

Ashlee Lodge Limited

Ashlee Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashlee Lodge is a residential care home providing accommodation and personal care for up to five people. At the time of inspection, five people were living at the service. People living at Ashlee Lodge had learning disabilities and some associated physical and/or sensory disabilities. Some people had complex communication needs and required staff who knew them well to meet their needs.

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

Quality and governance systems had improved however they had not been fully established and embedded into everyday practice. The service was in the process of introducing a new electronic system for recording all records. This was a slow process so there were two systems operating at the same time. However, the registered manager was clear about the areas that still required reviewing and updating. Records in relation to some aspects of people's mental capacity and demonstrating how people spent their day were not detailed. There were interim measures to support two people with activities outside of the home, but these were only one day a week.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. Enhanced cleaning had been instigated as a result of the pandemic, staff had received additional training and the home had a visiting procedure that was thorough to ensure as far as possible people's safety from the virus.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service. There were safe procedures to ensure people received their medicines as prescribed. Relatives and professionals spoke positively of the care provided by staff.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Two people displayed behaviours that made support in public difficult during the pandemic. There was a shortage of staff who could drive so this had a temporary restriction on the numbers and frequency of outings they could have. An interim arrangement had been made to try to address this and a new staff member had just been appointed. Staff spent time with people individually to assess their wishes in relation to decoration of communal areas and these were then voted on. The sensory room had been redecorated to ensure people had an additional area other than the lounge to spend quiet time away from others.

Right care:

- Care plans provided guidance to ensure staff could care for people in a way that suited their individual needs and wishes. Greater analysis of links between people's health and behaviours had been introduced. Although still at an early stage, this had already helped staff to focus their support in meeting one person's health needs appropriately which then resulted in a reduction in behaviours that challenged. We observed that staff were caring in their approach and people were very content in their surroundings.

Right culture:

- One person who used to spend a lot of time in their bedroom now chose to spend time in the lounge with others. Staff saw this as a sign that they were happy. Staff told us that the registered manager was approachable and easy to speak with and there were regular opportunities to share their views on the running of the home either in individual supervision or at staff meetings. A pictorial staff rota was displayed to show staff which staff were on duty each day and a pictorial menu board was being devised to enable people to have a greater say in food choices.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 August 2019). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe care and treatment and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashlee Lodge on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ashlee Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focussed inspection. It was undertaken to check whether the provider had met the requirements of the last inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Ashlee Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service and the service provider, including the previous inspection report and the action plan supplied by the provider. We looked at notifications we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people during the inspection. Most people were not able to share their views of the service, due to complex communication and support needs. Therefore, we observed their experiences living at Ashlee Lodge and staff interactions with them. We spoke with the registered manager, and three staff members.

We reviewed a range of records. This included two people's care records and everyone's medication records. We looked at specific areas of another person's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback by email from two health professionals and two people's relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure there were enough staff to meet people's needs and this had the potential to leave people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff to meet people's needs safely. One staff member had recently left their position and the registered manager was interviewing for this post on the day of inspection.
- Since our last inspection, staff levels had increased to four staff on each shift along with the registered manager. There was a waking staff member at night-time. Staff told us there were enough staff to meet people's needs safely.
- Some people were funded to receive varying amounts of one to one or two to one support. Records of how these hours were provided were recorded either on handover reports or on shift planners.
- There were on call procedures for staff to gain advice and support, if needed, outside of office hours and at weekends.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Systems and processes to safeguard people from the risk of abuse

- People were unable to tell us they felt safe, but we observed people to be relaxed and content in their surroundings. One person used to spend a large part of the day in their bedroom, but staff told us they now liked to spend time with others in the lounge. They felt this was an example of how content they were.
- A relative who responded to a satisfaction survey said, "The fact that (name) allows covid tests to be completed just proves how much she feels secure and trusting of staff at Ashlee. They must be magicians... We cannot express adequately how highly we regard staff at Ashlee."
- Another relative told us, "(name) has improved 100% since she moved to Ashlee, from very upset and disturbing behaviour to a happy and contented individual. The care she receives is first class. Staff do an exceptional job."
- Staff had a good understanding of how to make sure people were protected from harm or abuse. A staff member told us, "I have never witnessed any bad practise, but if I did I would report it to the manager and the area manager and if they did nothing about it I would go straight to the safeguarding team."

- All staff had received training and knew how to recognise signs of abuse. It had not been assessed as necessary to make any referrals to the safeguarding team since our last inspection.

Assessing risk, safety monitoring and management

- There were guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support (PBS) plans. Where there were known triggers to behaviours these were recorded. There was advice on early interventions that could be taken, how to deal with a crisis situation, how to empathise, reassure and redirect the person to recover from situations.
- Some people had safe physical intervention plans. These were not in use at the time of inspection as they mainly related to supporting people outside of the home and these people were not leaving the home due to their assessed needs.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed.
- Fire drills were held regularly to ensure staff and people knew what to do in the event of a fire.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks including checks on gas and electrical appliances safety. Water temperatures were monitored regularly.
- A legionella risk assessment had been carried out to ensure the ongoing safety of water.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use that described when they should be used. One person's PRN was detailed in relation to use at night-time but less so during the day. The registered manager agreed and said this would be reviewed. This had little impact as it had not been given during the day.
- People's records clearly stated how they preferred to receive their prescribed medicines.
- Staff had received both online and face to face training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visiting procedures were in line with government guidance. All visitors had their temperature checked and had to carry out a lateral flow device test (rapid test) before they were granted entry to the home.
- We were assured that the provider was meeting shielding and social distancing rules. The home had recently assessed the need for a dome mirror on the stairs to enable people and staff to see if there was anyone on the stairs. This would enable better greater social distancing and also improve safety on the stairs.
- We were assured that the provider was admitting people safely to the service. There were no new admissions to the service but there were detailed guidelines should a person need to be admitted to hospital and then return to the service safely.
- We were assured that the provider was using PPE effectively and safely. There were plentiful stocks of PPE available and staff were able to tell us how these were used safely.
- We were assured that the provider was accessing testing for people using the service and staff. People and staff were tested in line with government guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and there were very detailed cleaning schedules that demonstrated a two

hourly cleaning programme throughout the day.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. All staff had received training on COVID-19 and there was a designated Infection Control Champion who had received additional training and had been involved in reviewing cleaning schedules and monitoring staff in relation to putting on and taking off PPE.
- We were assured that the provider's infection prevention and control policy was up to date. The organisation's policy had been updated regularly as government guidance had changed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A new shelter had been created and outdoor heating provided to assist visits. Indoor visits were also enabled and there were thorough procedures followed to ensure they were carried out safely.

Learning lessons when things go wrong

- Specialist advice and guidance had been sought for one person in relation to behaviours that challenge. As a result, staff were advised that as part of any analysis of incidents of behavioural concerns, consideration should always be given to assessing if the person could be in any form of pain that they were unable to communicate. This had a big impact for one person in particular. A DisDAT (distress discomfort assessment tool) was reviewed to consider how they might show when they were in pain. When this was applied, incidents of behaviour reduced significantly. (A DisDAT tool is used to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication).
- A fire drill was held in January 2021 and a number of concerns were identified with the procedure. The manager told us a staff meeting was held to review the drill, what went well and what did not work, and the evacuation procedure was then revised and updated. A further drill was then carried out in March 2021 to test the new procedure and this worked well.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure good governance had been maintained and records were not up to date and accurate. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation. However, further improvements were needed to ensure these improvements continue and are fully implemented and embedded into everyday practice.

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

- Two people required two to one staff support outside of the home. There were risk assessments, PBS plans and risk intervention (restraint) guidelines. It was a requirement of the home that all staff supporting people outside of the home would have completed training on the intervention guidelines. Some staff had yet to receive this training. The registered manager told us this training was interactive and could not be provided due to the pandemic. This meant some staff were unable to take people out. The impact of this was lowered in that both people displayed behaviours that made support in public difficult during the pandemic.
- The registered manager told us that until the risk intervention guidelines could be reviewed and all staff trained, both individuals were being supported, when staffing enabled, with drives to places that were not busy. However, there was only one driver who had left their position at the end of March 2021. A member of maintenance staff had stepped in to support a weekly outing. The registered manager confirmed, following the inspection that a new staff member, who was a driver, had been appointed. This appointment was subject to satisfactory recruitment checks.
- Care plans were being reviewed and transferred to an electronic format. This was a slow process but in the interim, there was a list of all areas that were still to be updated.
- Decisions specific assessments had been carried out in relation to people's ability to understand medicines, mask wearing, testing and vaccines. Where appropriate best interest meetings had been held. Other documentation related to people's mental capacity was still generic. It was evident that the registered manager knew what was required and the quality of work completed to date was good.
- Records related to how people spent their day were still not sufficiently detailed. For example, records did not always state where people went and what they had done. If they listened to music or watched a film, it did not always state what music or what film, and this left the potential for repetition of activities and did

not demonstrate choices given to people. Within daily logs we saw that people were offered choice in relation to how they were supported with personal care.

Although work was underway to address the issues identified above, further time was needed before the changes could be fully implemented and embedded into everyday practice.

- The service had only received one complaint. Records showed that appropriate action was being taken in line with their procedures.
- Throughout the pandemic the registered manager had kept the organisation up to date on the running of the service. In recent months the area manager had started visiting again and resumed the process of carrying out audits. We saw records of audits in relation to finances, medicines, staffing and infection control. Where shortfalls were found there was a record of the actions required and where appropriate, a timescale for achievement which was then monitored.
- Staff described a very warm, open and inclusive culture at Ashlee Lodge. A staff member told us, "Since (manager) came it is much better. He is approachable, you can talk to him about anything."

At our last inspection the provider had failed to ensure that statutory notifications were always submitted to the Care Quality Commission. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents and these had been submitted promptly.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. This was demonstrated through the inspection process, he offered additional information to clarify and support inspection findings.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

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

- Staff told us that meetings were held regularly. Due to COVID-19 restrictions staff not on shift could not attend, but meetings were held more frequently, and minutes of meetings were available for all to read. Staff knew in advance what issues would be discussed and could ask for matters to be raised/discussed in their absence. Records demonstrated that a wide range of matters were discussed and staff were encouraged to share their views.
- There was a detailed handover system that provided details of staff roles for example who was the shift leader and who was the fire marshal for the day. It also included details of particular tasks that had to be completed each day. We saw that when some people had a particularly unsettled night, the night staff member had been unable to complete their designated tasks. This showed that the staff member prioritised people's needs before tasks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not keen to participate in house meetings, so staff met with people individually to discuss

matters that affected them and to hear their views. We saw records that showed vaccinations, masks and hand sanitisers were discussed and also staff checked with people that they knew who to talk to if they had any worries or concerns.

- When one person could not go out to their weekly sensory session due to the lockdown, they became agitated. A staff member told us they organised the sensory room at the home so that it was similar to their external session. Staff did the sensory activities with them that they would have had at their external session and this helped to reduce their agitation.
- Annual surveys were carried out to check views of people, relatives, staff and professionals. Responses from people, relatives and professionals were wholly positive with comments such as 'We cannot express adequately how highly we regard the staff at Ashlee' and, 'The care and support given to my daughter during the COVID-19 crisis has been impeccable, I thank them for their care and commitment.'
- Staff feedback was also positive, but staff used the opportunity raise matters of importance to them such as internet access and cleaning routines. Feedback on matters raised by staff had been provided in staff meetings or individual supervisions.

Continuous learning and improving care; Working in partnership with others

- The home had recently introduced a three-monthly trend analysis form that holistically looked at a range of factors that might have affected a person's day. For example, if they were expecting a phone call that did not happen or if they declined a meal or had not slept well. Staff also documented any resulting behavioural problems. These records helped to aid discussion with the person and helped management monitor for any patterns or trends. The registered manager told us it was still early days, but the use of forms would be developed and tweaked over time. The process had helped to identify that one person needed a new chair.
- A staff member told us they were doing a level 4 health qualification. They said the registered manager had been very helpful in supporting them through this.
- The registered manager told us that they had reviewed the training matrix to remove training that was no longer required and to add in additional training that they thought would benefit staff. Online training in personal care, oral hygiene and bowel management had been introduced. These had helped staff to support people in monitoring the care provided. Recently training on dysphasia (swallowing problems) had also been added to the matrix as one person had had a swallowing incident.
- All staff had received training in oral hygiene and oral assessments/plans were carried out for people to assess the best way to provide support with brushing teeth.
- Referrals had been made for specialist advice and support when needed. Over the pandemic some health appointments could not be carried out in person but where appropriate, appointments were carried out online. For example, videos and photos were sent to specialists to clarify requests. A health professional told us the registered manager had, "Implemented all recommendations faithfully, following up with me proactively when unsure."
- The home received a weekly phone call from their GP. This enabled health reviews to be done and was an opportunity to monitor people's medicines and answer any queries they had. A health professional told us staff were, "Helpful, caring and knowledgeable of residents under their care."