

Nationwide Healthcare Limited

# Ashwood Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Ashwood Lodge is a residential care home that provides accommodation and personal care for up to 23 people with mental health problems. On the day of our visit there were 19 people using the service.

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

Medicines were administered safely. Medicine records were not always correct; however, this was addressed immediately. People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. The management team sought to learn from any accidents or incidents involving people. Some concerns with infection control were addressed immediately.

Staff were recruited safely and received appropriate training and support to enable them to carry out their role effectively. 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. People were happy with the food provided

Staff were caring and treated people with kindness and respect.

People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them. People were confident to raise any concerns. People enjoyed the activities provided.

There was a clear management structure and staff were supported by the registered manager. Quality assurance systems were completed. The registered manager would benefit from some administrative support.

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 good (published 15 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 Lodge 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashwood Lodge is a care home. People in care homes receive accommodation and nursing or personal care as 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

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The PIR was completed prior to the last inspection but still provided relevant details. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four visitors. We spoke with five members of staff including the registered manager, senior care worker, care workers, activity coordinator and the cook. We also spoke to a volunteer.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# 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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always safely recorded. We saw one controlled drug had not been signed for the night before. The registered manager addressed this immediately.
- We checked a sample of people's medicines that were supplied in original packs or bottles and found the amount of medicines recorded as in stock was not always correct. This was due to the stock from previous months not being carried forward. The registered manager completed a full stock inventory immediately and put extra checks in place to prevent this happening again.
- People did receive their medicines as prescribed. However, we observed people had their lunch interrupted to take their medicines which included inhalers and eye drops. The registered manager arranged for the lunch time medicines to be administered before or after lunch in the future.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed.
- We saw evidence of positive risk taking to promote independence.
- The home was safe and adequately maintained. Regular checks on the home's environment and the fire, gas and electrical systems were undertaken and all were satisfactory.

### Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection. We found some areas of concern such as rust on toilet seat supports and gaps in bathroom flooring. These were all addressed immediately.
- Staff used effective infection control procedures. We saw staff using personal protective equipment and good hand washing techniques.

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

- People told us they felt safe and secure living at the home. Comments included, "I feel safe and secure, I really do" and "I can sleep at night knowing my relative is looked after."
- There were robust processes in place for investigating any safeguarding incidents. We saw records which confirmed that where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.
- Staff were knowledgeable about safeguarding processes and how to raise any concerns, internally and externally.

#### Learning lessons when things go wrong

- Accident and incident analysis were in place and appropriate action taken to avoid reoccurrence.

#### Staffing and recruitment

- Staffing levels met the needs of the people using the service
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service.

# 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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People made positive comments about the quality and choice of meals. There were three options for people to choose from.
- Kitchen staff went and spoke to every person to ask what they would like for lunch and again on an afternoon to see what people wanted for dinner. They explained what the options were and offered alternatives where needed. One person had chosen soup for lunch but when they saw other people's plates changed their mind, this was not a problem.
- People's specific dietary needs were catered for.

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

- We saw improvements had been made to the environment with homely touches.
- People could access different communal areas and an outside space.

Staff support: induction, training, skills and experience

- The registered manager had started to implement the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular support through supervisions and a yearly appraisal.
- Staff told us they received appropriate training and records confirmed this.

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

- Everyone who moved into the service had an assessment of their needs before starting to use the service. This ensured they had access to appropriate resources and the service could meet their needs.
- The information from the assessments was the basis for the care plan. Care plans were reviewed monthly or more often if required.
- Staff talked about people's individual needs and explained how they provided the support people needed. Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.

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

- There were good links to external health and social care professionals and visits or appointments were made when needed.
- Care records showed other professionals were involved in the care and consulted to make sure people's health care needs were met.



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.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately. At the time of the inspection 14 people had a DoLS in place.

# 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 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

- People who used the service were complimentary about the staff. Comments included "Staff are kind and compassionate" and "I sometimes weep, and staff comfort me and listen to me."
- Staff were observed to be kind, patient, respectful and considerate. They understood every person and knew what was important to them. They knew people's preferences and how they preferred to spend their days.
- We saw one person was becoming agitated. The registered manager noticed this and sat and had a cup of tea with the person and chatted. The person instantly relaxed and enjoyed this interaction.
- Staff had received training on equality and diversity. One staff member said, "Everyone is different but should be offered the same opportunities." One person did not celebrate Christmas and due to this a member of staff took them out shopping or for a meal, when Christmas parties took place.

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

- People were involved in decisions, whether it was to do with their own personal needs or the needs of the home. One person said, "I like to talk, and staff have time to chat and they do listen." One staff member said, "I make sure I listen to people and I show people I am listening, I never interrupt or finish their sentences."
- Both formal and informal meetings for people who used the service took place and people were asked for their views and to share ideas.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One staff member provided an example of how they respected a person's privacy at a particular time. This staff member had made sure the person's comfort and privacy was at the forefront. One person said, "There are things I have never had to have assistance with before and staff have done it for me and I have been happy with the way they have carried it out."
- Staff encouraged people to maintain their independence where possible. One staff member said, "Some people struggle with their mobility but still try to walk unaided, I gently remind people that they may fall and ask if they will let me help them."

# 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 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 focused on individual needs, preferences and what was important to them.
- People had details about their life history and people important to them as part of their care plans.
- People's care plans contained information about their likes, dislikes and wishes, staff had guidance on how each person liked to be cared for. For example, one person only preferred one member of staff to be present when they were receiving personal care.

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.

- Staff knew how people preferred information to be provided to them.
- We saw good communication care plans which detailed how people expressed a need. For example, one person made a roaring sound if they were in pain.

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 spend their time as they wished. One person loved knitting but due to dexterity issues was unable to use the needles. Staff sourced some large chunky knitting needles and patters so they could continue with their hobby.
- People took part in activities such as chair exercises and word games.
- A staff member who provided activities said, "They [people] love word games, we go out for lunch as often as we can too, at least once a month."
- During the hot summer the staff had arranged for an ice cream van to come into the grounds and offer everyone an ice cream. One person said, "It was a really nice thing to do." Another person said, "It was good in the summer, they [staff] made sure we had hats and drinks and the ice cream man came."

Improving care quality in response to complaints or concerns. The provider had systems to analyse complaints and concerns to make improvements to the service.

- Information relating to how to make a complaint was readily available to people.
- There had been five complaints this year and all had been resolved with an outcome.

## End of life care and support

- People's end of life choices were recorded in their care plan if they had chosen to share this information.

## 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

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

- Staff were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. One staff member told us, "We all work together and support each other as one big team."
- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.
- The registered manager did struggle to keep on top of the paperwork such as filing and would benefit from administrative support.

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

- The registered manager had excellent knowledge of the people within the home and took an active part in people's day to day lives and support. One person said, "The manager is lovely, any problem and she will address it, she is hands on as well."
- The registered manager and management team positively engaged with people visitors and staff. Comments included, "The manger is very approachable" and "I know the manager, I talk to her."
- Staff said the registered manager was approachable and supportive. One staff member said, "My manager runs and tries to run an extremely tight shift, I try my hardest not to let her down, she puts so much effort into the home, she is gracious, kind and instantly relaxes people, she is a superstar, she has so much to do."

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 management team knew how to share information with relevant parties, when appropriate.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established forums in place to communicate with people. This included meetings and formal surveys.
- The service worked in partnership with health and social care professionals who were involved in people's

care.

- Regular staff meetings occurred; staff said they felt listened to and able to contribute.
- The registered manager had developed links to ensure the home was part of the community. For example, the local school children visited weekly and people told us they really enjoyed this.

Continuous learning and improving care

- The management team were committed to continuously improve the service. They had made some changes and improvements since our last inspection such as changes to the décor.
- The registered manager was open and responsive to our inspection feedback.