Ash Lodge Care Home

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Inspection report

262 Beverley Road
Hull
Humberside
HU5 1AN

Tel: 01482440359

Date of inspection visit:
28 August 2018

Date of publication:
01 October 2018

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

The inspection took place on 28 August 2018, it was unannounced.

At the last inspection in June 2017 the service was rated requires improvement in the safe and well-led domains. Staffing levels required adjusting to ensure the service remained clean and quality monitoring was not effective and there was no registered manager in place. At this inspection we found the issues had been addressed. There were enough staff to keep the service clean and quality monitoring systems were in place.

Ash 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.

Ash Lodge Care Home provides accommodation and care for up to 22 people who have mental health needs. The service is two houses joined internally. There are communal lounges and garden patio areas for people to use.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibilities to protect people from harm and abuse. Accidents and incidents were monitored. Infection control was maintained. Medicines were safely monitored and minor issues with people's medicine administration record (MAR) charts were robustly addressed. Risks to people's health and wellbeing were monitored. People's care was monitored and health care professionals were contacted for their help and advice to maintain people's wellbeing.

Staffing levels provided met people's needs and they remained under review by the management team. Staff undertook training, supervision and received an annual appraisal to maintain and develop their skills. Robust recruitment procedures were in place.

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

Staff treated people with compassion and supported them in a kind and caring way. People's privacy and dignity was respected. Advocates (independent representatives) were available locally to help people raise their views.

People's dietary needs were met. The food served looked appetising and nutritious. People who required monitoring of their dietary needs had this in place.

People's care records were personalised and staff were aware of their preferences for their care and support. People's communication needs were known by staff. The provider had a complaints policy in place, issues raised were used as learning to improve the service provided.

The registered manager had an 'open door' policy in place so people living at the service, staff or visitors could speak with them at any time. Resident, relative's and staff meetings were held to gain people's views of the service provided. Quality monitoring systems were robust. The provider reviewed their policies and procedures to ensure they were up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Recruitment procedures and infection control practice were robust. There were enough staff provided to meet people's needs. People were protected from harm and abuse.

Staff undertook medicine management training. Minor issues with medicine management were addressed with staff.

Maintenance and fire safety checks were undertaken to protect people's health and safety.

Is the service effective?

Good

The service was effective.

Staff undertook training, supervision and had a yearly appraisal to maintain and develop their skills.

People's rights were respected. Care and support was provided to people with their consent or in their best interests.

People's health, wellbeing and dietary needs were assessed and monitored. Health care professionals supported people to make sure their needs were met.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and their privacy and dignity was protected. Staff understood people's individual needs and involved them in decision making.

People were provided with information and made choices about their care and support. People's diversity was respected by staff.

Information about people was held securely in line with the General Data Protection Act.

Is the service responsive?

Good

The service was responsive.

People needs were monitored and assessed by staff and relevant health care professionals to help to maintain people's wellbeing. End of life care was provided.

People were encouraged to continue their hobbies and undertake activities both in house and within the community.

People were supported to raise concerns or complaints. Issues raised were dealt with and this information was used to maintain or improve the service

Is the service well-led?

Good

The service was well-led.

The management team asked for and acted upon feedback received about the service. Quality assurance checks and audits were in place, issues found were corrected to maintain or improve the service provided.

Statutory notifications were sent to the Care Quality Commission, as required by law.

Ash Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 28 August 2018. It was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We asked the local authority commissioning and safeguarding teams for their views. We contacted Healthwatch (a national consumer health care champion) for their feedback prior to our inspection. We reviewed this information to help us make a judgement about this service.

During the inspection we spoke with three people living at service. We spoke with the registered manager, three staff and two directors. We observed interactions between people, visitors and staff in the communal areas of the service.

We looked at a selection of documentation. This included three staff recruitment files and supervision records and staff rotas. We inspected three people's care records, ten medicine administration records and the medicine treatment room temperature information. We looked at the minutes of meetings held with people living at the service, relatives and staff, quality assurance checks and audits, policies and procedures, maintenance records and the complaints and compliments received. We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions care was provided in their best interests. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

At the last inspection in June 2017 this domain was rated requires improvement because appropriate staffing levels and infection control was not always in place. At this inspection we found the shortfalls had been addressed. References were gained for staff who were about to start work at the service and a record of applicants full working history was recorded on their application form. The management team had reviewed the provision of domestic and general assistants to make sure there were enough staff to clean the service and ensure hand washing facilities were provided to maintain effective infection control.

We found infection prevention and control policies and procedures were in place. There were enough staff to keep the service clean. The registered manger undertook infection control audits to identify and address potential issues, issues found were corrected straight away. Hand washing facilities and sanitising hand gel was available for staff and visitors to use. Personal protective equipment was provided for staff included gloves and aprons to maintain effective infection control.

Recruitment was robust. We found staff completed application forms, provided references, and had a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine if an individual is suitable to work with vulnerable adults.

People told us they felt safe living at the service and with staff. One person said, "I am safe with the staff here. My medicine is given to me by staff, as prescribed." Another person said, "There are enough staff. I feel safe at this service."

The provider had policies and procedures about protecting people from potential harm and abuse. Staff could name the different types of abuse and undertook safeguarding training. A whistleblowing policy was in place to inform staff about how to report issues and concerns to the relevant agencies, including the CQC. The registered manager understood their responsibilities regarding this and staff told us they would report any concerns. One member of staff said, "I have had safeguarding training. I would report concerns straight away."

We looked at three people's care files. Risk assessments were in place for issues that may affect people's wellbeing. This included monitoring people's physical and mental health needs, risk of weight loss, choking, or drug or alcohol dependency. Staff and relevant health care professional were involved in monitoring these risks which helped to protect people's mental health and wellbeing. Risks to people's wellbeing were reported to senior management who reviewed this information so they could monitor and observe if people were receiving the correct care from staff and health care professionals. People were encouraged to remain as independent as possible, even if there were risks present. Two people had care plans for current health issues to protect their wellbeing. Staff supported people and advised them about how to maintain their health and safety. The advice given was not always taken by people, this was their choice.

People who may display behaviours that challenge the service or others had detailed care records in place to inform the staff of potential triggers or hazards. Advice was sought from relevant health care professionals

to help to maintain people's safety and wellbeing.

The registered manager and provider monitored staffing levels at the service to make sure there were enough skilled staff to support people. Staff rotas confirmed this. Staff told us there were enough staff to meet people's needs in a timely way. The registered manager confirmed staffing was flexible and if people were going out or needed escorting to appointments this was accommodated. There were bank staff and staff from the providers other services that worked at the service, when necessary to help to maintain continuity of care for people.

The registered manager undertook monthly audits of accidents and incidents. They looked for any patterns and took corrective action to prevent any further re-occurrence. People had personal emergency evacuation plans in place (PEEPs) which, contained information for staff and the emergency services about the support people required in the event of an emergency.

The safety of the premises was monitored through checks and audits. These covered areas such as, fire safety, water cleanliness and temperature as well as gas and electrical safety. Audits about the home environment were undertaken, the registered manager shared improvement plans with us following the inspection which would enhance the environment at the service.

The providers business continuity plan was provided to us following the inspection. It informed staff about what to do in an emergency such as a power failure or flood. Contact phone numbers for utility companies and tradesmen were available for staff to use. Staff we spoke with told us they could report any concerns about the safety of the service to the registered manager or provider to help maintain people's safety.

We inspected the medicine systems in operation at the service. We looked at the ordering, storing, administration, recording and disposing of medicines. Photographs of people were present in the medicine administration folder, where people consented to this to help staff identify them. Allergies to medicines were recorded on people's medication administration records (MAR) to inform staff and health care professionals of any potential hazards. Staff were trained in safe medicine management. Staff checked the medicines to be given, the person's identity and stayed with them until their medicine was taken before recording this on the MAR.

We found there were some missing signatures on some people's MAR's. This was discussed with the registered manager and investigated, people had refused medicines and codes had not been entered. Daily audits were taking place to monitor MARs were completed correctly. The management team addressed issues when things went wrong.

Good

Is the service effective?

Our findings

People told us staff supported them effectively and they made their own choices about how to live their life. One person we spoke to said, "Staff look after me here." Another person said, "In this area of work staff have training. I can go out and about. I live the life I want to."

Staff were provided with supervision and had a yearly appraisal to discuss any further training and their performance. Staff we spoke with valued this support which, they said helped them to enhance their skills.

Staff undertook mandatory training in subjects such as, mental health and behaviours that challenge, person centred care, first aid, infection control, moving and handling, fire safety and safeguarding. This helped to maintain and develop their skills. New staff had a period of induction training where they worked with senior staff at the service to learn how to provide effective care for people. Equality and diversity training was provided which, helped staff encourage people to live their lives with no restrictions. The management team told us the registered managers from all of the provider's services met regularly to discuss good practice ideas they had implemented. The registered manager confirmed National Vocational Qualifications in care were offered to staff to enhance their skills, these were used rather than the Care Certificate (another learning scheme to enhance staff care skills).

There was a resident of the month scheme in place. This was used to celebrate goals people had set and achieved. For example, if a person brought their washing up from their bedroom and this had been a challenge before they were nominated as the resident of the month. This motivational scheme was embraced by people living at the service and staff.

Staff supported people in the least restrictive way to enable people to live the life they chose, even if there were risks attached to this. Staff gave people advice so they may be able to make an informed decision about how they chose to live their life. People's independence was encouraged and staff understood the risks present to their wellbeing. Staff monitored people's wellbeing, helped and encouraged them without restricting their freedom.

We saw people's health and wellbeing was monitored by staff and health care professionals such as, community psychiatric nurses, district nurses and GP's. This helped to maintain people's physical and mental wellbeing. Information about people's current needs was shared with relevant health care professionals with people's consent. Staff supported people to attend appointments, as necessary.

The provider encouraged the use of good practice guidance at the service, for example, National Institute for Health and Care Excellence (NICE) medicine administration guidance. The registered manager shared this information with staff which, was used to improve the service.

People's dietary needs were monitored and their nutritional needs were met. Those who needed guidance or support to eat and drink were prompted and assisted by staff. Relevant health care professionals were involved in people's care if they were experiencing weight loss or had other dietary needs, which helped to

maintain people's wellbeing. People told us they liked the meals provided and could choose what and where they wanted to eat. People told us, "The food is too nice" and "If you choose to have a bit more food you can. There are fry ups on a Saturday and a Sunday roast."

The service had a secure door entry system. Different communal areas were provided so people could have quiet time, watch television or join in with conversations with other people and staff at the service. Signage was present to help people find their way to the bathrooms, toilets and to their room. There was a smoking shelter outside and garden patio areas for people to use. A programme of re-decoration was in place to improve décor that looked tired.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. The DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked if the service was working within the principles of the MCA and applying the DoLS appropriately. The registered manager informed us no one had met the criteria for DoLS. If people lacked the capacity to make their own decisions, care was provided in their best interests after the person's relatives and relevant healthcare professionals had discussed the support required. This helped to protect people's rights. Staff had undertaken training about MCA and DoLS. People confirmed they made their own choices about their lives. A person we spoke with said, "I live my life and go out and about."

Good

Is the service caring?

Our findings

People told us staff were caring and respected their privacy and dignity. One person said, "Staff respect my privacy. They are kind." Another said, "The staff are lovely. They ask me very often if everything is alright. Everyday staff ask how I am." Training records showed us staff completed dignity training.

During the inspection we observed staff treating people with patience and kindness in the communal areas of the service. Staff asked people if they were alright or if they needed any help and they acted upon what people said. People were encouraged to express their views in general conversation and at resident and relative's meetings. People spent time conversing together and staff had time to talk with people to promote their wellbeing. Staff understood people's life histories and mental health needs, they spoke with people about times they found comforting and meaningful.

People's care records contained information about how people used different methods of communication, for example body language or withdrawal. The way people communicated and what this meant was understood by staff and this information was shared with relevant healthcare professionals, if necessary. We observed staff used gentle appropriate touch, body language and tone of voice to support and reassure people living at the service.

Pictorial signage was in place to help people find their way round and locate toilets and bathrooms. Information about the service was available to people in a format that met their needs to ensure they were informed. Notice boards displayed information about what was occurring at the service to help people feel included as part of the Ash Lodge "family." Advocates were available if required to assist people to raise their views.

People we spoke with confirmed staff addressed them by their preferred names and knocked on their bedroom doors before entering to protect their privacy and dignity.

Staff involved people in decisions about their care and support. People were encouraged to be as independent as possible, even if there were risks present which, promoted their choice.

The registered manager told us staff cared about the people living at the service and their relatives. Staff covered each other's absence and annual leave to provide continuity of care, so people were looked after by staff who understood their needs. Staff we spoke with told us they enjoyed working at the service. One said, "It is a nice place to work, we help and support people."

Staff were provided with training about how to deliver personalised support to people with mental health needs to enhance the support provided for people. A member of staff we spoke with said, "Our training help's us support people as individuals."

The service recognised the importance of treating people equally and staff completed equality and diversity training. We saw information about people's religious needs were recorded and this information was known

by staff who helped people maintain their faith and religious needs.

Information about people was held securely in line with the General Data Protection Act. Staff understood their responsibilities to maintain people's confidentiality. The provider had a confidentiality policy in place, which the staff adhered to.

Good

Is the service responsive?

Our findings

People told us staff responded to their needs. One person said, "Staff help and support me. They [staff] would get help for me." Another person said, "My health is looked after by staff. I am on antibiotics at the moment."

People's needs were assessed prior to their admission to the service. Information was gained from people, their relatives, relevant healthcare professionals and from the local authority or discharging hospitals to ensure people's needs were known and could be met. People were invited to come and look round the service to see if it was suitable for them. Time was taken to make sure people felt comfortable during the assessment process. All the information gathered was used by staff to develop person-centred care records and risk assessments for people following their admission to the service. People were provided with information about what the service could offer them, so they could make an informed decision if this was the right place for them.

People's care records were person-centred and detailed their likes, dislikes and preferences for their care and support. They contained detailed guidance for staff about how to support people's mental health and physical wellbeing. This included information about behaviours or triggers to look out for that may indicate a decline in people's mental wellbeing for example, if people were becoming upset or withdrawn. The action staff must take if this occurred, was documented. A handover of information was provided at the start of each shift which, helped staff understand the care people needed to receive.

People's care records contained key information including next of kin details, involvement of health professionals, pre-admission assessments, past medical history, areas of independence, life history and goals people wished to achieve. This helped staff understand people's needs.

Staff reviewed people's needs on a regularly basis and people's care records were updated as their needs changed. Reviews were held with the person, their family and with relevant health care professionals, which kept all parties informed.

People were encouraged and supported by staff to maintain their relationships with their family and friends, where possible. Visitors were made welcome at any time and people could go out and stay with family and friends when they wished.

There was an activities co-ordinator who understood people's hobbies and interests. An activities board informed people of the activities being provided. Photographs of activity that had already taken place were displayed, they provided evidence people had enjoyed the activities provided. During our inspection we saw arts and crafts people had created were displayed in the communal areas of the service. People were proud to display what they had enjoyed producing.

There was a complaints policy, this was available to people and told them how to make a complaint, how complaints would be handled and the expected response times. People we spoke with told us they would

complain but had no issues to raise. One person said, "Yes, I would complain. I would be able to say if I had a complaint." Another person said, "If I had a complaint I would say this to staff. I would be able to say if I was not happy with something." We looked at the complaints that had been received, they were investigated, resolved and the information was used to maintain or improve the service provided.

End of life care was provided at the service. People's wished for their care and support were recorded, where people wished to disclose this. The registered manager confirmed relevant health care professionals would support the staff at this time to ensure people remained comfortable and had a dignified end of life.

Good

Is the service well-led?

Our findings

At the last inspection in June 2017 this domain was rated requires improvement because a structured quality monitoring system had not been developed, there had been no questionnaires undertaken to gain people's views about the service and there was no registered manager in place. At this inspection we found the shortfalls from the last inspection had been addressed and there was a registered manager at the service.

We found quality monitoring checks and audits were in place to assess all aspects of the service provided. This included auditing care records and the environment, issues found were acted upon. The service was monitored by the directors who undertook checks and audits. There was an early warning system of monitoring at the service, which helped the management team pick up and act on issues in a timely way. The provider had policies and procedures in place, these were being reviewed currently to reflect the service was not a limited company.

People were asked daily how they found the service and if they were satisfied with the care and support they received. The provider sent people living at the service, their relatives and healthcare professional questionnaires. Feedback from the questionnaires received was acted upon. There was a comments box at the service for people to provide suggestions about the service. The registered manager had an 'open door' policy so people who used the service, relatives, visitors and staff could speak with them at any time.

People told us they were satisfied with the service they received. They told us the registered manager was available to speak with at any time. One person said, "I am quite happy with everything here. There are resident's meetings. I always get involved." Another person said, "The manager is there for us anytime."

Resident and relatives meetings took place. We looked at the minutes of the last meeting, areas discussed included the food provided, activities and the home environment.

The provider and all of their services registered manager's met regularly to create an internal support network. Management meetings were held to share good practice ideas and review the CQC's key lines of enquiry. The management team were looking at how all the provider's services could improve. To develop teamwork staff were covering shifts in all the provider's homes.

Staff told us the registered manager had a positive effect on the service. One said, "The manager is getting things back to how they used to be. There have been a lot of changes. The manager is friendly, open and listens to you. They try their best." The registered manger was positive about their role and told us they were determined to develop the service further for the benefit of the people living there. The culture of the service was supportive, open and transparent with the management team effectively engaging with people, relatives, visitors, staff and commissioners.

The management team considered people's diversity, equality and human rights in the way the service was managed. People living at the service and staff confirmed they were treated as individuals and their diversity

was respected.

The registered manager told us the service had good connections with local services in the community and they were looking to increase these links over time.

Services that provide health and social care to people are, as part of their registration, required to inform the CQC of accidents, incidents and other notifiable events that occur. The registered manager reported issues to CQC which, was required by law.