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Ashton Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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: Ashton Lodge is a care home that provides personal care and support for 27 people. The care home supports older adults and people who have mental health or physical disability support needs. There were 26 people at the time of the inspection.

People's experience of using this service:
People lived in an environment that met their support needs. However, bath and shower hot water presented a potential scalding risk to people. The provider told us that they would take action to set water temperatures at safe levels.

The provider's arrangements relating to infection control and hygiene monitoring could be improved. We have made a recommendation about infection control arrangements.

People were protected from fire by the provider's safety checks and personal evacuation plans were in place. However, some fire exit doors were fitted with keypad locks. We have made a recommendation about the fire exit arrangements.

People told us they felt safe. Care staff knew how to safeguard people from the risk of abuse.
People received kind and caring support from staff who knew how to meet their needs in line with national guidance and legislation. There were enough care staff to be able to support people safely.

People were supported to access healthcare in a timely manner and to take their medicines safely. We have made a recommendation about the storage of controlled medication.

People had personalised plans of care which care staff used to develop their knowledge about people's needs and preferences. The provider assessed, reviewed and managed risks associated with people's individual care needs. The registered manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.
People had the choice to engage in a variety of activities if they wished.
People were supported with their dietary needs. People were positive about the choice of food although some said they would like more variety.

The registered manager worked in partnership with others to ensure people received safe care and support.

Provider had a plan in place for the refurbishment of bedrooms and the provision of a smoking shelter in the garden.

People's bedrooms were personalised although bedroom doors did not have distinguishing features other than room numbers. We have made a recommendation about dementia friendly environments.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were regularly asked about the care they received and the registered manager implemented changes to care plans accordingly.

Resident's meetings took place, which people could attend if they wished, and action taken by the registered manager in respect of the things discussed.

Privacy and dignity was maintained when care staff supported people with personal care.

People, and their relatives, told us that the registered manager was approachable, and that any concerns they raised had been dealt with effectively. Care staff told us they felt supported by the registered manager.

The registered manager had quality monitoring systems in place. They were aware of their responsibilities and worked in partnership with others to ensure people received safe care and support.

More information can be found in the detailed findings below.

Rating at last inspection: Good (7 October 2016).
We previously rated the service as 'Requires Improvement' in respect of 'Effective''. This related to people not having a mental capacity assessment in place. Also ensuring people were supported to consent to their care and treatment.
During this new inspection we found that the provider had made the required improvements in that respect.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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**

Ashton Lodge Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by an inspector, an inspection manager 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. Our expert by experience was a person with experience of mental health services.

Service and service type: Ashton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 visit on 14 May 2019 was unannounced.

What we did: Before the inspection the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with nine people who use the service and one relative. We also spoke with the registered manager, business manager, and five members of staff. We observed support being provided in the communal areas of the service. We looked at five people's care records, 3 care staff records and records relating to the management of the home.

After inspection: The registered manager provided us with some of the provider's policies and procedures, as well as the statement of purpose for our information. We also obtained feedback from the District Nurse team and Leicestershire Fire and Rescue service.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Preventing and controlling infection:
- All staff had received infection control training and personal protective equipment (PPE) was readily available throughout the service. This protects care staff and the people they support from acquiring infections.
- A district nurse told us that care staff had needed to be reminded about effective hand washing and to wear disposable gloves and aprons when carrying out personal care tasks. We saw that improvements had been made.
- Most people told us they thought the care home was clean. A care staff told us, "The place is clean, but it could be better if the cleaner came more often." One person told us that, "The toilets sometimes need more [cleaning] attention".
- Monitoring of cleanliness and infection control was not effective. Cleaning checklists did not include all rooms and the bathroom and shower room checklists were not used consistently.
- Flooring in a toilet and two shower rooms was damaged, which prevented effective cleaning.
- Soiled clothing bags were stored in an open container, in the laundry room, and were in contact with clean clothing. This was a cross contamination infection risk to people. This was brought to the deputy manager's attention who immediately moved the clean clothing away from the laundry bags.
- Additional infection risks were also identified. A person's urinal bottle was unhygienic; two bedrooms had cracked sinks and a 'crash mat' was damaged and unable to be cleaned effectively. These were brought to the attention of the registered manager who told us they would take action to rectify them and reduce the risk of infection to people.

We recommend that the service consider best practice guidance on infection control prevention in care homes.

Assessing risk, safety monitoring and management:
- Hot water in the shower rooms and bathroom exceeded safe temperatures. This exposed people to the potential risk of scalding. This was brought to the registered manager's attention who assured us that they would act to ensure that safe hot water temperatures could not be exceeded. The registered manager immediately took the bath out of use until appropriate temperature control valves were installed. Alternative showering facilities were available.
- The provider had effective systems in place to carry out regular fire safety checks. All care staff had received fire safety training, fire drills had been carried out regularly, and care staff knew how to safely evacuate people in an emergency.
- Personal emergency evacuation plans were in place so that people could be supported to exit the building

in an emergency. However, one fire exit door was not easily opened due to a keypad lock and not all care staff knew the code number.

We recommend that the service consider best practice guidance on fire escape routes in care homes.

● People's individual risks had been assessed and reviewed regularly, or as their needs changed, by the registered manager. That meant care staff knew how to support people safely.
● People's risks had been assessed and reviewed regularly. They included risks associated with people's ability to eat and drink and the risk of falls. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe.

Systems and processes to safeguard people from the risk of abuse:
● People told us they felt safe living at Ashton Lodge. A person told us, "I feel safe living here, the building security is very good."
● All care staff had received safeguarding training, were aware of the safeguarding procedure, and how to use it. There were safeguarding adults' policies in place, which care staff had access to.
● The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured that people were protected from the risk of abuse.

Staffing and recruitment:
● There were enough care staff to meet people's support and care needs, and staffing levels were increased when necessary. People told us that there were enough care staff on duty during the day and at night. A care staff told us, "We have enough staff. If someone [staff] rings in sick we get cover. The team are good at covering for each other."
● The care home has an effective recruitment policy and procedures in place, and the necessary staff pre-employment checks had been carried out. The registered manager told us that agency care staff were rarely required to cover unplanned absences.

Using medicines safely
● Medicine systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage and administration of medicines.
● However, boxes of medicines due for disposal were stored on the office table. The office door was unlocked and people were observed entering. This posed a potential risk of people accessing medicines which were not prescribed for them. This was brought to the attention of the registered manager who immediately arranged for surplus medication to be locked away prior to disposal.
●Each person had protocols in place for 'as required' medication. The folder contained procedures for 'as required' medicines; such as paracetamol. This described what the medicine was for, how it should be given, and how often. The medication administration records (MAR) confirmed how often they were given. The MAR also recorded instances when medicines were offered but refused by people.
● One person's medicines were not available due to issues with the GP practice. The deputy manager had contacted the GP practice to try and resolve the issue and ensure that the person could access additional pain medicines when required.
● The locked controlled drugs cupboard was attached to a communal room wall. The medicine stock check and recording were correct. Accurate records were made of controlled drugs brought into the home and when administered.

We recommend that the provider consider best practice guidance on controlled drug storage arrangements

from the National Institute for Health and Care Excellence (NICE).

Learning lessons when things go wrong:
● The registered manager reviewed incidents, analysed them for trends and acted when needed. This helped to keep people safe.
● Lessons were learnt from incidents. For example, a recent diarrhoea and vomiting infection in the service highlighted the difficulty of deep cleaning bedrooms. The provider had leased specialist equipment that sanitises without having to empty people's rooms of their personal belongings.

Good

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.

Good: 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 registered manager had created care plans which were updated as people's needs changed. This meant that the care plans guided care staff to effectively meet people's needs.
- A care worker told us, "We read the care plan when a new person moves in, and we get to know when their needs change." This meant care workers were supplied with relevant information of how to effectively support people.
- Relatives are involved in care plans. A relative told us, "I explained to the staff how [relative] likes to be cared for, and they have incorporated that into the care plans."
- Care workers supported people to make daily choices about their care and support. For example, what to eat, wear and where and how they spent their time.
- The registered manager supported staff to provide person centred support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience:
- The provider had a staff training plan that identified when care staff required training. Care workers told us that they received the training needed to meet people's individual needs.
- New staff completed induction training, which included working alongside more experienced care staff.
- The registered manager supported care staff to take additional training courses and develop their skills. A care staff told us, "There are always different opportunities for training coming up each year."
- Care staff told us that they have regular handover sessions, supervision meetings and an annual appraisal.
- Care staff had the skills to support people's needs. We observed care staff using their skills to support people effectively and sensitively.

Supporting people to eat and drink enough to maintain a balanced diet:
- People were asked what they wanted to be on the menu at resident's meetings, and options were available at each meal.
- A person told us, "The food is alright here. The choice on the menu is pretty good and they will always cook something else if I don't like what's on the menu." A relative told us, "I've eaten here twice and the food was very nice."
- A small number of people said they would prefer more choice. The registered manager sought and acted upon people's views about meals they would like added to menu.
- People had a choice of where to eat meals. There were two dining rooms and people could choose to eat in their rooms if they preferred.
- Kitchen staff had a good knowledge of people's food preferences and the provider had appropriate

systems in place to monitor people's diet and weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
● People were registered with a local GP practice and had access to healthcare professionals when needed. This meant people received the healthcare they required.
● A person told us, "The chiropodist visits regularly and the staff will make an appointment for me." Another person told us, "I just ask the staff to make an appointment to see the dentist or the optician and they do it for me."
● Care staff recorded when health professionals were contacted or when people had hospital appointments. Staff members accompanied people to appointments and a record was made of the outcome.
● Appropriate referrals were made to community nursing services for nursing care and equipment needed to maintain people's health.
● There were appropriate care plans for people who had pressure ulcers. The district nursing service visited to undertake, and advise on, pressure relieving care and treatment. The service followed guidance and advice provided by the health professionals to facilitate healing.

Adapting service, design, decoration to meet people's needs:
● A relative told us, "[Relative] has settled in quite well. I'm happy with their room and it's been painted in the colour we chose."
● There were sufficient bathrooms and toilets to meet the needs of the people living at the care home and there was a lift available for people who live on the upper floor.
● Furniture in two bedrooms was damaged making it hard for people to use. This was brought to the attention of the registered manager who told us they had a plan in place to refurbish the bedrooms as part of an annual improvement plan.
● No smoking was allowed inside the care home and the designated smoking area was in the garden which did not have a smoking shelter. This meant people, who chose to smoke, were exposed to the weather. The provider told us that they intended to construct a smoking shelter. There were no effective arrangements in place for keeping the cigarette bin area clean.
● The numbered bedroom doors had no other visual identifying characteristics which would enable people with dementia to orientate themselves.

We recommend that the service consider obtaining best practice guidance on dementia friendly environments.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● At our last inspection, on 25 August 2016, we rated this aspect of the service as requiring improvement because records showed that not all the people had mental capacity assessments in place. At this inspection we found that improvements had been made.

● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that it was.

● Care staff received training in relation to MCA and DoLs and worked within the principles of MCA. Appropriate referrals to the local authority DoLs team had been made.

● People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.

● One person's care plan stated that they did not want to live at the care home. The person told us, "I didn't want to come here, but I had no choice really. I wasn't happy so I moved out, but then came back after a few weeks. I don't mind being here now, it's okay." This was brought to the registered manager's attention who told us the care plan had not been updated following the person's decision to return to the care home and arranged for it to updated straight away.

● Advocacy services were available to people if they needed them. Some people had accessed Independent Mental Capacity Assessors (IMCA) and could also access local advocacy support.

● People were supported to have choice and control over their lives. Staff told us they supported people by offering choices and obtaining consent when providing personal care.

Good

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.

Good: 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 with respect. A relative told us, "The staff seem to care very much and they always talk to [relative] very nicely."
- People told us that the care staff were polite. A person told us, "There is never any rudeness from the staff, never any raised voices."
- All staff had received equality and diversity training, supported by the provider's 'diversity and human rights' policy, which set out how the care home operates to support people, and staff, from diverse backgrounds. A care staff told us, "We received training on supporting people from all types of background, including people in same sex relationships."

Supporting people to express their views and be involved in making decisions about their care:
- The activity coordinator regularly asked each person about the care they received. Feedback was reviewed by the registered manager who amended people's care plans as needed.
- Resident's meetings were held and people discussed things which the registered manager then acted on. A person told us, "The meetings happen, but I don't always choose to attend."
- The registered manager understood the Accessible Information Standard, which requires that documents be provided in accessible formats, and appropriate languages. We saw documents in care plans and on notice boards, that were in an easy-read format.

Respecting and promoting people's privacy, dignity and independence:
- Care staff were attentive to people's needs and supported people with kindness. A person said, "The staff treat me with respect and observe my dignity and privacy when I have my bath".
- A person told us that, "I can speak with the staff if I am unsettled, they will always find time for me."
- Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to maintain their independence.
- Relatives and friends could visit at any time, meaning people could maintain important relationships. A person said, "My family visit anytime, and are made welcome by the staff. They are very helpful."
- Most people told us that their privacy was maintained. However, one person told us they wanted the care staff to remember to knock on their bedroom door before entering. This was brought to the attention of the registered manager who told us they would remind the care staff.
- People's dignity and independence was maintained. A care staff told us, "When I'm helping someone, I explain to them first. It depends on the person, everyone is different. Some people need a lot of support to shower, and others just need someone to prompt them and pass them things in the bathroom."

● Care staff supported people to go shopping if they wished, which meant people stayed connected to their community.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People's care plans had been developed when they first moved in and contained personalised information so staff could understand people's support needs.
● Care plans were comprehensive and included areas such as mobility, personal care and nutritional needs.
● People, and their relatives, were encouraged to provide information about their history, their spiritual needs, preferred names and what they enjoyed doing. This information was added to people's care plans.
● People were involved in the care planning process and were kept informed of any changes. A person told us, "I'm not really sure what my care plan is, but I know staff are always asking if I am comfortable with my care." People's involvement meant that care plans were person centred.
● Care workers were attentive to people's behaviours and what they indicated. A person told us, "Staff know my likes and dislikes."
● People told us they were supported to take part in activities if they chose to do so. However, some people told us they wanted a greater variety of activities.
● The registered manager told us that they supported people to use internet video streaming to communicate with relatives, if they wished. This enabled contact with family and friends to be maintained.

Improving care quality in response to complaints or concerns:
● A complaints procedure was in place and displayed for people's information.
● People knew who to talk to if they had a concern or a complaint. A person told us, "I would tell the manager if I wanted to complain."
● A relative told us that, "I would speak to the manager if I had any concerns or wanted to complain."
● Written and verbal concerns had been received, investigated, and responded to appropriately. Where necessary, action had been taken to improve the service.

End of life care and support:
● All care staff had received end of life care training. A care staff told us, "We supported someone on end of life care recently, I think we did it in the most dignified way possible. The relatives gave us good feedback."
● People had end of life plans in place if they wanted them. Care staff told us, "When someone has a DNAR [plan] then it's in their care plan". DNAR means 'Do Not Attempt Resuscitation' and is a document issued and signed by a doctor. The form is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly.

Good

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.

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
- The registered manager provided supportive leadership. Care workers told us that the registered manager was approachable and that they felt supported by them.
- The registered manager, and all the staff we spoke with and observed, were committed to providing person centred high quality care.
- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving their family member occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.
- The ratings from our previous inspection was displayed so that visitors could see and read our report.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
- The registered manager, and all staff, understood their roles within the care home.
- A quality assurance system was in place to monitor the safety and quality of the service. However, this had not identified the high bath and shower water temperatures, which meant people were potentially at risk of scalding.
- The registered manager carried out regular audits of care plans and risk assessments. This included requesting and acting upon people's feedback.
- The registered manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- The registered manager had a full understanding of regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
- People, and relatives, told us that they contributed their views on the service informally. Relatives had also been sent an annual satisfaction survey which the registered manager reviewed and acted on.
- People's equality and diversity characteristics were identified during the initial assessment process, and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's 'equality and diversity' policy.

Continuous learning and improving care:

● The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support.

Working in partnership with others:
● The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure that people received the care and support they needed.
● The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.