

Coate Water Care Company Limited

# Ashbury Lodge Residential Home

## Inspection report

261 Marlborough Road  
Swindon  
Wiltshire  
SN3 1NW

Tel: 01793496827  
Website: [www.coate-water-care.co.uk](http://www.coate-water-care.co.uk)

Date of inspection visit:  
09 November 2017

Date of publication:  
12 December 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

At the comprehensive inspection of this service in June 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with one warning notice and one requirement notice stating they must take action.

This inspection was carried out to assess whether the provider had taken action to meet the warning notice we issued. We will carry out a further unannounced comprehensive inspection to assess whether the actions taken in relation to the warning notice have been sustained, to assess whether action has been taken in relation to the requirement notice and provide an overall quality rating for the service.

This report only covers our findings in relation to the warning notice we issued and we have not changed the ratings since the inspection on 31 May, 01 June and 05 June 2017. We looked at the responsive domain and the well led domain. We have not changed the rating for the well led key question from 'Requires Improvement' because to do so requires a full assessment of all the key lines of enquiry related to this question. We will complete this assessment during our next planned comprehensive inspection. We have not changed the rating for the responsive domain as there remains areas of improvement to be made. The overall rating for this service is 'Requires Improvement'. You can read the report from our last comprehensive inspection by selecting the 'All reports' link for Ashbury Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found that the provider had taken the immediate action necessary to address the issues in the warning notice, but further improvements were needed.

A registered manager was in post at the service. 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.

Ashbury Lodge is a care home without nursing that can accommodate up to 44 people. At the time of our visit, 40 people were using the service. One person was receiving respite care with a view to moving to the service on a permanent basis. The inspection took place on 9 November 2017. This was an unannounced inspection.

The recording on people's positive behaviour monitoring charts had not been completed appropriately and demonstrated a lack of understanding around supporting people positively during times of distress.

People and their relatives continued to raise concerns around the provision of activities. The service was in the process of reviewing the activities provided and recruiting a lifestyle and wellbeing co coordinator to support in this area.

Complaints continued to be managed appropriately within the service, however CQC had continued to receive a further five concerns regarding this service.

The service had started to use a system known as 'Resident of the day' to ensure that all aspects of a person's care and support needs had been met and reviewed. Each person would be the 'Resident of the day' during the month and all staff roles would be involved in ensuring this person felt well supported.

There had been improvements to the monitoring charts that were in place. We saw that new food and fluid charts had been implemented which clearly identified why each person needed this chart in place.

A home manager had been recruited and people spoke positively about the management arrangements with one person commenting "We have two managers and can go to either of them, one is new but lovely, they always help me, they don't say we haven't got time."

Systems were in place to monitor the service, however we noticed the review of some records did not always document when areas of improvement had been picked up. This was found in accident records and the review of positive behavioural charts.

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

We always ask the following five questions of services.

### Is the service responsive?

The service was not always responsive.

We found enough action had been taken to improve the recording in care plans and monitoring charts for people, however there remained some areas that required further improvements.

The recording on people's positive behaviour monitoring charts had not been completed appropriately and demonstrated a lack of understanding around supporting people positively during times of distress these times.

People and their relatives continued to raise concerns around the provision of activities. The service was in the process of reviewing the activities provided and recruiting a lifestyle and wellbeing co coordinator to support in this area.

Complaints continued to be managed appropriately within the service, however CQC had continued to receive a further five concerns regarding this service.

**Requires Improvement** ●

### Is the service well-led?

The service was mostly well led.

Quality monitoring systems were in place to monitor the service and had identified some areas requiring further improvement.

A home manager had been recruited to work alongside the registered manager and people and staff spoke positively about them joining the service.

The service had recognised areas that needed improvement and had sourced external professionals to support and offer guidance to staff.

**Requires Improvement** ●

# Ashbury Lodge Residential 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Ashbury Lodge on 9 November 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 31 May, 01 June and 05 June 2017 had been made.

We inspected the service against two of the five questions we ask about services: is the service responsive and is the service well led. This is because the service was not meeting legal requirements in relation to these questions and we issued a warning notice following the comprehensive inspection.

The inspection was undertaken by two inspectors. Before our inspection we reviewed the information we held about the home. This included the provider's action plan, which set out the action they would take to meet the legal requirements.

At the visit to the home we spoke with five people who lived there, two relatives, one visitor, two health and social care professional, six staff, the registered manager, the home manager and an operations director. We reviewed records relating to people's care and other records relating to the management of the home. These included minutes of relative and staff meetings and six people's care records.

# Is the service responsive?

## Our findings

At our comprehensive inspection of Ashbury Lodge on 31 May, 01 June and 05 June 2017 we found that care plans had continued to lack detail and often contained conflicting information which made it hard to establish a person's most current needs. The service had remained in breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of the continuing concerns, we issued a warning notice to the provider. The provider wrote to us with the action they were going to take to address the concerns.

At this inspection we found whilst there remained some further improvements that were needed, the provider had taken enough action to meet the shortfalls in relation to the requirements of Regulation 17 described above.

Action had been taken following the last inspection to implement pen pictures. Everyone had a pen picture available in their room which contained up to date information on the person's needs so staff could have this to hand and support people appropriately. Information on the support people needed was recorded on this document in areas including personal care, decision making and medicines. At each daily 'flash meeting' with the managers, chef, maintenance and senior staff, it was checked if any of these needed updating so all staff were aware if people's needs had changed.

The service had started to use a system known as 'Resident of the day' to ensure that all aspects of a person's care and support needs had been met and reviewed. Each person would be the 'Resident of the day' during the month and all staff roles would be involved in ensuring this person felt well supported. This included reviewing any monitoring forms in place for each person, updating their care plan and risk assessments and checking the pen pictures remained relevant. In addition the person's photo would be displayed in the communal lounge so everyone knew who was the 'Resident of the day'. This had been implemented after a concern was raised that one person and some staff had not known who the resident was on a particular day, so action was taken to ensure everyone could easily identify this now. Staff spoke positively about 'Resident of the day' commenting "It makes people feel special, they get special treatment and extra attention" and "We make the resident of the day special, they are all equal but it's a bit more special on that day. The care was good but now we have resident of the day the documentation has improved, it's more user friendly."

Action had been taken to ensure care plans were more detailed and person centred. For example one person's personal care plan recorded that [X] liked a warm soak in the bath and was able to verbalise the right temperature. Another person's skin integrity care plan had detailed information on the pressure relieving equipment in place, and actions taken such as a repositioning chart in place and what cream had been prescribed to help minimise any risks. We spoke with the management about our concerns around the use of inappropriate terminology in some of the care plans. For example we observed recorded statements including 'Staff to talk to [X] during intervention', '[X] can become aggressive, like when doing repositioning', 'All personal care tasks is rendered in bed' and 'Can become agitated when doing the task.' The manager told us this would be reflected back to staff and care plans reviewed in light of this.

There had been improvements to the monitoring charts that were in place. For example we saw that new food and fluid charts had been implemented which now clearly identified why each person needed this chart in place. Staff were recording what food or drinks had been offered, how much a person had eaten or drank and signed the document. A running total was kept of people's fluid intake so staff could quickly identify if they needed to encourage a person with extra drinks. At the bottom of these charts extra actions had been listed for staff to complete including if the person has met the required intake target, if the current support should be continued and the need to consult with the GP. We saw that the recording of these further actions were not always signed by staff but the home manager had picked this up and reminded staff of the necessity to do this during that morning's meeting.

For people that had lost weight a plan was in place which recorded the actions taken to support the person, including more frequent weight recordings, referral to GP, and providing supplements to the person's diet. The registered manager told us action had been taken following the last inspection to ensure only those people requiring a fortified diet were receiving one instead of the previous blanket approach that had been in place. We saw that a fortified diet register was in place so all staff were aware who needed their meals fortified. The chef told us "We have separate fortified meals that we prepare for these people on the register." This made it clearer for staff to identify concerns and implement action to support people in maintaining a healthy weight.

People who needed support to regularly change their position to minimise the risk of pressure ulcers had a repositioning chart in place. Staff also recorded on a whiteboard when the person next needed to change position. We saw one person was receiving three to four hourly repositional support and in addition staff made half hourly checks to ensure the person was in a suitable upright position when in bed. This was because the person was at risk of choking on their own secretions if the bed was not at a 40 degree angle. Although staff were able to tell us the differences in the checks and were completing these it was not documented on the repositioning chart what the half hourly checks were for. We saw in this person's care plan information on their positioning and choking risk had been recorded but the information was across different care plans and risk assessments and it was difficult to get the overall picture of support. We raised this with the management team who told us this would be amended to clearly reflect the person's needs in the relevant sections of the care plan.

For people that at times could display anxious or distressed behaviours staff would record these events on behaviour monitoring charts. We saw that staff had not completed these forms appropriately and demonstrated a lack of understanding around supporting people positively during these times. For example one response outcome from staff stated 'We somehow managed to change and reposition [X] but it was very hard for us with acting like that.' This was not an outcome about how the person had been supported effectively to alleviate their distress, but instead had been used in regard to how staff had felt.

Another recorded that a person was 'Assisted to the toilet with lots of struggle but still peed all over the floor instead of the toilet.' A supporting positive behaviour review was in place to look at the incidents and see if there was a cause or pattern to minimise the frequency. However the home manager had reviewed these but not picked up or looked into why there had been 'lots of struggle', or why this was not appropriately managed by staff, which would not have led to a positive outcome for the person concerned. We raised these concerns with the management who agreed the staff were not recording appropriately.

The registered manager said these concerns had been recognised so they had recently sourced external professional help from a nurse who specialised in working with people who had Dementia or behaviour that could challenge. We spoke with this health professional who told us they were going to be implementing several rating scales and assessments to pick up on these levels of agitation and aggression. Once these

assessments have been completed they are then used to increase staff knowledge and skill and the outcomes will be applied to individual care plans. This health professional informed us that staff had been receptive to their input commenting "I was surprised at how knowledgeable and interested one senior was." The operations director further told us that they want to provide positive behaviour training to the staff and that they brought in this external professional to help staff, as it has been recognised this is an area that needs improvement.

People's needs continued to be reviewed on a six monthly basis or as and when they changed. The manager told us relatives could also be involved in this review process and part of the discussions with people included ensuring they were happy with the care and support they received in the home.

A handover was held between staff at each shift change to ensure important information about people was communicated and followed up. We observed one handover and saw that each person was referred to whether there was information to act on, to be aware of, or simply if there was nothing significant to report and the person had been fine. One staff told us "We have a handover and this is a detailed handover of people's needs." A handover sheet was in place which further recorded these notes so staff could refer back to them and ensure they followed up anything of concern.

At this inspection we found people and their relatives continued to be disappointed by the lack of activities available. "We don't do much do we, they look after us, they do their best", "There's not much going on, we have our breakfast and talk to each other. Now it's Christmas they will have things planned, they talk to us. My relatives take me out" and "Just look at them, sat around not doing anything. [X] needs to keep busy and is still physically able. [X] gets angry and aggressive if not busy, I think they could do more."

We saw that the activity planner was not being followed and stated that in the morning one to one time would be spent with people. However one activity staff did not start their shift until 12pm and we saw the other activity staff assisting the care staff. We spoke with activity staff about people not receiving activities in line with the planner and were informed that the morning and evening activities should not be on the planner as no activity staff are here at this time to deliver this. We asked why the activity staff were assisting the care staff and was told they did not know but perhaps it was due to being short staffed today. After this conversation we saw the activity staff remove their apron and start a word game with people downstairs, however this was not what people would have been expecting according to the activity planner.

The service continued to use the Pool Personal Activity Level to offer suitable activities to individual needs. This tool identified what level of activity best suited each such as sensory, exploratory or planned activities. We saw there was difference in the engagement of people downstairs compared to upstairs and the understanding from staff of how to always meet people's needs when there was a diagnosis of dementia or people who were less able to communicate verbally. One staff describing the Pool activity tool for people upstairs told us "Planned activities are for ones [people] not so far gone who can plan with you." We saw whilst activity staff had some good ideas about activities and were well meaning in their attempts to engage people, people were often left for prolonged periods of time with little interaction or stimulation. Some people had a book or an object of interest put in front of them but they showed little response to this unless staff actively sat with them to explore this item.

For example one person was sat in a chair with a book which was un-opened. We asked this person about their book and they responded by counting the rings on the book binder and smiling. This person was sat in this position throughout the day of our inspection. Whilst staff were checking on them and ensuring they had drinks these interactions whilst frequent, did not offer the person an opportunity for stimulation. Another person had their chin on the table in front of them and had leaned fully forward with their eyes



closed. They remained in this position for at least half an hour until we asked staff if they could bring a cushion for this person to hold in front of them which helped prevent their face from touching the table and made them more comfortable. This person also remained in this chair for prolonged periods of time without participating in a meaningful activity. The activity staff we spoke with explained that as people have higher needs upstairs it is more difficult to do group activities, most require one to one time. One staff said "It means a lot to me if I can get one person doing something they haven't done before."

Downstairs people were engaged in a word game, enjoyed an afternoon entertainer and had their nails painted and manicured by a volunteer who told us "I love it here so I come in a few times a week and do nails and chat with people." One activity staff told us "Yesterday we were making poppies and we made a Guy, I went round each resident and chatted about the history of Guy Fawkes and a few of them taught me the full 'Remember, remember' rhyme." The activity staff told us when a person moves into the home they greet them and fill out their life history information. Time is spent with the person to gain insight and information into their life and any gaps are filled in from family discussions. All activities for people are recorded in their daily recording and a weekly sheet is also completed for the home manager.

We spoke with the management who were aware that activities implementation was an area that needed improvement and were currently monitoring this. The service were recruiting for a lifestyle and wellbeing co coordinator to come in and help address the activity provision for people.

Since our last inspection in June 2017 a further five concerns had been shared with CQC regarding this service. We spoke in length with the management team about the nature of these concerns and how the service could further encourage open and transparent communication in-house. The management expressed disappointment that these concerns had not been shared directly with them in order for them to respond through their formal complaints process. We did not find evidence to substantiate these concerns during our visit. The management told us they would continue to ask everyone using, working for and visiting the service if they had any concerns and would start to document these discussions were being offered and held.

We saw that the service had identified any issues recorded in people's daily records and managed these through their formal complaints process and responded to people on the outcome. We spoke with the home manager about also recording if people had been satisfied with the final outcome and the way in which their complaint had been managed. One staff told us "If a resident makes a complaint I would approach the senior carer and document this." The home manager said "I will never compromise on care, I will take action. I would welcome concerns and look at these."

## Is the service well-led?

### Our findings

We have not changed the rating for the well led key question from 'Requires Improvement' because to do so requires a full assessment of all the key lines of enquiry related to this question. We will complete this assessment during our next planned comprehensive inspection.

The registered manager continued to be in post at this inspection however they were now registered to manage two homes. A home manager had been recruited and was in place full time at Ashbury lodge and the registered manager split her time between the two homes. People spoke positively about the management arrangements commenting "The new manager is very pleasant", "The new manager is nice, he seems to be doing the right thing, he always says good morning" and "We have two managers and can go to either of them, one is new but lovely, they always help me, they don't say we haven't got time."

The new home manager spoke positively about joining the home and told us they had been made to feel welcome and supported in their role. We saw the management spent time on the floor as a visible presence for people and staff and people in the home appeared comfortable in their presence.

Staff meetings were held regularly to discuss any changes or concerns that affected the service. We attended a 'Flash' meeting held daily with senior staff roles and the management team to discuss things including, accidents or incidents, GP visits and appointments, pressure ulcers and who was resident of the day. The home manager finished the meeting by informing senior staff to "Give advice to the staff on the floor, take advice also and if you have any concerns come to me." Staff told us they felt supported commenting "I can make suggestions and I feel listened to" and "The new manager has advantages and the registered manager has advantages, they are both approachable and I feel supported."

A meeting for people and their relatives had been held in July 2017, however not many people had chosen to attend. Relatives had attended and the registered manager told us a survey had also been sent out in October 2017 and they were in the process of collating the information to share. We saw that the service had received compliments about the care and the home manager had sent one relative a picture of their loved one to maintain communication.

We spoke with the management team regarding a notification of a serious injury that had not been sent within a timely manner. The home manager informed us they were aware of what had to be notified to The Care Quality Commission and this had been an oversight on their part but had now been addressed.

Quality assurance monitoring of the service was in place and this had been developed to address the concerns raised from the Warning Notice. The registered manager told us in response to the Warning Notice they had put a continuous improvement action plan and audit tool in place to make the necessary changes in the identified areas. The recruitment of the home manager had created another layer in the quality reviewing process within the service, with the home manager, registered manager and operations director monitoring and overseeing the home.

The registered manager told us they had taken steps to review monitoring charts, making sure that any information recorded was cross referenced against what was in the care plans and remained correct. They had added checks to their daily 'Flash' meetings to ensure that they shared any changes and this was communicated daily to staff and the management team. Staff had been informed of the Warning Notice and the actions that were being implemented to ensure that the responsibility to make the necessary improvements was shared across the team. Meetings had been held with senior staff to give them guidance on how to write a care plan, however we found that further work in this area was needed.

The recording of accidents and incidents was completed by staff and checked and signed off by the home manager, however we identified two examples of where this had been signed off but the form had not been fully completed. The home manager told us this was an error on their part and they had checked the details with staff but then not added this information before signing it as completed.

The home manager had engaged in opportunities to complete training and attend manager meetings. The home manager worked closely with the registered manager commenting "I feel supported and cared for by the registered manager, she rings and texts." The home manager further commented "Visits from senior management are regular. My confidence building is brilliant. I'm ready to go."

The service had sourced links with outside health and social care professionals to increase the knowledge and skills within the staff team and seek advice. One health professional told us the staff had rang their team and asked if a member of the team could come down to talk to them. This professional commented that staff often flag up queries of 'Are we doing this the right way?' and they often are but need that reassurance. An example was given of one staff who felt a person was showing clear symptoms of depression and had not been prescribed medicine in a timely manner so sought further advice to support this person. The health professional told us "There is recognition of timelines and appropriateness of medications coming from the care staff."