitment checks to make sure only suitable staff were employed. Staff files showed identification checks, employment references, interview questions relevant to roles, and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there were enough staff on shift as people's needs were met without staff having to rush excessively. A relative told us, "Staff come reasonably quickly when [person] needs anything."
- However, we were not fully assured about the staffing level at night mainly due to the risk of staff not being able to complete all their tasks while ensuring adequate supervision of people in the communal areas. For example, daytime staff began work at 8am when most of the personal care tasks would have been completed by the night staff, particularly when people woke up early. This meant there was an increased pressure on the night staff to ensure people's needs were met safely.
- We discussed this with the managers who acknowledged the issue and responded immediately after the inspection with a plan showing how they were planning to review the staff rotas, and alleviate pressures.

## Using medicines safely

- People received their medicines as prescribed. Medicines were stored, dispensed and returned safely.
- Staff were trained and assessed as competent to manage people's medicines. Staff signed medicines administration records (MAR) soon after having supported a person to take their medicines. MARs were clear, legible and contained the important information to identify each person, such as name, date of birth, address and the person's photo. This reduced the risk of errors.
- People who were prescribed 'when required' (PRN) medicines, such as medicines for anxiety and painkillers, had protocols in place instructing staff when to administer these medicines. However, the protocols were not always personalised. We raised this with the managers who immediately reviewed them to ensure they contained specific instructions for each person. Following the inspection, the registered manager provided examples of updated PRN protocols.
- People who were on blood thinning medicines had appropriate guidance in place, which clearly explained the purpose of the medicines and their possible side effects to be mindful of.

## Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe. Their infection control policy was up to date.
- Premises, including people's rooms, bathrooms, communal areas and the kitchen, were clean, odour-free and hygienic. We observed a staff member cleaning and disinfecting different areas of the home throughout the day of the inspection.
- Staff wore personal protective equipment appropriately. Staff handling food adhered to requirements set out by the Food Standards Agency. A relative told us, "As far as I see, the home is clean and yes, staff wear gloves and aprons when they should."
- People were able to have visitors without restrictions, as per current guidelines.

## Learning lessons when things go wrong

- The service captured information when things went wrong and learned from it.
- Managers reviewed accidents and incidents, near misses, complaints and any safeguarding concerns routinely. Lessons learned and ideas for improvement were regularly discussed among staff in meetings.

# 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.

When we last inspected this key question under the previous provider in 2020, we rated it good. The rating for this key question has remained good. 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

- Managers assessed people's health, care and safety needs prior to them moving into the service or soon after.
- Where possible, people and their close relatives engaged in the assessment process to make their preferences known. Managers then used the information gathered in their assessment, as well as any information supplied by previous placements to create a personalised care plan for each person.
- The service had systems in place to make sure staff delivered care in line with best practice. The registered manager knew where to find relevant guidance and support.

Staff support: induction, training, skills and experience

- The service ensured staff had appropriate training and skills to perform their work.
- Newly recruited staff received a thorough induction comprising working under the supervision of experienced staff, learning about people and their needs, and completing mandatory training, including the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were provided with refresher training courses in areas relevant to their roles, including dementia awareness, pressure care, diabetes awareness, fire safety, nutrition, and moving and handling. This meant staff had access to the latest guidance and recommendations, and had their knowledge, skills and competency regularly appraised.
- Managers supported staff with ongoing supervisions and appraisals. Staff told us they felt supported in their roles. Comments included, "They're very happy to support me" and "They support me if I have any problem."

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

- Staff supported people to eat and drink as per their wishes and dietary requirements.
- The service had a diverse menu in place which reflected people's culture, religion and health needs. People were able to choose from a choice of 2 meals for their lunch and supper. There was a variety of food and drinks available for breakfast, including a range of cereals, eggs, mushrooms and toasts. Staff served drinks and snacks to people throughout the day and during the night if people were hungry or thirsty.
- However, while some people were vegetarian and others did not eat pork, we noticed the menu for the evening meal on the day of inspection consisted of 2 pork-based meals. We queried this with the registered manager who assured us there was a third option, which was a vegetarian meal. The registered manager

updated their menus following the inspection to make sure all options, including vegetarian meals, were clearly shown.

- Staff, including managers, care workers and kitchen staff, knew people's eating and drinking preferences, and dietary requirements, and made sure people were supported accordingly. People who had diabetes were offered a low-sugar diet and people who were at risk of malnourishment were placed on fortified diets. One person who had swallowing difficulties was provided with a texture modified diet as recommended by the speech and language therapist, which staff were fully aware of.
- We found the atmosphere during mealtimes was calm and pleasant. Feedback on the food from people and relatives was mostly positive. One person told us after they had had their lunch that they had enjoyed their meal, especially the roast potatoes, and that they were full. A relative told us, "The food is good. There is a varied menu. [Person] hasn't got any teeth, so she has a soft diet and she has a good variety."

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

- The service supported people to access healthcare services and live healthy lives. Staff worked with other agencies, such as healthcare professionals and health services, to make sure people received effective care.
- Staff monitored people's health and wellbeing closely, including oral health, and escalated any deterioration or concerns quickly. Senior care workers and managers referred people to specialist services, such as physiotherapy and the district nurse team, when needed. Records showed exchanges between the service and other professionals regarding having extra support for a person for them to be able to go out more.
- People's health conditions and associated needs were clearly documented in their care plans. Staff recorded people's medical appointments and health reviews. Relatives had no concerns about how the service managed people's health. Comments included, "They got the GP to check [a medical condition] and they are monitoring it, so that's reassuring. The nurse I spoke to is keeping an eye on it too", "[Person] has the chiropodist and hairdresser who visit" and "When [person] needed to go into hospital they quickly arranged that and let me know. They are really good in that sense."

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

- The layout of the service enabled people to move around freely. Premises were well lit, and floors were levelled and/or equipped with ramps to minimise risks of tripping and accommodate wheelchairs and mobility scooters.
- People had access to ample outdoor spaces. We observed a group of people sitting in the garden and interacting with staff. One person told us, "We love the garden and can sit on the bench together to relax."
- Managers and staff were working with people and their relatives to personalise people's rooms. The provider had plans to extend the lounge/dining area to increase the communal space for people.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and were knowledgeable about its requirements.
- Staff talked people through any activities or tasks they were undertaking with them and sought their consent before providing care. People had choices and were supported by staff to make them. A person told us they felt comfortable and was able to go out early in the morning to have their breakfast of choice in the café.
- Care plans contained information on people's capacity and decision-making abilities. Where people's liberties were being deprived, it was in their best interest and supported by appropriate authorisations, which managers closely monitored.

# 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.

When we last inspected this key question under the previous provider in 2017, we rated it good. The rating for this key question has remained good. 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

- Staff treated people well and with respect. A relative said, "[Staff] are lovely and kind and always go out of their way. They are super and I'm very grateful [person] is there being well looked after."
- Staff understood and respected people's equality and diversity needs. Care plans included people's preferences or requirements regarding their culture, religion and other individual needs.
- We observed caring and friendly interactions between people and staff.

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

- Staff supported and encouraged people to express their views on their care and contribute by making decisions about their care.
- Senior staff and managers held regular meetings with people to discuss various aspects of their care and the service, including food, people's rooms, activities and staffing. Staff approached people who were not present at the meeting individually to discuss their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, preserved their dignity and promoted their independence.
- Staff spoke to people in a patient and respectful manner. A relative told us, "The staff are very caring, considerate and patient."
- Staff supported people to maintain their independence as much as possible. We observed staff giving people a lot of encouragement during activity sessions and mealtimes. A relative told us, "Staff give [person] independence with walking and offer him help if he needs it and are so patient with him."
- People's care plans contained assessments of their independence, which described the level of support they needed and prompts for promoting their independence.

# Is the service responsive?

## Our findings

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

When we last inspected this key question under the previous provider in 2020, we rated it good. The rating for this key question has remained good. 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 care and support that was tailored to their individual needs.
- Each person had a person-centred care plan, which clearly outlined the different aspects of their care, including their physical and mental health needs, personal care routines, nutrition and hydration, and other support needs. Care plans also contained information on people's personal histories, interests and hobbies, jobs they have had, and relationships.
- Staff knew people's individual needs and respected their choices. A relative told us, "Staff have got to know [person's] ways and habits well, her likes and dislikes. They have got to know her mannerisms." Another relative said, "They know how [person] likes his tea. His hands shake so they give it to him in a cup which he likes, with a straw."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff learned people's ways of communicating and interacted with them accordingly so that there was an understanding between them. Care plans contained specific information about people's communication abilities and instructions on how to communicate with them effectively.
- Some staff were able to communicate with people in their native language. The registered manager told us they could provide information to people in different formats if needed.

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

- Staff encouraged and supported people to participate in a range of activities to make sure people remained stimulated, socially engaged and to support their wellbeing.
- We observed the activity coordinator and care workers engaging with people through different activities throughout the day. This included quizzes involving a group of people, ball games, exercises and 1-to-1 activities. A relative told us, "They have activities going on for those who want to join in. When the world cup was on, they were playing armchair football."
- People who wanted to were supported to practice their religion by attending places of worship. Records

showed staff trying to arrange for people to take part in church services.

- Staff encouraged people to build relationships among themselves. We saw staff being responsive to this by enabling 2 people who had developed a bond to sit together and chat during mealtimes. A relative told us, "They know who his friends are, and the staff promote these friendships."

Improving care quality in response to complaints or concerns

- A system was in place to record and respond to complaints.
- There was 1 entry in the complaints log since the past 12 months, which clearly showed what the concern was and actions taken by the service to address it.

End of life care and support

- At the time of the inspection, the service did not support anyone who was at the end of their life. However, the registered manager told us they were prepared to provide this type of support if needed. They said staff would receive appropriate training and they would work with the relevant external services to ensure people received appropriate care and support.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the provider had not ensured governance systems were in place or robust enough to assess and reduce risks within the service. This placed people at risk of harm and was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear management structure in place and the staff team had worked on the issues we found at the last inspection, and made improvements.
- The provider had carried out work on the physical environment and equipment within the service to promote safety.
- Managers carried out regular audits of the service to monitor, assess and improve the quality of service, while reducing risks to people. Audits covered several aspects of the service and the care people received, including medicines, health and safety, mealtimes and care records. Managers and senior care workers worked together to make sure they continuously learn and improve.
- The registered manager had the skills and experience to perform their role effectively, and understood their regulatory responsibilities. They told us they received adequate support from the provider's internal support team.
- The registered manager also managed another service, located a 15-minute drive from Ashfield Care Home, under the same provider. They and a newly recruited deputy manager made sure to be accessible and have adequate management oversight in place.

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

- Managers and other staff created an open and inclusive culture, which maximised choice and protected people's rights.
- People, relatives and a healthcare professional spoke positively of the service. One person told us they had been in a few different homes over the years and Ashfield Care Home was "up to scratch". They also said, "They look after the residents well." Other comments included, "Staff are very professional and polite" and "The atmosphere is pleasant, nice, relaxed and homely; in fact, its cosy."

- Staff were also appreciative of working for this service. A staff member told us they would recommend this home to their own family.

Working in partnership with others; 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 service worked with other organisations, such as local authorities and healthcare teams, to provide consistent and effective care to people.
- The registered manager was aware of their responsibility to be open and transparent when things go wrong.

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

- The service sought feedback from people, their relatives, staff and other professionals as part of improving the service. They did this through satisfaction surveys, meetings and regular conversations.
- One person told us they had completed a questionnaire a week before the inspection, in which they were asked about their likes and dislikes. A relative said, "I completed a survey as an email last month."
- Staff were able to express their views to the managers and told us they felt listened to.