

A Carnachan

Ashford Lodge Nursing Home

Inspection report

1 Gregory Street
Ilkeston
Derbyshire
DE7 8AE

Tel: 01159307650
Website: www.ashfordlodge.com

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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?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 27 January 2017. The inspection was unannounced. At our previous inspection on 25 July 2016 we rated the service as Good although requires improvement within our question 'Is this service effective?' This was because we identified specific concerns with how some people were supported to make decisions. The provider sent us an action plan on 31 August 2016 which stated how and when they would make improvements to meet the legal requirements. On this inspection visit we saw improvements had been made.

There was a registered manager in post. 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.

The service provides accommodation and personal care for up to 20 older people who maybe living with dementia. There were 15 people living at the home on the day of our inspection. Where people lacked capacity to make certain decisions, these were now made in consultation with people who were important to them and made in their best interests. Restrictions had been identified and applications had been made to ensure these were lawful.

Quality assurance systems were in place to review how the care and support was delivered. These needed to be developed to ensure they identified how improvements could be made in the environment and to keep the temperature of the home under review.

Staff were kind and polite to people, recognised people's individual needs and provided care which met their preferences. People were supported to maintain the relationships which were important to them.

People were involved in planning and agreeing how they were cared for when they moved into the home. People chose how to spend their day and they took part in activities in the home and the community. People felt well looked after and supported and had developed good relationships with staff.

People received their medicines at the right time and systems were in place to ensure medicines were managed safely. People had a choice of food and drinks which met their needs and preferences. When necessary, staff recorded the amount people ate and drank and monitored this to maintain people's health.

Staff understood their responsibilities to protect people from harm and knew how to raise concerns. Risks to people's health and welfare were assessed and staff knew how to minimise the identified risks.

There was suitable staffing to meet the support needs of people and the trained staff understood their role and how to support people safely. The staff received support to enable them to identify personal development opportunities and to raise any concerns they had.

People were cared for by kind and compassionate staff who knew their individual preferences for care and their likes and dislikes. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health.

If people or relatives were unhappy with the care or service, they felt able to raise their concerns directly with the registered manager. People were encouraged to share their views about the home.

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.

People felt safe and were confident the staff knew how to protect them from abuse and knew what to do if they suspected this had taken place. Staffing numbers were sufficient to ensure people received a safe level of care and systems were in place to ensure staff were suitable to work within the care sector. Medicines were stored ordered and administered in a safe manner.

Is the service effective?

Good 

The service was effective.

People were asked how they preferred to receive their care and where they no longer had capacity, assessments had been completed to demonstrate whether they could make certain decisions for themselves. Staff had a good understanding of people's care and health needs and had received specific training to meet individual needs. People made decisions about what they wanted to eat and drink and were supported to stay healthy and had access to health care professionals.

Is the service caring?

Good 

The service was caring.

People felt well cared for and their privacy was respected. People were treated with dignity and respect by kind and friendly staff and were encouraged to maintain their independence. Staff knew the care and support needs of people well and took an interest in people and their families to provide personalised care.

Is the service responsive?

Good 

The service was responsive.

People had opportunities to engage in their interests and were

involved with the review of their care. Family members and friends continued to play an important role and people spent time with them. People were able to raise any concern they had and were confident that this would be acted upon.

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place to monitor the service and to help improve standards of service, although they had not identified concerns with the heating and there was no plan to make improvements with the environment which were required. People and staff felt the service was managed well and that the registered manager was approachable and listened to their views. Staff felt supported by management and they were supported and listened to and understood what was expected of them.

Requires Improvement 

Ashford Lodge Nursing 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 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 inspection visit took place on 27 January 2017 and was unannounced. The inspection was undertaken by two inspectors. Our last inspection was carried out on 25 July 2016 and the service was rated overall as Good.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who used the service and five relatives. We spoke with the provider, registered manager, six care staff and a member of auxiliary staff. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we reviewed five people's care records and daily

records to see how their care and treatment was planned and delivered.

We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

People received their medicines as prescribed when they needed them and we saw they were given time to take them and offered a drink. The staff explained what they were for if people had forgotten. People were asked whether they had any pain and whether they wanted pain-relieving tablets. One person told us, "I like the staff being responsible for my tablets. I used to worry that I'd forgotten them, so now I know I'm getting everything right." Another person told us, "If I needed any tablets, I would ask for them. The staff know when I need them and are very caring." The registered nurses were responsible for the ordering, the administration and monitoring of medicines. Regular auditing of medicine procedures had taken place and we saw these audits meant that the system for medicine administration worked effectively and any issues had been identified and addressed.

Staff had a good knowledge of people's needs and any associated risks and explained how they supported people to keep them safe. For example, some people needed support to be moved using specialist equipment. Staff told us they had received training to use the hoist and we saw them supporting people to move safely, in line with their individual risk assessment. Staff reassured people whilst they were being moved and we saw that people looked at ease and chatted to staff during the manoeuvre. One person told us, "The staff know what they are doing when they use the hoist. I have to be careful because of my legs and the staff always make sure its fitted right before they raise me up. They are very careful and I've never been hurt." When people were assisted to walk the staff spoke with people and explained where they were moving to and why.

We saw staff respected people's rights to assess risks to their own mobility and maintain their independence; their support plan included risk assessments which recorded how to reduce any identified risk with mobility to help keep people safe. One person told us, "I like to get up and walk about. The staff help me to get up but once I'm up, I'm fine." Where people were at risk and had experienced falls, we saw these were reviewed and action taken. We saw that the risk assessments were reviewed regularly and updated to reflect any change in circumstances which occurred.

People felt they were safe and trusted the staff. One person told us, "It was the right thing to do when I moved here. I feel safe now and never used to." Staff had a good understanding of how to protect people from the risk of abuse and understood the procedure to follow to report concerns that people may be at risk. They were confident any concern would be dealt with by the registered manager. One member of staff told us, "We know what to look out for and what to do if we are concerned. If you don't report something, this is as bad as the person who is doing the harm." The registered manager had notified us, in accordance with the regulations, when they had referred concerns to the local safeguarding team.

People were supported by staff who they knew well and we saw there were sufficient staff on duty to meet their needs. Staffing levels were monitored to ensure there were enough staff to meet the needs of people and to ensure their safety. One relative told us, "There's always enough staff around. I've never had any concerns. What's nice too is that you don't see the staff standing around gossiping. If they have time, they talk with people instead which is lovely." We saw call bells were answered promptly and staff were available

when people needed support.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

On our last inspection visit we identified concerns where people were not able to make decisions because information was not available to demonstrate how these had been made in their best interests. We also identified that people may be subject to restrictions and applications to ensure any restriction was lawful had not been made. These issues constituted a breach of Regulations 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the required improvements had been made.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 made their own decisions about their care and support and staff respected their right to decide. Where there were concerns that people no longer had capacity to make decisions about how they wanted to be supported, capacity assessments had been completed. The registered manager had undertaken these assessments on more than one occasion to assure themselves that they were making a clear judgement and had considered that people's capacity may fluctuate. One member of staff told us, "People's capacity can change if they are unwell or have a urine infection. This can affect people's capacity." Staff understood the requirements of the MCA and one member of staff told us, "We have to be assess people's capacity if we are unsure they can make a decision. We don't automatically just decide for them. It's about what is in their best interests."

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). Where people had restrictions placed on them, which meant they were unable to leave the home unaccompanied to keep them safe, an application to lawfully restrict their liberty had been made. Where assistive technology was used, such as a sensor mat to alert staff that people may have moved, there were capacity assessments in place to show how the decision to have these fitted and been made in their best interests to keep them safe.

People received care from staff who had the skills and knowledge to meet their needs effectively. New staff received an induction into the service and were able to get to know people before they worked with them independently. Staff completed the provider's training which was specific to the needs of people who used the service and was based on the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff working within a care environment. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal. Where people had a specific support need or health condition, the staff told us they were provided with training so they

understood how to support people. One member of staff told us, "I really enjoyed completing the dementia training. After this we arranged for a clock and calendar board to be put up so people knew what time and day it was. This seems such a little thing but it really reassures people and stops them feeling so lost."

People enjoyed the food and had a choice of what to eat. At meal times staff encouraged people to move into the dining room and provided an opportunity to socialise. The meal times were relaxed and people chatted between themselves and with staff. We saw alternatives were offered to people who did not like any of the meals that had been prepared. People were regularly weighed and care staff recorded whether people ate well where this was necessary. People who were at risk of poor nutrition were referred to other health professionals, such as dieticians. Staff recorded how they followed the healthcare professionals' advice and monitored the amount of food people ate and what they drank.

People were supported to maintain their health. Staff were knowledgeable about people's individual medical conditions and knew the signs to look out for, and when they needed healthcare professionals' advice. One person told us, "We are lucky here because the doctor visits us and I've never had to wait to get anything sorted. The staff look after us well and will always get the doctor in if any of us are unwell."

Is the service caring?

Our findings

People were supported with kindness and compassion and told us they had developed good relationships with staff and were happy living at the home. One person told us, "I feel like a new person here. I am much better. The staff are really lovely and this place is what I call a home from home. The staff will do anything for you." A relative told us, "I like it here, It's a normal home. It's homely and not regimented and clinical. It's always clean and people are well looked after, We're really happy with how they care for [Person who used the service]. The staff are brilliant." We saw staff sat with people and checked on their welfare. When staff saw that people had finished their drink, they asked if they wanted another. We saw one member of staff help a person dip their biscuit into their tea as they were having difficulty. A member of staff told us, "That's what they like and we're here to help."

Staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach so people could access them. Some people held soft toys and they spoke and interacted with them; this is known as 'cuddle therapy'. Cuddle therapy may bring back memories of early parenthood and caring for a doll or soft toy can play a major part in some people's life. The staff understood the value of this therapy and one member of staff told us, "We have one person who loves to nurse their doll and we find they become more relaxed and happy. It's lovely to see."

We saw that attention was paid to people's appearance and comfort. Everyone looked smart and people could choose how to dress. One relative told us, "They have a nice trimmed beard and always look well." People told us they could choose how they spent their time. We saw some people liked to spend time together in communal areas; there was a lounge and a conservatory and dining room and people could choose which area of the home to sit in. One person told us, "I like to stay in the dining room. I'm more comfortable here and can work through my books."

People were well cared for and treated with respect and dignity. Where people needed any personal care in a communal area but chose to stay there, there was a portable curtain that could be moved around them to ensure their privacy. The staff were respectful when talking with people, calling them by their preferred names and they recognised people's diverse needs and promoted their independence. Staff offered reassurance by touching people's arms or hands when talking to them and were comfortable displaying affection.

The staff understood people and as they walked through communal areas, they took the opportunity to exchange words with people and ask how they were. Staff understood that some people were unable to communicate verbally or had a hearing impairment and used different communication aids. Some people used pictures to support them to communicate and one member of staff told us, "We have a book of pictures and they can point to what they want and it helps them to explain how they are feeling." Where people used sign language, the staff understood the individual signs people had developed. One person told us, "If [Person who used the service] signs a television then kicking a football we know they want to watch football on the television. It's important to them that they watch their team play, they are not interested in all football games."

People could receive visitors when they liked and keep in touch with people who were important to them. One relative told us, "We can visit whenever we want and it's lovely to be included. The staff prepared a room for us so we could have a private party and if you want you can come and share a meal here. It's nice because we still feel like a family." Relatives told us people were happy living at the home.

Is the service responsive?

Our findings

People were supported to be involved with their interests. There were no specific activities arranged on the day of our inspection although people told us they were happy with the level of activity provided. One person told us, "The staff are very good at organising things you want to do. I like to go shopping and the staff organise transport so we can go and get what I need. Another person told us, "I'm happy sitting here with my books listening to music or looking through a magazine or newspaper. Most of us don't want to be constantly nagged to get involved with things. For those who want to, they can; it's our choice." When dedicated activity staff worked in the home, we saw people had been involved with making bird houses and letter racks. One person told us, "I like to try different things and there's a choice of what we can do if we like that sort of stuff." Another person told us, "I like it when we just talk about what's happening and what's going on in the news. I like to see the local paper and keep in touch." Entertainers and singers visited the home and one person told us, "I like it when the singers come in but last week we had something different. Someone came in with ball activities and games and we had to try and catch them with big gloves on. We all had such a laugh. I hope they come here again."

People were involved with the assessments that had been undertaken to determine whether the service could support their needs. When people moved into the home they had been asked how they wanted to be supported and this had been discussed and agreed with them. Where people's needs had changed, the support plan was reviewed to ensure this reflected their needs. Where people went into hospital, a further assessment was made to ensure the provider could still meet their needs. One relative told us, "When they came out of hospital, they needed more help with the support they needed with eating. The staff gave us advice on how we could help and support them that was really good." People consented to their support and family members were given the opportunity to contribute and agree with the plan. The care plans included personal information and a brief history about their life and why they wanted the support. People told us they were cared for and supported in the way they wanted and the staff knew their likes, dislikes and preferences.

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. People felt they could speak with the staff if they had any concerns and one person told us, "The staff listen to what we have to say. I've never found fault with anything here. If I wasn't happy, I'd just speak with the staff who I'm sure would make it right." Where people and relatives made comments or raised concerns about how care could be improved, we saw prompt action was taken to resolve any issues and people received a response to their complaint.

Is the service well-led?

Our findings

Quality monitoring systems were in place. However, during our inspection we were concerned that the home was cold. Many people were sitting with blankets around them and only wearing socks on their feet. We asked the registered manager to check the temperature of the home and we found that it recorded temperatures below the recommended level. The thermostat was set to heat the home but no checks had been carried out to ensure this temperature was constant. Immediate action was taken. The registered manager agreed that quality assurance systems needed to include how warm the home was to ensure people were not placed at risk.

The quality assurance systems did not include monitoring the environment for hazards and improvements that were needed. We saw some areas that needed maintenance and improvements. For example, electrical cables needed to be tidied to ensure there was no potential trip hazard and one lounge needed redecorating as there had been a leak in the room above. There was no action plan to show how and when these improvements would be made. Other monitoring systems that had been completed. These included reviewing people's care plans and checks that medicines were administered safely. Accidents and incidents had been reported, monitored and patterns were analysed, so appropriate measures to prevent reoccurrence could be put in place when needed.

People, relatives and staff spoke highly of the registered manager and the management team and felt the service was well-led. Staff felt supported and could approach the registered manager with any concerns or questions. Staff were happy working in the home and one member of staff told us, "A lot of us have been here for a long time and enjoy working here. We are a good team and I feel we do a good job. We have a lot of support and if something was wrong I'd be happy to say something and feel supported." The staff were supported to develop their skills and knowledge. They received supervision to review how they worked and this also identified their skills and where they needed support. Staff told us they had team meetings and felt well informed about people's needs, the home and the provider's values and plans.

People were asked for their views on the quality of the service and had been provided with quality assurance questionnaires to record these. The registered manager explained that meetings for people who used the service were arranged but people and family would speak to them on an individual basis. Newsletters were produced and informed people about planned events and there were photographs of people participating in recent activities and celebrating birthdays. In the entrance hall, feedback on any concerns raised was displayed for people to see how improvements were being made. The provider was completing a new satisfaction survey and told us the results would be reviewed when all the questionnaires had had been completed.

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating

in the service.