Ashley Lodge RH Limited

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Inspection report

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Date of inspection visit:
30 March 2017
31 March 2017

Date of publication:
07 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on 30 and 31 March 2017. Ashley Lodge provides care for up to 26 older people some of whom are living with dementia. At the time of the inspection 25 people were living at the home. At our last inspection in October 2015 we found the service was rated 'Good' overall.

The service has a registered manager who was present throughout the inspection. 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.

People told us they thought the home was safe. Staff knew about possible signs of abuse and described action they would take to ensure people' safety. People had the risks associated with their care well managed and staff understood how to minimise people's risks in their care.

People received their medicines safely although we identified there was a need to improve the accuracy of some medicine records. We saw people receiving their medicines in a dignified manner.

The majority of people we spoke with told us that there were sufficient staff available to respond to their support needs.

Staff had received training to enable them to understand and meet people's individual needs. Staff informed us they felt supported.

People living at the home benefited from good healthcare and the service was quick to respond to any changes in healthcare needs. People received food and drink that was based on their preferences.

Although people were offered choices in their daily care we found that the service had not supported people consistently under the Mental Capacity Act (2005).

Staff supported people who were living with dementia with confidence and ease. We found that there was a need to improve the availability of orientation and communication aids for people living with dementia.

People told us they felt cared for by staff whom they had built up good relationships with. People had the opportunity to state how they would prefer to be supported. People living at the home were able to review their care.

People had access to activities which were planned.

People felt able to raise any concerns or complaints and reported they were confident these would be dealt

with appropriately.

People and their relatives provided positive feedback about how the service was managed. Quality monitoring systems were in place although some were not entirely effective. People living at the home had been given the opportunity to feedback their experiences of living at the home in order to drive improvement within the service.

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 were supported by staff who were aware of action to take should they suspect abuse had occurred.

People were supported by sufficient staff who had been safely recruited.

People received their medicines safely, although we found there was a need to improve some medicine records.

Is the service effective?

Good

The service was effective.

Staff had received training to enable them to understand and meet people's needs.

People had been supported to maintain good health and received food and drinks which they enjoyed and which met their nutritional needs.

Although people had received support to make daily choices people had not been consistently supported under the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

Caring and respectful relationships had been built between the people living at the home and staff.

People received care that respected their dignity and encouraged their independence.

Is the service responsive?

Good

The service was responsive.

There was opportunity for activities at the home which most

people told us they enjoyed.

Care plans were regularly reviewed to ensure they reflected people's latest needs and wishes.

People felt able to raise any concerns and complaints and they would be acted on.

Is the service well-led?

Good

The service was well-led.

Quality monitoring systems were in place although some had not been entirely effective.

People had been given the opportunity to feedback their views of the service.

People and their relatives provided positive feedback about the management of the service and staff felt supported in their roles.

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Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 30 and 31 March 2017. On the 30 March the inspection team comprised of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the 31 March one inspector carried out the inspection.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to plan the areas we wanted to focus our inspection on. We received feedback from the local authority who purchase this service.

We visited the home and met with the people who lived there. Some people were unable to share their views of their care due to healthcare conditions. Therefore we spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI) to help us understand the experiences of people who were not able to share their views verbally.

During our inspection we spoke with nine people who lived at the home. We spoke with the registered manager, both of the deputy managers and three staff. We looked at records including two care plans and medication administration records. We looked at two staff files to review the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service. As part of the inspection we spoke with five relatives and a visiting healthcare professional to obtain their views about the service.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe. One person we spoke with told us of action staff took to keep them safe and commented, "The best thing about here is the safety because I am not on my own." Another person we spoke with told us, "It's homely here I feel safe."

People were supported by staff who had knowledge of the different signs of abuse and who knew the appropriate action to take should they have concerns. Staff told us and records confirmed they had received safeguarding training to ensure staff had up to date knowledge of safeguarding procedures. The registered manager was aware of their responsibilities for reporting any instances of abuse to the appropriate authorities.

We saw that the risks associated with people's care had been identified and steps put in place to minimise these risks. We saw staff encouraging people's independence whilst ensuring their safety when people mobilised. Staff told us practice they undertook to reduce the risks associated with peoples' care. In the event of an accident or incident occurring we saw that staff had taken action to check on the person's well-being. Although the numbers of accidents were low there was no analysis of individual accidents that occurred in order to identify how to reduce the risk of re-occurrence.

Most of the people and relatives we spoke with told us there were sufficient staff available to respond to people's requests for support. The registered manager told us that staffing levels would be increased should the needs of the people living at the home increase. Agency staff were not used at the home as current staff would work additional hours when necessary to maintain designated staffing levels.

People were supported by staff who had been recruited safely. We saw that the service had ensured a Disclosure and Barring Service (DBS) check was carried out to make sure staff were suitable to support people. The registered manager had also sought references from previous employers to confirm staff's suitability to support the people living at the home.

People living at the home needed support to receive their medicines safely. Our observations showed that staff supported people with their medicines in an appropriate manner and checked with people whether they required any pain relief. Only staff who had completed training in safe medicine administration were able to support people with their medicines. Staff informed us that they received competency checks prior to administering medicines although these were not documented.

Whilst most medicines were given safely we found that some medicine records had not been completed accurately. This meant that the registered manager or staff could not ascertain if the amounts of medicine administered were correct. Some parts of medicine records did not accurately reflect the current medicines people were taking. Whilst improvements were needed in the accuracy of medicine records we found no evidence that people's safety had been affected. Although most medicines were stored securely we saw that prescribed creams had been left in people's bedrooms and were not signed for. This put people at risk of receiving their creams inappropriately. Medicine audits that sampled medicine administration had not

identified these concerns.

Good

Is the service effective?

Our findings

People were supported by staff who had received training to provide them with the skills and knowledge they needed for their role. This included training on people's individual's needs and basic care skills. Staff told us that the training they had received was adequate for their role and one staff member commented that the training was, "Good. It freshens your mind up." The registered manager had developed training aids for staff to enable them to keep up to date with key aspects of good care practice, although there was no robust system in place to ensure staff received refresher training. One staff member was currently completing the care certificate which is a nationally recognised induction course which aims to provide staff with a general understanding of how to meet the needs of people who use care services. Staff told us they had received supervision to reflect on their practice and to receive support.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us they were offered choices in their care. Staff had some understanding of how to support people in line with the MCA and told us how they helped people to make decisions about their everyday care. At our last inspection we had identified that the support people received under the MCA required improvement. At this inspection we found that this continued to be the case. We found that the service had not followed the MCA principles in relation to covert medicines and no assessments had taken place when it was thought a person may lack capacity to make certain decisions.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager had identified that some people had restrictions on their care in order to keep them safe and had applied to the supervisory body for a DoLS in these instances. These applications were being processed at the time of the inspection and the service was awaiting approval.

Some people living at the home were living with dementia. We saw staff confidently support people who were living with this condition. We found there was a need to improve the availability of orientation or communication aids around the home to further support people with expressing their needs and choices. The registered manager was in the process of developing care plans for people with dementia to enable specific support to be provided.

People received appropriate support to have their nutritional and hydration needs met. People we spoke with were happy with the food and we saw that meal times were a sociable occasion. Menus had been developed around people's known likes and dislikes. Some people needed staff support to eat their meals and people's food was prepared appropriately in order to reduce the risk of them choking. People were

supported and encouraged to eat in a respectful and dignified manner.

People had their healthcare needs met. Relatives we spoke with told us that people's care needs were met and one relative commented, "They called the doctor in quickly." We saw that routine visits were carried out by healthcare professionals and where needed the service had acted responsively to any changes in people's conditions. We saw there was information available in people's care plans about their health needs. A healthcare professional told us that staff followed any instructions left for them and that they were quick to alert them when a person's condition changed.

Good

Is the service caring?

Our findings

People told us they felt cared for by staff who had got to know them well. When we asked people what they thought of the staff who supported them we received comments such as, "They look after us marvellously," and another person told us, "We are well looked after the [staff team] are very good. We are very lucky here we really are." Relatives we spoke with were complimentary about the caring nature of the staff team and one relative we spoke with told us the, "Best thing here is the atmosphere. That is down to the staff. I have never heard anyone be rough or raise their voice. They are kind and caring." Our observations of staff interactions showed that staff used a caring, patient approach with the people they were supporting.

People benefitted from a staff team many of whom had worked at the home for a number of years. One relative we spoke with told us, "All the staff have been here a long time not many new ones come it makes it a better more secure environment." This had allowed positive, trusting relationships to be built between people and the staff team. Staff told us that they found their work at the home rewarding and one staff member told us, "I know all the residents and care for them like family."

People received care that was planned around their preferences. Care plans were developed with the person and their relatives to enable people's preferences to be documented. Staff we spoke with had a good knowledge of people's likes and dislikes and were able to tell us parts of people's life histories and how they liked to be supported.

The service had ensured people had their religious needs met. People's care plans detailed the support people needed to meet their religious needs. The registered manager informed us they were currently working with a local church to establish more frequent opportunities for people to have their religious needs met.

People were treated with dignity and respect. Staff were able to describe how they preserved people's dignity for example, when supporting people with personal care. A healthcare professional we spoke with confirmed that they had observed staff treated people with dignity and gained their consent before supporting them.

Where possible people living at the home were encouraged to remain independent. People were supported to retain their independence when mobilising or receiving personal care. We saw one person partaking in daily living activities around the home. This helped to promote people's sense of value and self-esteem.

Good

Is the service responsive?

Our findings

During the inspection we observed that people had opportunity for activities which most people told us they enjoyed. The registered manager had arranged for external entertainers to visit the service where music and mobility sessions took place. Some of the relatives and people that we spoke with told us they felt there was a need for more regular activities that would provide stimulation. We spoke with the registered manager who informed us that regular activities including both in-house and external activities such as floor games, film sessions and shopping trips were planned to provide people with stimulation. Other relatives we spoke with described difficulties in being able to support their relative in community activities due to the design and accessibility of the building. We spoke with the nominated individual about this who explained that that they were working on finding a solution to enable people to enter and leave the home and access the community more easily.

People had their care records reviewed to ensure that the information available for staff was still accurate and correct. People and their relatives told us they had not been involved in formal reviews of care but said that they felt able to approach the staff at any time should they wish to discuss people's care. The registered manager confirmed that reviews of care with people did occur and that people were able to state changes they wanted made to their care which was then actioned. We saw that care records were up to date and staff supported people in line with their known preferences. There was little evidence that people who were not able to verbally express their needs had the opportunity to reflect on or review their care to ensure it continued to meet their needs. The registered manager explained that in these instances best interest meetings were held and that a key worker system was being introduced so people would have the opportunity to feedback their views to assigned staff who knew and understood their preferred means of communication.

The service had ensured that people kept in touch with people who were important to them. We observed that any visitors to the home were made welcome and saw that there were private areas of the home for people to meet their visitors.

The service had a complaints procedure in place. Relatives informed us that they felt able to report any concerns to the staff or management team and were confident that these concerns would be dealt with. We were informed that the service had received no complaints in the last twelve months although we noted that some of the complaints guidance for people required amending which the registered manager advised would be done.

Good

Is the service well-led?

Our findings

People and their relatives were pleased with how the home was managed. One person we spoke with told us the registered manager, "Will always listen. She is lovely, very good, you can always go to her." One of the relatives described a culture of open communication and told us, "They keep me informed you just go to the office she [the registered manager] is very open."

There were systems in place to ensure consistent leadership within the home. The registered manager was supported by two deputy managers. The registered manager was aware of their responsibilities for reporting specific incidents and had improved their knowledge of changes in regulations such as the duty of candour regulation. The registered manager had followed requirements to display their most recent inspection report both at the home and on the provider's website.

Staff we spoke with told us they felt supported in their roles at the home and felt able to approach the management team should they have concerns. Staff informed us they felt involved in the service and able to make suggestions for improvement. One staff member told us, "We all work together," and further commented, "[name of manager] is nice as a manager." Another member of staff told us, "We all support each other." Another staff member told us, "I do love working here and I do love the residents. It's a happy environment."

The quality and safety of the service was monitored through audits of some aspects of the service. The registered provider carried out visits to the service to ensure the care provided was meeting their expected standards. We found that some of the quality audits relating to medicine records and oversight and analysis of accidents or incidents had not been entirely effective in monitoring the quality of the service. However, there had been no negative impact experienced by people using the service.

There were systems in place for some people living at the home to provide feedback about the service. Meetings took place with a small number of people who living at the home where discussions were held around possible improvements to the service. We saw that where feedback was given in these meetings the registered manager had acted on and put suggested improvements in place. Questionnaires were given to people to further measure the quality of the service although the registered manager advised that not all people wanted to participate in completing these. Although meetings and questionnaires gave some people the opportunity to feedback their experiences, and to drive improvement within the service, they had not included the majority of people living at the home. Some people were unable to express their views verbally due to healthcare conditions. Following the inspection the registered manager assured us that they sought feedback from all people using different methods.