

Bupa Care Homes (CFChomes) Limited

Ashley Lodge Care Home

Inspection report

Golden Hill, Ashley Lane
Ashley
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashley Lodge Care Home is a residential care home providing personal and nursing care to up to 77 people. The service provides support to people who have physical disabilities, require nursing care or who are living with dementia. At the time of our inspection there were 48 people using the service.

Ashley Lodge accommodates up to 55 people in the main premises consisting of a converted house and large extension. An additional annexe could house an additional 22 people however this has been decommissioned for several years and there are no current plans to reopen these beds. These premises house staff who are working under a sponsorship scheme.

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

Medicines were managed safely for people. However, we recommend some improvements should be made to medicine related records.

Risks were considered and safely managed, and people were supported by staff trained in safeguarding and who would whistle-blow if they had concerns about colleagues.

There were usually sufficient staff deployed to meet needs and the registered manager assured us they would only increase numbers of people using the service as they increased staffing levels.

The premises were very clean to minimise the potential spread of infection and people, staff and visitors to the service were tested for COVID-19 in line with government guidance.

People were supported by staff trained in a wide range of subjects and who received regular support from senior staff through meetings and supervisions.

Nutritional care plans based on advice from healthcare professionals ensured people had the correct diet for them and we received positive feedback about meals.

Referrals were made to appropriate health and care professionals and relatives were kept informed about their family member.

The premises were purpose built and met the needs of people and there was an ongoing maintenance and refurbishment programme.

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.

There was an open culture in the service and staff were supported to speak up and share concerns should they have any. The management team were also open and contributed fully to our inspection. We received mixed feedback from relatives about the management team however most feedback praised them.

There was an ongoing improvement plan that was reviewed constantly and a programme of audits ensured progress was being made.

The provider ensured that people and their relatives remained involved with the service through use of virtual meetings and quality assurance questionnaires that were sent out at intervals.

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 18 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashley Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 two inspectors, one with specific knowledge of medicines. An Expert by Experience contacted relatives by telephone to obtain their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashley Lodge is a 'care home'. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Ashley Lodge is a care home with nursing care. 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information we held about Ashley Lodge received since the last inspection including notifications of significant events that happened within the service. We used all this information to plan our inspection.

During the inspection

We spoke with one relative in person and five people who used the service. We spoke with eight staff members including a registered nurse, the registered manager, the maintenance person and care staff. We reviewed records including 17 medicines records, and 12 care records. We looked at six staff recruitment and supervision records and a variety of records relating to management of the service including health and safety documents, service reports, audits and improvement plans.

After the inspection

We requested feedback from 15 staff members by email and received 10 responses. We contacted relatives by phone and received feedback from 10 of them.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the service had not demonstrated that it was consistently providing safe care. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At our last inspection we had concerns that people's risk of choking had not been fully assessed and planned for, leaving people at risk of harm. On this inspection, we saw people had robust choking assessments that not only assessed risks but also provided clear information of actions that should be taken in the event they choked. These linked to speech and language therapist, SaLT assessments and their recommended dysphagia diet, IDDSI.
- We checked to see people were positioned correctly when eating and that the information held by all relevant departments, such as the kitchen, was correct. We found people were safely supported by staff who all had up to date information about them.
- There were robust risk assessments of other aspects of service provision. These included, detailed assessments of environmental risks in the premises, a fire risk assessment and a water hygiene assessment. Many other areas had been assessed, risks identified and mitigated to minimise as far as possible.
- There were regular services and inspections of equipment, fixtures and fittings. Checks were carried out on, for example, the fire alarm system and call bells to ensure they were in working order. We saw clear records of services and checks carried out at Ashley Lodge by both internal maintenance staff and external contractors.

Staffing and recruitment

- Staff were safely recruited, and all pre-employment checks had been completed prior to them commencing in post. This included obtaining suitable references, completing a Disclosure and Barring Service, (DBS) check and reviewing a full employment history.
- We received contradicting feedback from relatives about staffing levels. Four relatives told us there were enough staff and four that there were not, one relative did not know. A relative told us, "Yes [person] uses it [call bell]. When I press, they are quick, responsive". Another relative said, "[Person] does use it sometimes. Not quick off the mark".
- We saw staff rotas reflected current staffing requirements, and the registered manager assured us that they would only increase numbers of people using the service as they increased staffing as they wanted to maintain the levels of care and support they provided.

- There were sufficient staff deployed to meet the needs of people using the service. A staff member told us, "We always have a full allocation of staff to start the day, obviously when we have staff sickness or last minute issues, the manager and deputy [manager] move [staff] skills mix around to ensure safe levels [are achieved]." They added, "We recently had two new residents admitted and now have six care team staff on the floor to support the changing needs [of people]." This was an increase in staffing.

Using medicines safely

At the previous inspection concerns were identified relating to the proper and safe management of medicines. These concerned safely supporting people living with diabetes, and the consistency and detail within medicines records. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that these areas of concern had been rectified and the provider was no longer in breach of Regulation 12.

- Staff followed systems and processes to administer, record and store medicines safely within their recommended temperature ranges.
- Although controlled drugs (medicines that require additional controls because of their potential for misuse) were stored securely, it was not in line with legislation. When we raised this with the service, they took action to ensure the legislation was followed.
- Within the medicines administration records (MARs) information was consistent between the different sections and the persons care plan. Where a medicine for injection was prescribed "as directed" staff had obtained written confirmation of the dose and frequency. People prescribed medicines that required monitoring had documented target ranges. Records indicated out of range results were monitored, reviewed and appropriately escalated.
- Staff administering creams as part of personal care recorded the administration of these creams on topical medicines administration records (TMAR). The TMAR also contained supporting information for the staff on where and how frequently to apply these products.
- A few people were prescribed rescue medicines. Staff had identified they had insufficient information concerning the frequency or duration of use. They explained that they had asked the GPs to review these medicines. Some people were prescribed more than one 'when required' medicine to treat a condition. The guidance for these medicines did not describe when to use which medicine. Therefore, we were not assured the person's condition would be treated consistently by different staff.

We recommend the service should ensure a holistic approach to a person's care is taken where multiple "when required" medicines are prescribed to treat a single condition.

Preventing and controlling infection

- The premises were very clean and there were no unpleasant odours at any time during our inspection. There were ample hand sanitiser dispensers, all of which were filled and at mealtimes, wipes were used should people need them to aide hand washing.
- We saw that both cleaning and maintenance had been completed to a high standard. Most rooms were in a good state of repair in terms of IPC risks and safety. For example, flooring was sealed at the edges and there were few scratches to paintwork meaning IPC risks had been minimised.
- The provider was current in its policy on COVID-19. Visits, testing and cleaning reflected the increased focus on hygiene and safety. There were ample supplies of testing kits and people, staff and visitors completed testing according to current guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors had to book an appointment to access the service and provide evidence of, or complete a negative lateral flow device test, LFD on arrival. Appropriate PPE was provided to them and this had to be worn throughout their visit. The registered manager told us staff ensured that visitors who removed masks, for example, were spoken with and reminded of the importance of complying with guidance. All restrictions and arrangements were in line with government guidance at the time of our inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to protect people from the risk of abuse. There were systems in place to ensure concerns were alerted to the local authority and investigated thoroughly.
- Staff were knowledgeable about safeguarding and had received training in this area, one staff member told us, "I receive regular safeguarding training as [it is] important to report concerns and issues to escalate neglect, abuse of any kind, violation of human rights etc., to protect [the] health and wellbeing of vulnerable adults."
- A second staff member told us, "Things I would report as safeguarding concerns would be if I thought a resident was being neglected or abused, for example, if they [were] not being fed adequately with the correct food, not being given enough to drink, being roughly treated or left wet or soiled, pressure sores left untreated or any new unexplained bruises or injuries." They added, "I would report these to my senior and manager, and if necessary, I could use the 'speak up' website link to report a concern that I didn't feel was being handled satisfactorily."
- Staff understood they could alert concerns about other staff members without fear of reprisal. One staff member said, "Whistle-blowing means reporting improper behaviour by a member of staff. Depending on how serious this was, I may either talk directly to the staff member, or report to a more senior member of management."

Learning lessons when things go wrong

- There were robust processes in place to ensure that all incidents and accidents were investigated and learning shared throughout the team. For example, there was a clinical meeting each week where subjects such as pressure wounds and infections were reviewed and learning shared. A daily meeting highlighted urgent issues which were immediately shared with team members.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed pre-admission then at intervals to ensure they had current and relevant care plans in place that met their needs. There was a wide range of assessments and care plans in place including mobility, skin integrity, personal hygiene and sleep and rest.
- Assessments clearly identified needs which were addressed through robust care plans. Plans were regularly reviewed and updated as required. Assessments and care plans were in line with current good practice guidance.
- We saw that people's preferences were considered when assessing their needs and making plans with them. For example, people were asked if they preferred male or female care staff for personal care, if they preferred showers or baths and for their likes and dislikes about foods.
- A 'resident of the day' process meant that each month people's care records were fully reviewed and necessary updates shared with the staff team.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction including mandatory training courses on commencing in post at Ashley Lodge. Training was predominantly online and staff records showed which courses had been completed. The completion rate for training was, for almost all courses, 100%. Staff were encouraged to complete training that led to qualifications in health and social care.
- Before commencing tasks such as administering medicines, staff completed training and had to complete a competence check to ensure the training had been effective and they were safe to undertake the task.
- Regular meetings were held with staff with either the registered manager or another member of the management team. Additional meetings were held throughout their probationary periods to ensure there were no concerns either about their performance or about the service and to offer support and guidance to staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People had nutrition care plans and were also assessed to see if they were at risk of choking. Appropriate referrals were made to speech and language therapy, (SaLT) to obtain expert guidance when people showed signs of swallowing problems.
- People were weighed regularly, at least monthly if they consented to participate. This ensured all unplanned weight changes were noted in a timely way and interventions such as additional snacks, fortifying meals and obtaining supplements from the GP or a dietician could take place.
- Meals were prepared in the most appropriate manner for people according to the International Dysphagia

Diet Standardisation Initiative, (IDDSI) level they had been assessed as. IDDSI is a framework describing different meal textures and drink thicknesses. Meals were appetising and people appeared to enjoy them.

- We received mostly positive feedback about meals at Ashley Lodge, relatives told us that people had the help they needed to eat, that meals were nice, and people enjoyed them. One relative was less positive and told us that meals were frequently cold, and they had mentioned this, but did not tell us if this had improved.
- We saw people being offered drinks throughout our inspection and there were many opportunities for people to have drinks. Relatives confirmed there were no concerns about people receiving their chosen drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked well with health and social care professionals to ensure people received timely and appropriate treatment and support. Referrals to external services were made should the need arise.
- We saw records that showed regular contact with other professionals including SaLT, GP's, dentists and other healthcare professionals. People were supported to contact their care managers or social workers should they need to.
- A relative felt informed about their family members healthcare needs and told us the service would contact them should there be any need to call the GP for example.

Adapting service, design, decoration to meet people's needs

- The premises were purpose built and appropriate to meet the needs of people. They were fully accessible using passenger lifts and corridors were wide and well-lit to enable people to move freely around the building.
- People were encouraged to personalise their rooms and could bring items from home to make their rooms feel more familiar and comfortable.
- There was an ongoing maintenance and redecoration programme and the registered manager told us that much of the maintenance staff members time was spent repainting damaged paintwork both for appearance and to ensure good infection control.
- People were not fully using dining areas for meals when we inspected. This was following the long period of lockdowns during which people mostly had meals in their rooms to ensure they were suitably socially distanced. There was a drive to support people back to the dining areas to recreate the social aspect of dining and a cheese and wine activity and a Portuguese food day had been planned to engage people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and had made appropriate best interest decisions accompanied by MCA assessments. Relevant parties such as relatives and social workers were included when considering significant decisions for people.
- The improvement plan detailed reviews of significant documents such as best interest decisions about care delivery, use of bedrails and covert medicines. These had all been fully reviewed with additional DoLS applications completed as needed for equipment used such as bedrails and sensors which may deprive people of their liberty.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture in the service and staff were encouraged to speak up and share concerns with colleagues and management. Staff were happy with the support they received. A staff member told us, "The team are happy and content; of course, there is the bad day, we all have them, but you never have to feel alone. There is always someone to talk any issues through with for a different perspective."
- A second staff member said, "[Registered manager] always believed in my potential and always gave me the opportunities to expand my knowledge. In the period of one year they gave me medication training and also senior leadership training both being very important for my professional growth. They also gave full support in difficult times and when there was a lot of pressure in the personal environment because of the pandemic. I am very grateful to Bupa and the registered manager who were always willing to listen."
- Another staff member was happy and supported in their role. They said, "Staff have support from the management [team] and [their] full appreciation. Staff are friendly always welcoming [towards] new members. I'm happy to work in Ashley Lodge". One staff member felt that more one-to-one time with the manager would be valuable as though they were very experienced and were generally quite autonomous in their duties some additional learning and guidance would be appreciated.
- Staff felt the culture was beneficial to people. They told us, "Staff morale is the best it's ever been currently! We have all worked so hard together to keep each other, and our residents safe, meaning we support and motivate each other to keep morale as high as we possibly can! I love the whole team I work with and every single one of them wants to come to work and works ridiculously hard for our residents!"

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. They inform relevant persons when things go wrong and work with them to ensure a satisfactory outcome is found.
- The registered manager was keen for the service to be inspected being confident in the improvements that had been made since we last inspected. They engaged fully with the inspection process and were consistently open with their responses to our requests.

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

- There was a registered manager and clinical lead in post who both received positive feedback from all staff about their ability to lead and support staff in their roles. Most feedback from relatives was positive however

we received some negative feedback. One relative was concerned that another family member visiting the service had to remain in their car for 20 minutes before their allocated visiting time, they were also concerned that the management team were controlling. Another relative was concerned that the registered manager did not have a clinical background and two more relatives raised concerns about people not being out of bed and a lack of continuity of care. Unfortunately, the prolonged wait to visit was due to the guidelines in place at the time which the service was following, and not due to the services management team. There was a competent and experienced clinical lead in post to support the registered manager and meetings were held daily to ensure that clinical and care needs were updated and shared throughout the team.

- We also received positive feedback about the management team, a relative told us, "Yes, I know the manager, [the service is] exceedingly well managed. On the ball, everyone there is there because they want to be." Another relative said, "Yes, well managed. Always having meetings. Yes, [registered manager] listens to me. Ask and they follow things up. [Registered manager] writes notes when talking to you." Finally another relative said, "From what I can see it is well managed... [Registered manager], they listen. Before [family member] went in, they were reassuring [to them]."
- We received notifications of significant events as required and the registered manager was in frequent contact with CQC and would ask for advice from them should they need it.
- There was an effective audit system that fed into an improvement plan. We saw several months of records for the improvement plan and there was clear progress towards targets set by the registered manager.

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

- Quality assurance questionnaires were sent at intervals to people and their relatives. We saw the results of the 2021 residents survey which was mostly positive in responses and comments. People were generally happy with the service they received, and improvements suggested were around having more choice of activities and input into the menu.
- More than half of the relatives we spoke with said they did not receive quality assurance questionnaires. This may have been due to their family member having capacity to respond independently or the survey being distributed before they became involved with the service. Two relatives told us they had completed questionnaires and one had received it but not completed it.
- COVID-19 guidelines and the service not being fully open to visiting meant holding resident and relative meetings was not easy however the provider had arranged virtual meetings so discussions could include people and their relatives.
- The provider had policies on, and trained staff in, equality and diversity and ensured they considered people's characteristics when planning and providing a service for them.

Working in partnership with others

- The provider ensured that relevant health and social care professionals were involved in people's care as needed. Referrals were made in a timely way and advice was used when planning care delivery for people.
- We saw examples where the registered manager had gone over and above their responsibilities in supporting people in contacting professionals to aid with their personal circumstances. They had offered to provide storage for one person's belongings and to assist them in sorting and packing them for storage. They had provided additional storage in the person's room so they could surround themselves with items that made them feel at home.