Ashton Lodge Limited

Ashton Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service: Ashton Lodge Nursing Home (Ashton Lodge) is a residential care home providing personal and nursing care for up to 100 people. The service provides respite and long-term care for older people who may be physically or mentally frail or living with dementia. At the time of our inspection, 87 people were living at the service.

People's experience of using this service:
People gave positive feedback about staff, the food and the care they received. They also told us they felt safe. However, we observed some less than respectful practices by some individual staff, staff deployment was not suitably organised and infection control procedures were not always followed by staff.

We also found that where restrictions had been placed on some people these were not supported by staff following legal requirements. We have made a recommendation to the registered provider in this respect.

People could decide how they spent their time and activities were on offer, however we did receive some mixed feedback about social stimulation within the service. The registered provider provided us with evidence that they were continually working to improve this. People were invited to give their feedback on the quality of care and any comments were listened to.

People told us the registered manager was approachable and staff felt supported and thought improvements had started to be made. We found some positive improvements since our last inspection but there was further work to be done to embed and sustain those improvements.

At this inspection, we made six recommendations to the registered provider.

Rating at last inspection: We last inspected Ashton Lodge on 16 February 2018 where we rated the service at Requires Improvement. The report was published on 13 April 2018.

Why we inspected: We carried out this scheduled comprehensive inspection to see if the registered provider had taken the necessary action to address the shortfalls identified at our last inspection.

Follow up: We will continue to monitor this service and will next inspect it in line with our published inspection process and methodology.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Ashton Lodge Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by three inspectors, a specialist nurse 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 care service.

Service and service type:
Ashton Lodge Nursing Home 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:
This was an unannounced inspection which took place on 8 April 2019.

What we did:
Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us

in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

We contacted three social care professionals for their views of the service before we visited. We received feedback from two which we have included in our report.

During the inspection we spoke with or met 11 people who lived at the home, seven relatives and one healthcare professional. We also spoke with seven members of care staff, two clinical staff plus the registered manager and two clinical leads. We spoke with a further relative following our inspection. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at 18 people's care records, including their assessments, care plans and risk assessments. We checked three recruitment files, training records and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in February 2018, we rated the service as Requires Improvement in this domain. This was because we found issues with infection control procedures, a lack of risk assessments for people and insufficient staff to care for people. At this inspection we found some improvement, however there was further work to be done for this key question to be rated as Good.

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

Some aspects of the service were not consistently safe.

Staffing and recruitment

● At our inspection in 2018 we identified a lack of suitably deployed staff to meet people's needs. We found an improvement in staff levels at this inspection, but we did receive mixed responses from people, relatives and staff which indicated better staff deployment, particularly at pinch points during the day, was needed. For example, during the morning when people were getting up and receiving personal care.

● Some people told us there were not enough staff at certain times of the day. One person told us, "There are never enough staff around. I now know when to ring the bell and when not to." Another person told us, "There don't seem to be enough staff here. They don't seem to come when I call the bell. Sometimes I have to wait a long time." A further two people told us, "There aren't enough of them (staff)" and, "I am told I will sit in the armchair for half an hour and then I'm in it for two hours even though I have signalled and asked for staff to move me. I get ignored when I'm in that chair." However, other people told us they did not have to wait and felt there was enough staff and one person told us, "I press my bell and they (staff) come."

● We received similar mixed comments from relatives. A relative told us, "Today, I would say 'no' there are not enough staff." A second relative said, "Staff are overloaded. There have been times when I've waited for 20 minutes whilst a staff member has found someone else to assist them to take him to the toilet." However, other relatives told us, "There's enough staff to help my mum" and, "I think there are enough staff here. On the relatively few occasions I have to signal for help, there is always someone about."

● Staff also gave mixed feedback about staffing levels. One staff member told us, "Normally we have enough staff." A second staff member said, "I have enough time to do all of the things I want to do." However, another staff member told us, "Today we are short staffed. It's usually the weekends which are a problem. We delay giving personal care sometimes as a result of this."

● During our discussion with two staff they complained about a shortage of staff on duty. We observed this on the first floor during the morning. Two people with a high level of needs were being attended to at the same time by one staff member. The staff member was struggling to cope with both people. No other staff were able to assist because they too were busy with other tasks.

● We observed very little time when staff had time to sit and talk to people. This was particularly during the morning, when staff were extremely busy getting people up and ready for the day.

● The numbers of staff on duty during the day matched what we had been told there would be. We checked the rotas and they demonstrated staffing levels were consistent.

● Added to which, following our inspection, the registered manager sent us evidence of their dependency tool which demonstrated they had more staff on the floor than had been calculated on the tool. We had also

been told that an additional clinical lead had been employed since our last inspection and a dementia lead was due to commence next week. Despite this we felt the registered manager needed to review the way they were using staff to make sure people received the care and attention at the time they needed it.

We recommend the registered provider ensures that deployment of staff is organised appropriately to ensure people's needs are met promptly.

We reviewed the records of three staff members and found that the registered provider carried out thorough pre-employment checks. These included an application form with previous employment information, references and a Disclosure and Barring Service (DBS) check. A DBS checks if a prospective staff member is suitable to work in this type of setting.

Preventing and controlling infection

● At our inspection in 2018, we found that staff were not consistently using the sluice rooms (rooms where dirty equipment, such as commodes are washed). We found a similar situation at this inspection. We found the sink in one sluice room would have been difficult to use due to the equipment placed in front of it. In another sluice room the sink was also not being used, despite dirty laundry being in the bins and we noted a soiled incontinence pad sitting on top of the cleaning machine. We did note however that a third sluice room was clean and well organised.

● We found during the inspection that not all staff knew the key coded numbers for the sluice rooms. Following our inspection, the registered manager confirmed to us that all staff had been informed of the sluice key coded numbers and provided evidence to show that sluice rooms had been used by staff at other times. The registered manager also sent evidence of supervision with staff on infection control and hand hygiene.

● Throughout the day we noticed an unpleasant smell on the ground floor. We found the carpets were stained and furnishings looked old and in need of replacement. The registered manager told us the registered provider had a plan of action in relation to replacing furniture and furnishings. They sent us evidence of this following our inspection. This showed us that the works were to be completed within the next few months.

● We did find some improvements since our last inspection. At our last inspection, we found staff were using shared slings for people which is not hygienic. At this inspection we were informed and saw that each person had their own personal slings.

● Staff were seen wearing aprons at lunch time and gloves and aprons when entering people's rooms to carry out personal care. A staff member told us, "We have proper personal protective equipment at this home and we use it."

● One person told us, "The room is kept clean and smells nice" and another person confirmed that staff always wore gloves when providing personal care. A relative told us, "On the whole, the cleaning staff are very good."

We recommend the registered provider ensures that staff work in a way that ensures that they prevent and control the spread of infection.

Using medicines safely

● People received the medicines they required as there were good medicines administration processes in place.

● Each person had a medicines administration record (MAR) which contained their photograph for identification, information on any allergies and how they liked to take their medicines. We found no gaps on people's MARs meaning that people had been given their prescribed medicines.

● Medicines were stored in locked trollies placed in the nurse's stations/office as well as in a clinical room at the opposite end of the building. We spoke with the clinical staff and registered manager about the storage of medicines and the need to ensure staff have the facility to wash their hands either before or after dispensing medicines, should they need to.
● Following our inspection, the registered manager told us that they had reviewed the use of the two nurse's stations/offices and medicines had been transferred to the one with handwashing facilities and the other would be used purely as an office.

Systems and processes to safeguard people from the risk of abuse
● We read of potential safeguarding concerns in people's incidents records and found that these had been notified to CQC appropriately by the registered manager, as well as the local authority safeguarding team. A staff member told us, "I would report abuse to the manager, CQC or safeguarding if necessary." A relative told us, "The staff work really hard to make sure she is happy and safe here."
● Staff had a good understanding of their responsibility in relation to safeguarding and knew who they should report concerns to.

Assessing risk, safety monitoring and management
● People told us they felt safe. One person told us, "I feel quite safe here. Everything is well regulated for me." A second said, "They get me up and in the lounge every day. They care and I feel safe." A third person said, "I have never worried about (not feeling safe)."
● Risks to people had been identified and guidance was in place. One person had behaviours that could cause either them or another person harm. Their care plan reflected how they betrayed these behaviours and how staff could respond. We observed staff followed guidance. For example, the persons care plan stated, 'Should not be sat directly next to another resident and a staff member should always be present'. We observed this to be the case.
● Another person had a catheter and there was a risk assessment in place related to this. It gave detail on the risks associated with the catheter and a detailed breakdown of what staff should do in relation to changing it.
● Where people were at risk of pressure sores, their care plans recorded the setting of their pressure mattress. A relative told us, "Staff have healed his bed sore."
● We observed staff transfer one person from a wheelchair to a sofa by using a hoist. Staff worked as a team, they maintained privacy of the person, communicated with respect and completed the transfer steadily and slowly, whilst ensuring the person's safety.
● A staff member told us, "I enjoy working here. I make sure people are safe in their rooms. If they have cot sides (bed rails) I make sure these are up and able to keep them (people) safe." They added, "One of the residents had an epileptic fit a couple of months ago. I hit the emergency bell and stopped him from sliding out of the chair." A second staff member told us, "We are trained to ensure people are safe here. I always make sure people are safe when they stand up."
● Another staff member was very clear on how they supported one person to stay safe. They told us, "When we walk, we walk on his right as he leans his head that way. It stops him from banging his head."
● Staff were aware of the fire procedures. One staff member said, "We have two fire marshals and three carers will check the doors. We have a test every Wednesday."

Learning lessons when things go wrong
● The registered manager carried out a monthly analysis of accidents and incidents, recording the date, time, type, any injuries, any on-going risk and action taken. For example, some people's fall care plan had been revised, bed rails had been considered for other people and a staff member had supervision and medicines refresher training following a medicines error.

Good

Is the service effective?

Our findings

At our inspection in February 2018, we rated this service as Good in this domain. We found at this inspection that this rating had been sustained.

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

People's outcomes were good, and people received effective care.

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that this was inconsistent.

- People's legal rights were not consistently supported or protected in relation to potential restrictive practices. For example, one person had capacity assessments for receiving care and treatment and for living in a secure environment but there was no assessment for the sensor mat they had in their room.
- Another person had an overarching mental capacity assessment for living at Ashton Lodge, living in a secure unit, taking medicines, covert medicines (medicines without the persons knowledge) and personal care. However, there were no individual decision-specific capacity assessments for these decisions and no evidence of the best interests decisions having been done.
- One person had all of their consent forms signed by their next of kin, however this person was not legally authorised to do this.
- Two other people did not have a mental capacity assessment for the locked doors (continuous supervision).

We recommend the registered provider ensures that the principles of the Mental Capacity Act (2005) are followed at all times.

- A staff member told us, "We always presume capacity until we learn otherwise. We would look at their best interests and we would try as much as we could to talk to them and understand their decisions."

● Where people had the mental capacity, we saw that they had signed their own consent to treatment and some people did have appropriate assessments in place. For example, one person had an assessment for their 24-hour care and bed rails.

Adapting service, design, decoration to meet people's needs
● On the day of our inspection we found the accommodation may not always meet the needs of people. This was because memory boxes outside people's rooms were not always being used and people's names were not on everyone's doors. This did not help people, particularly those living with dementia, to navigate back to their rooms.
● Following our inspection, the registered manager confirmed that people's names were on all doors and the memory boxes had been filled.
● People had their own ensuites within their rooms and some ground floor rooms had direct access to garden areas. One person told us they liked to have the door open in the good weather.
● We also saw different rooms where people could sit and appropriate items for people to pick up or engage with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care
● People's needs and choices were assessed before they came to the home so that their needs could be met. There was evidence of detailed pre-assessments in people's care plans, giving information about any health conditions they had. These were used to form the basis of a person's care plan.
● We noted people's funding authority assessments were also in place in people's care plan which gave staff additional information about a person.
● Staff worked well together and with other agencies to provide effective care. Staff said they supported one another. One staff member told us, "The staff are really supportive." A second staff member told us, "There is good team work. We have a good manager who is very helpful."
● One person was diabetic and there was evidence of regular reviews and involvement from professionals of other agencies.

Staff support: induction, training, skills and experience
● Staff told us they felt sufficiently trained. A staff member told us, "The training here is good. We have all recently redone it. We also have scheduled training to redo." A relative told us, "They're trained in what they deal with."
● We observed staff were competent and careful when supporting people with the use of a standing hoist, or full body hoist.
● A staff member told us, "Everything is good. We've had dementia, Alzheimer's and schizophrenia training."
● We asked staff about dementia training and were told, "Staff members have become dementia friends and have been running an awareness programme for staff and families. We want to open it up to the community now." In addition, the registered manager had recruited a dementia specialist who would support staff. They told us, "You can watch staff and see that they have good hearts, but they need more guidance on dementia."
● Staff confirmed they had regular supervision which meant they had the opportunity to meet with their line manager to discuss any concerns, their role, or training requirements.

Supporting people to eat and drink enough to maintain a balanced diet
● People gave positive feedback on the food. Comments included, "The food here is fine. I always have soup because that's what I want. It's always fish and chips on a Friday," "The food is alright, I get choice, breakfast, lunch and dinner. We get quite a lot and a pudding" and, "I had a nice meal today." A further person told us

they were happy with their lunch and had enjoyed it.
● We received similar feedback from relatives. Relatives told us, "The staff have worked really hard to encourage her to eat well. She's put on weight and become healthier due to staff assistance," another said, "The food is good and mum likes it." Likewise, a further two relatives told us, "He's eating well and has put on weight" and, "They have afternoon tea. The foods very good here. It's five stars."
● Staff told us, "I ask people what they want to eat. I give them the two options we have for lunch." We observed staff doing this. People's records evidenced that they were weighed regularly to ensure they maintained a healthy weight.

Supporting people to live healthier lives, access healthcare services and support
● People's care plans showed input from health care professionals such as a GP or community psychiatric nurse. There was also evidence of input from specialist teams for physical health conditions.
● A healthcare professional told us, "There is continuity with having the same GP visiting and the chance to build relationships. That's also helpful when deciding when not to intervene." They went on to say, "There are no delays in referrals. I'd say they report fairly."
● People's observations and turning charts were well recorded and there were records of health checks such as blood tests.

Requires Improvement

Is the service caring?

Our findings

At our inspection in February 2018, we rated the service as Good in Caring. We found at this inspection, this rating had not been sustained.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were not always seen to be cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- There were times when we saw some staff demonstrating a less than respectful approach towards people. For example, we observed a staff member going into one person's room and heard the person say, "I want to go to the toilet" to which the staff member replied, "[Name], you've got a pad on."
- One person was transferred from an armchair to a wheelchair to be taken to the dinner tables. Staff asked the person where they would like to sit and they wanted to sit at the head of the table. However, another staff member said, "She can't sit there," without giving a reason why. In the end the person said, "Okay, I will sit wherever you put me. It doesn't matter."
- Another person came to the dining table in some discomfort. A staff member came and asked the person if they are okay. The person did not reply but leant forward clearly uncomfortable, to which the staff member walked off saying, "You're okay" and then left them to it.
- We observed a staff member rest their folder on a person's body (who was lying in bed) to write up their notes.
- A staff member tried to wake someone saying, "[Name] would you like something to eat?" Despite the person still being asleep the staff member proceeded to place a clothes protector over them. We then observed the staff member 'jiggling' the person to wake them up. They did not wait for the person to wake fully before putting a spoonful of food in their mouth. The staff member put a total of three spoonful's in the person's mouth. When they saw that the person had not swallowed the food, they then tried to get them to drink. This resulted in the person shaking their head distressed.
- Some people required adapted chairs however staff told us they did not have enough for those who needed them. A staff member said, "About three or four people need those chairs so we have to alternate those (two) between them. We need those for people who can't use wheelchairs."
- We fed back to the registered manager on the day what we had observed and as such the registered manager took prompt action. They told us following the inspection that investigations were being taken in line with internal protocols into individual staff behaviours. They also told us that they and their dementia consultant would be carrying out further training with staff.

We recommend the registered provider monitors closely the behaviour of staff to ensure that the appropriate standard is set in relation to ensuring people are treated with care, dignity and respect at all times.

● We did however, observe other staff members who demonstrated a kind, caring and attentive approach towards people. People gave us some positive feedback. Comments included, "The nurses are nice to me," "All the staff are lovely every day, they are polite day and night," "I know the ones (staff) I can have a laugh with," "They're (staff) kind" and, "I am content with the staff here and my care."
● Some relatives were equally as complimentary. We were told, "I'm very happy with this home. Ever since we have been here I have been very happy because the staff are good and the care is very good," "The staff are great," "Staff attitude is absolutely fine. I have no issue with that at all" and, "He has dementia, but he has lasted longer here than he would have done because of the good attention he has had. They really create a nice atmosphere."
● At lunchtime we observed one person not eating. They were prompted by staff and this resulting in them eating their food. A staff member spoke kindly to the person, bringing them a cup of tea and saying, "Here you go, this is the one you like."
● One staff member was very patient with a person who was agitated. They calmed the person by giving them their lunch in an attentive way and by chatting to them. We also saw this same staff member give a person a yoghurt. They took time to wake the person gently and used their name each time they gave them a spoonful.
● We were told that the use of the rooms on the first floor had been changed so most people could eat in one room. A staff member said, "We try to get as many people as possible to sit in the main dining room, but we won't force people. It's a much better lunchtime experience for people and staff now always offer a visual choice of meals." We found this to be the case as we saw staff show people plated up meals.
● A staff member told us, "I like the job. You get attached. It's like a family."

Supporting people to express their views and be involved in making decisions about their care
● People could make their own decisions in relation to how they spent their day. A staff member told us, "We promote them to do as much as they can themselves or with assistance when necessary." They added, "I normally ask people what they want, but if they can't speak or verbalise it then I try to use other methods to communicate with them."
● Three people had chosen to stay in their bed on the day of our inspection with one telling us, "I don't like being moved to my chair. I'm most comfortable in my bed in this position. I'm happiest when I'm in bed," another saying, "I prefer to be in bed. They come and inspect me each day. I eat in bed. I'm not bedbound," and the third telling us, "I wanted to stay in bed today and read my book."
● One person who was happy told us, "Take a look. I've got a nice patio through the French doors. I sit here in the summer. It's nice."

Good

Is the service responsive?

Our findings

At our inspection in February 2018, we rated the service as Good in this domain. We found at this inspection this rating had been sustained.

Responsive – this means we looked for evidence that the service met people's needs

People's needs were addressed by the responsive care provided by staff.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Although care plans contained good information, we found work was needed to ensure that everything contained within the care plan was accurate and up to date. One person was described as, 'Needs full body hoist and two staff members' and yet, further in their care plan it stated, 'Can mobilise independently and needs supervision when mobilising'. This same person had experienced three falls. The guidance for staff following these falls said, 'advise to use call bell'. However, in their care plan it said they were unable to use the call bell. This person's care plan had been reviewed five times and signed for by staff. Each review had recorded, 'no changes'.

● Another person's care plan was reviewed on three consecutive months and 'no changes' was also recorded. However, this person no longer came out of their room and some information such as, 'lunch served in lounge as enjoys company of others' did not apply.

● We also found there was little personal history in some people's care plans and staff were not always able to describe people to us. We asked a staff member about one person and they were not able to tell us anything about them. This was despite this person suffering from anxiety which we would expect staff to know.

● Other care plans were up to date and stated clear information according to individual needs. For example, one person was diagnosed as having a respiratory tract as well as a urinary infection. They had been seen by the doctor and the care plan had been updated.

● A second person was diabetic and there was a care plan in place specifically for this. A further person was epileptic and their care plan contained good information for staff on what to do should they have a seizure.

● Where people had medical conditions, such as Parkinson's, they had separate care plans in place.

● Some care plans did contain information about people such as one person who had recorded their past job, family, hobbies, interests, interests, music likes and dislikes, games and conversation topics.

● Staff felt the care plans contained sufficient information to guide them. One staff member said, "If there is something we don't understand, they (managers) will happily explain it to us."

● A healthcare professional felt the care provided by staff was responsive. They told us, "I think the nurses are attentive and they really do care. They are extremely tolerant and go with the flow (of people's needs) rather than trying to restrain them to routines. They get the right balance. I could have a discussion with them if I felt there could be improvements and I know they would respond." A relative said, "He has improved tremendously since he came here."

We recommend the registered provider ensures that all information in relation to people's care needs is accurate, contemporaneous and up to date to support staff to meet people's needs.

● Activities were variable throughout the day. We did see one person having their nails done by a member of staff, and the Pets as Therapy dog came in during the afternoon, however there was not much else in terms of activities on the first floor. We were told however, by the registered manager that the main activities leads were not at the service that day and as such activities may not reflect a normal day.
● We received mixed feedback from people and relatives about activities. One person who spent their whole time in their room told us, "Staff don't have the time to come and talk." A relative told us, "She does get bored." A second relative said, "No activities for him. No one sitting chatting with him."
● However, other relatives gave positive feedback. One relative told us, "The activities coordinator isn't here this week, normally there's an activity every day. They made the Mothers, Valentines, St Patricks Day and Easter celebration decorations." Another told us, "Today, the entertainments lady isn't here. On Friday all of the ladies were doing flower arranging. They do include him in the activities. They ask him questions. The entertainment where its musical, one or two of the people who come are good."
● We were also told by a staff member, "The activities are lovely. They have the activities in the lounge. They have pets come and visit them. The residents make things and they play games. We play quizzes with the residents." Another staff member said, "The activities are quite good. There's baking on Wednesday and they (people) just made loads of decorations."
● We also observed some activities taking place during the afternoon and from the records we could see that social interaction took place, either in the form of a group activity or through one to one sessions with people.
● Following our inspection, the registered manager sent us evidence which demonstrated a range of activities were offered to people. They also told us that they had taken on board the need to improve its one to one activities and recording of those. We will monitor the effectiveness of this during our next inspection.

Improving care quality in response to complaints or concerns
● There was a formal complaints policy in place. Four complaints had been received this year so far. We read that each had been taken seriously, an apology given, and an investigation and resolution found.
● A relative told us, "I haven't complained aside from the bruising my mother has had from bumping into things. They have done as much as they can to make her bedroom as safe as possible."
● We read compliments received by the service which included, 'Thank you for the beautiful birthday cake you made for [name's] birthday', 'Thank you for taking care of mum you are all amazing', 'I am so very grateful for the loving care everyone gave mum. The people here are all so very kind'.

End of life care and support
● There was evidence of end of life discussions in some care plans. One person's had information relating to the person wishes for hospital treatment or hospital admission and another that they had discussed with their family member their end of life wishes.
● One person had recorded in their care plan, 'music to be played softly and curtains open during the day'.
● A staff member told us, "The end of life care here is quite good. I follow the care plans to understand people's wishes as to how they want to be cared for as they pass away. I was doing mouth care with people towards the end of the lives. We are also going in all the time to reposition them and make sure they are comfortable."
● We read compliments left by family members following their loved one's death. One read, 'Thank you all so much for all the wonderful care you gave to my dad. He felt safe and happy'.
● The registered manager said they were working towards the Gold Standard Framework (in end of life care).

Requires Improvement

Is the service well-led?

Our findings

At our inspection in February 2018, we rated the service as Requires Improvement in this domain due to the short falls in staffing levels and identifying risks for people. We found at this inspection improvement had been made in some areas, however further work and the positive impact of the new registered manager needed to be embedded and sustained.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- Following our inspection, the registered provider provided us with evidence of quality monitoring checks that had taken place since our last inspection and some changes that had been made to the service as a result.
- However, although the provider's senior staff as well as the registered provider had carried out quality monitoring checks since our last inspection we identified shortfalls at this inspection. This included deployment of staff, infection control processes, lack of always complying with the Mental Capacity Act (2005), staff communication and record keeping.
- Staff told us they felt the registered manager was having a positive impact on the service. However, the positive changes to the leadership and management of the service now need to be embedded and sustained. Although we had no concerns that this would not happen we are unable to give the service a Good rating in Well-Led. This is partially due to the shortfalls identified during our inspection but also in line with our new methodology.

We recommend the registered provider ensures that they continue to quality monitor the service to help ensure people receive high-quality care.

- Regular service quality checks did take place which were carried out by the registered manager. This included a monthly monitoring checklist covering staff levels, emergency lighting and call bell checks, complaints and compliments, an analysis of accidents and incidents, a premises check, staff supervision monitoring, medicines audit and a sample call bell response time and care plan audit. We saw that actions identified had been addressed, such as window restrictors in the downstairs dining room being installed.
- An independent consultant had also carried out a mock CQC inspection with judgements of requires improvement in safe and good in the remaining domains.
- The registered manager understood their responsibility in relation to duty of candour as we read in complaints that apologies had been given. Where incidents had occurred in the service, families had been informed. A relative told us, "They always keep me informed on how she is."

● There had been some positive changes introduced since out last inspection by the registered manager. For example, they told us, "I always engage with night staff because I come in at 7am to do a walk-around. I go to handovers to support the clinical leads and I take it in turns to be on-call." They added, "I also do other walk-arounds at different times of the day followed by speaking to the clinical leads and senior staff. If there is more robust supervision of staff required, this is notified to staff by email. Supervisions have started to become more robust, with staff receiving supervision every two months. We also have a three-monthly appraisal now for new staff. As a result, this had meant we've been able to terminate employment if a staff member is not demonstrating their competency."
● A dementia consultant had been recruited to observe interaction between staff and people. Initially they were to work three days a week, but the registered manager hoped this would increase.
● Since our last inspection, a second clinical lead had also been recruited into post. A healthcare professional told us, "It has been a real positive having the two leads as if I make a request for changes they can drive this through."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● We asked people and relatives if they felt the service was well led. One person told us, "I have met the manager, but not very often. I haven't seen her recently. I have seen nothing to suggest that this home isn't well managed." Another person said, "[Registered manager] comes around from time to time. [Clinical lead] I know him."
● A relative told us, "I haven't had many dealings with the manager. I know [clinical lead] and the staff." A second relative said, "It's certainly got better in the last six months or so and that's because of the manager. I find it very hard to fault it (the service)." Other relatives commented, "[Clinical lead] I've met him and like him" and, "[Registered manager] is very good. She is approachable."
● Staff felt the registered manager was supportive. One staff member told us, "[Registered manager] is very approachable. I speak to her every day. Normally we get communicated with verbally or in writing. We can also check the noticeboard for things as well. I do think the home is well managed. It's well organised." A second member of staff told us, "We have a lovely manager. They are really kind and nice with us." A third said, "The registered manager is very good. She's a manager and things are starting to get stable."
● A staff employee of the month had been introduced. The registered manager told us, "The first month management chose who should receive the award. The second month, staff chose. This month we are going to open it up to people to choose."
● Improvements were being made. The registered manager told us, "I've started to define staff roles, so clinical staff can give care staff tasks, such as care plan audits and medicines audits. I've also done a lot of work with the chef in relation to the food on offer and the menu. As a result, the menu is to change in May."
● The registered manager also told us, "We've introduced colour coded charts for the housekeeping staff, individual room charts for people to help staff stay on track with the care required and whiteboards in people's rooms where important information can be written."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● Regular meetings took place with staff at all levels. This included heads of department, care staff, night staff, kitchen and housekeeping. Meetings were well attended and discussions covered training, staffing, rotas, paperwork and general updates and reminders.
● A staff member told us, "They ask me for my opinions and thoughts. We have monthly meetings. Management are open to staff ideas and suggestions. Other staff said, "We have good communication with the managers," "We have meetings with them (management) as well. They allow us to talk at the meetings. I made a suggestion and they listened to me" and, "The management are very open to feedback and talking."

● A staff survey was carried out in November 2018 which demonstrated staff were generally happy working at the service. They had commented however that furnishings could be better for people and communication could be improved. Comments were included in the registered manager's overarching action plan.
● Feedback was obtained from people and their relatives through surveys. We noted the November 2018 survey received 22 responses. We read 86% of people responding felt they were safe and secure, 68% had their privacy respected, 57% said they could discuss their concerns, 72% said the staff team could meet their needs and 76% said Ashton Lodge was a happy place to live. The registered manager had drawn up an action plan in response to the feedback. This showed action had been taken in response which demonstrated they listened to people and wished to improve the care experience people received.
● A separate food survey had also been carried out in February 2019. On the whole feedback was good, however comments received included the lack of choice and presentation for those people on pureed food. As a result, further choice had been introduced and the chef was investigating food moulds which could be used.
● The registered manager said, "We've started a newsletter and the dates for residents and relative's meetings have been set for the year and notified to everyone.

Working in partnership with others
● A staff member told us, "We have recently donated a defibrillator to a kids charity run." They also told us that the local churches were involved as they carried out Holy Communion.
The registered manager told us, "We've set up a support group for relatives."
● In addition, the registered manager had met with senior management of a local hospital to look at hospital discharge and assessments."