

Ashbourne Lodge JM Limited

# Ashbourne Lodge Rest Home

## Inspection report

8 Seventh Avenue  
Blackpool  
Lancashire  
FY4 2ED  
Tel: 01253 341424

Date of inspection visit: 1 December 2015  
Date of publication: 24/02/2016

### 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 

### Overall summary

This inspection took place on 1 December 2015 and was an unannounced inspection.

Ashbourne Lodge is located in a residential area in South Shore, Blackpool. The home is registered to accommodate up to 24 people who require assistance with personal care, over 2 floors. There are garden areas to the front and rear of the building. There is a passenger lift for ease of access and the home is fully wheelchair accessible. At the time of the inspection visit 21 people lived at the home.

The home changed ownership and management early in 2015 and was being managed by the new organisation

when we inspected. The registered manager had left the homes employment shortly before the inspection and was in the process of cancelling her registration. The care manager was applying to become the registered manager. 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.

# Summary of findings

The nominated individual was working closely with the care manager to develop and improve the service. They had developed new policies and procedures, new care plans, increased staffing and staff training and begun refurbishing the home. People were positive about the changes in the home and the improvements in the care and environment. One person said, "It is fantastic here now, a big improvement since the change of management." A member of staff said, "Things are definitely much better since the change of provider. I am now enjoying working here and able to develop a good relationship with the residents."

The management team had procedures in place to protect people from abuse and unsafe care. Risks to people were minimised because risk assessments were in place. People told us they felt safe living at Ashbourne Lodge and liked living there. One person said, "I love it here now. It is so much better with the new owners." I feel safe and secure.

We looked at how the home was being staffed. We saw there were enough staff to provide safe care and social and leisure activities. People we spoke with were satisfied with staffing levels and said they didn't have to wait for assistance.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home.

Staff managed medicines safely. They gave them as prescribed and entered, stored and disposed of them correctly. People were able to manage their own medicines if they were able to do so safely. People said staff gave them their medicines when they needed them.

People told us that staff supported them with their health needs well and sought information and advice swiftly where needed.

The environment was well maintained, clean and hygienic throughout. New floor coverings had been provided in communal areas and the home was being refurbished. There were no unpleasant odours. People said they were pleased with the redecoration.

Staff were supported to develop and extend their skills and knowledge to assist them in providing good up to date care practice.

People told us they were offered a choice of tasty and nutritious meals. They said the meals were good and they were offered snacks or drinks, day and night.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The management team discussed applications they had submitted. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

People we spoke with told us staff were attentive and caring, reacting quickly to any requests for help. They felt they could trust staff and they were friendly and respected their privacy. We saw staff frequently interacting with people, chatting and laughing. They recognised the importance of social contact, companionship and activities. There was a broad and varied activities programme. Staff made people's friends and relatives welcome and involved them in the home.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They were confident they would be listened to if they had concerns and that action would be taken quickly to make things right.

There were procedures in place to monitor the quality of the service. The management team were in the home most days and sought people's views formally and informally.

There was a transparent and open culture that encouraged people to express any ideas or concerns. People and their relatives felt their needs and wishes were listened to and acted on. They said the new providers and staff team were easy to talk to and encouraged people to raise questions at any time.

# Summary of findings

## 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 safe.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Good



### Is the service effective?

The service was effective

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals and snacks. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good



### Is the service caring?

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and attentive. They told us they were happy and satisfied at Ashbourne Lodge

People were pleased with the support and care they received and said staff supported them well, respecting their privacy and dignity.

Good



### Is the service responsive?

The service was responsive

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a variety of activities arranged to interest people and encourage interaction.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

People who lived in the home, their relatives and staff were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and willing to listen.

The management team were developing their roles and practices in the home. They had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Good



# Ashbourne Lodge Rest Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 1 December 2015 and was unannounced. The inspection team consisted of an adult social care inspector 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. The expert by experience for the inspection at Ashbourne Lodge had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected

the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the nominated individual, care manager, five members of staff on duty, nine people who lived at the home and two relatives.

We looked at care and the medicine records of three people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People were positive about the new providers of Ashbourne Lodge. They told us the changes they had made had improved the care and support they received and the extra staff and improved environment made them feel safe. One person told us, “This place has continued to improve since the change of owners and there has been a big change in the atmosphere, people are happier.”

Risks to people were minimised because the management team had developed and updated their policies and procedures and provided extra training to staff to make sure people were protected from abuse and unsafe care. People told us they felt safe living at Ashbourne Lodge and were very happy there. One person said, “The staff are so good, I always feel safe in the home.”

There had been no safeguarding alerts raised about the service since the new providers had been managing the home. Staff we spoke with said they would have no hesitation in reporting abuse. They felt the culture was fair and open and that they would feel safe reporting any concerns about colleagues. They were able to talk through the steps they would take if they became aware of abuse. This showed us they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination.

Risk assessments had been reviewed and updated to reduce risks to people’s safety. The risk assessments we saw provided instructions for staff members when delivering their support. There was a transparent and open culture that encouraged people to express any ideas or concerns.

People were able to choose whether to spend time in communal areas of the home or their bedrooms as they wanted. They were also supported to access the local community and there were regular trips out. People told us they were supported to do things they wanted to do. They said staff were willing to accommodate them if they wished to take any risks in what they wished to do.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support them. We talked to staff about how they supported people whose behaviour may have challenged services. They told us they had received additional training to help them support people and they had updated strategies for

managing particular situations. They said it helped that they were able to discuss and reflect on any situations to see if there were any lessons to be learnt. This assisted in keeping people safe and respected their rights.

Accidents or incidents, complaints, concerns, whistleblowing and investigations were discussed and evaluated for lessons learnt. Any changes to care were made to reduce risks which helped keep people safe.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. We talked with people, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. People we spoke with were satisfied with staffing levels. We saw that the providers had increased staffing when they had taken over the service. The nominated individual said they wanted to make sure people had the opportunity to have social and leisure activities on a daily basis. People were praising of this and said they enjoyed the variety of activities on offer. One person said, “I do think it is a lot better than it was. More staff about and more to do.”

Staff we spoke with told us the increase in staffing made a big difference to care. One member of staff said, “It means there are always enough staff to look after people, chat with them and even take them out.” They told us the new staff team were bonding well together.

We looked at the recruitment and selection procedures for the home for three recently appointed staff. The nominated individual explained the processes they followed when recruiting staff, to reduce any risks of employing unsuitable staff. The application forms were informative and provided full employment details. Any gaps and discrepancies in employment histories had been followed up. This meant senior staff knew the employment details for each prospective member of staff.

The staff files we looked at showed us references had been received before new staff were allowed to work in the home. A Disclosure and Barring Service (DBS) Check (formerly CRB check) had also been received. These checks are made by an employer to make sure a person is permitted to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received.

## Is the service safe?

New staff received an induction about the home and people who lived there. This assisted them with the skills needed to begin working with people. Where staff had no care qualifications or experience, they also completed 'The Care Certificate'. This is a national certificate of fifteen sets of care standards. These support health and social care workers to develop introductory skills competences and standards of care. New staff were monitored and supported and had regular formal reviews.

People told us they felt staff supported them with medicines well. We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We spoke with people about the management of their medicines. Staff said people could manage their own medication if they were able.

We observed part of a medicines round and saw medicines were given safely and recorded after each person received their medicines. There were audits in place to monitor medication procedures and to check people had received their medication as prescribed.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe for use. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly.

People told us the home was always clean, tidy and fresh smelling. We saw that new flooring had been purchased for a lounge and dining area, a bathroom and new carpet in the hall, stairs and landing. Several communal areas had been redecorated and the providers were starting redecorating bedrooms. One person said, "Doesn't it look different? It looks good doesn't it?" A member of staff said. "The home is so fresh and clean now."

# Is the service effective?

## Our findings

People told us staff supported them well. They told us they were confident staff were well trained and knew what they were doing. They said that the staff worked in an organised and efficient way.

People said staff talked with them about how they preferred to be cared for and agreed this with them, providing care as the person wanted. We also looked at care records to see if people and their relatives had been involved in the assessment and had consented to the care being provided. We saw that these were informative and showed people had been involved and their personal likes and dislikes and care preferences had been recorded.

People told us they enjoyed the food, had a choice of meals and were involved in deciding when to have meals and drinks. Each morning the chef checked with each person what they wanted to eat that day.

People told us breakfast was flexible and they ate whatever time they got up. One person said, "There is no rush to get breakfast over and we can take our time and enjoy it." Another person told us, "I had a good lie-in today and a very late breakfast so I am not ready for my lunch yet. When I am ready I know the staff will bring it to me and they are very good with me in every way."

We observed people coming into the dining room throughout the morning who were supported to have their choice of breakfast. One person said, "The food is always good and nice and hot." A relative told us they were confident their family member was getting enough to eat and had stopped losing weight.

We saw staff made sure people's dietary and fluid intake was sufficient for healthy nutrition. People said they had no problems getting snacks or drinks outside of meal times. One person told us, "We have plenty to drink." Another person said, "The staff will make us snack or drinks at night as well as during the day. We don't go hungry." We saw one person had let their drink go cold. Staff saw this, spoke with the person, took the drink away and replaced it with a hot drink. They then sat a few minutes and encouraged them to drink this.

We observed the support given to people at lunchtime. There were sufficient staff to assist people with their meal as needed. People were well supported and staff interacted

with people throughout the meal. There was a good atmosphere in the room and lunch was relaxed and unhurried. Few people needed assistance. But this was offered discretely where needed.

The main meal at lunchtime was a set meal of smoked haddock with mashed potato and vegetables, which was well cooked and hot enough. There were also two different types of pie for anyone not wanting haddock. There were both typed and a picture menu so people could see the day's options even if they were not able to read. It was posted on the notice board and on table menus. Most people chose the haddock. One man had chosen an alternative which was chicken pie in place of the fish.

People said they were happy with the meals they were served and were all confident that an alternative would be provided if they did not like the main meal each day. One person refused their meal. He had eaten a late breakfast so wasn't hungry. He was offered an alternative later in the afternoon which he ate.

There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs. Special diets were provided where needed and staff were aware of the people who for example had diabetes, low fat diets or needed fortified foods to assist them to gain weight. Staff recorded the meals people were given and the amount they ate so they were able to check people were having a balanced and varied diet. Staff told us how they encouraged people to eat healthy foods where possible.

People told us their healthcare needs were well met by staff. They said they had regular health checks and staff quickly acted on any health issues and monitored these. Care records seen confirmed this. Specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. A relative told us the staff had been persistent in getting the right health care for their family member. They added, "I am confident [my family member] is in the right place and being cared for by people who are genuinely interested. I am kept informed and involved at all times and I know the management team well."

Staff told us they had frequent and relevant training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Staff had also completed other



## Is the service effective?

training including, Mental Capacity Act and deprivation of liberties training, moving and handling, safeguarding vulnerable adults, medication training and end of life care. This meant staff had or were developing the skills and experience to care for people. A member of staff told us, "We have been having a lot more training and talking about it in meetings."

Staff were given regular formal supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and frequent informal discussions with the management team.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation

of Liberty Safeguards (DoLS). 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 were being met.

The management team had policies in place in relation to the (MCA and (DoLS). We spoke with the management team to check their understanding of MCA and DoLS. Relevant staff had been trained to understand when an application should be made. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. The management team showed us copies of DoLS applications they had recently made.

Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk

People we spoke with told us they had the freedom they wanted to make decisions and choices. They said staff did not restrict the things they were able, and wanted, to do.

Staff told us of a small number of people who had short term memory difficulties who had restrictions placed on them for their own safety. They had made DoLS applications for these individuals. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

# Is the service caring?

## Our findings

We saw staff interacting with the people in their care and quickly responding to any requests for assistance. People we spoke with told us staff were supportive and helpful. They told us they were comfortable and pleased to be living at Ashbourne Lodge. People told us it had improved under the new providers and the staff had more time to talk with and spend time with them. We saw staff interacting cheerfully with the people in their care and quickly responding to any requests for assistance. One person told us, "I enjoy it, it's lovely and everyone treats me very well." Another person said, "The staff are all kind and considerate with me."

People looked well-groomed and cared for and dressed appropriately. Staff were aware of people's individual needs around privacy and dignity. We saw staff talking to people in a respectful, polite manner. They were sensitive and patient when explaining to people what was going to happen. They knocked on doors and waited to enter when providing personal care. One person said, "The staff are very careful to see to me with dignity and privacy"

Staff took into account people's individual needs and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, and preferences in the way they were cared for. One person told us, "I spend most of my time in my room and can entertain myself. The staff frequently pop in and I enjoy the banter."

Staff responded to each person's diverse cultural, gender and spiritual needs. They understood that people had

different histories, likes, dislikes, needs and wishes and took these into account when supporting people. Church services, both outside and within the home, were listed on the notices in the home and a number of people told us they were happy to take advantage of this.

We saw good interactions and communication between staff, people who lived at the home and their relatives. Staff were attentive, responding to any requests for assistance promptly. We saw any questions or requests by people were handled appropriately and in a kindly way by staff. We saw staff explaining what they were going to do before attempting any tasks or assisting with eating and drinking. They involved people in decisions about activities and the time the person received personal care. People told us the staff explained things well to them and gave them the time to decide on what they wanted.

Information about independent advocates was available. Staff told us advocates had been involved in specific decisions for people in the home, particularly where people had no relatives.

We had responses from external agencies including the social services contracts and commissioning team and local district nursing teams. Links with health and social care services were good. Comments received from other professionals were supportive of the service. These included that staff were caring, organised and familiar with people's needs and staff listened and acted on advice and instructions. They told us they were pleased with the care provided and had no concerns about the service. These responses helped us to gain a balanced overview of what people experienced living at Ashbourne Lodge.

# Is the service responsive?

## Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. One person told us, "I am happy and settled here. The staff are lovely." Another person said, "I would say that the atmosphere in this home is brilliant."

The atmosphere in the home was lively and cheerful during the inspection. There were a variety of planned and impromptu activities going on. Staff recognised the importance of social contact, companionship and activities. They spent time talking with people, bringing them together and involving them in social and leisure activities.

Staff supported people to engage in activities and interests in the home and short trips out in the local community. People said they enjoyed the activities which were broad and varied. They felt supported to maintain their hobbies or interests. One person enjoyed DIY. The providers encouraged them to join them on errands as well as involving them in small jobs around the home. This enabled the person to feel useful and to enjoy their hobby safely.

People told us about recent trips to the theatre and the zoo which they enjoyed. Activities in the home included, film sessions, board games, jigsaws, reminiscence, armchair exercises and singalongs. Staff celebrated birthdays, and other special occasions. One person said, "I enjoy the sing-alongs and the trips out to church. In my opinion we have lots of activities." Another person told us, "They do a lot of activities and are always arranging parties. They also do sing-alongs and some dancing, get entertainers in and organise trips out. I don't join in with much of it but it's there if I want it." A member of staff said, "We are able to take people out for a short walk most nights if they want to go. People are less restless and relax after a walk."

The staff team had received training in fun exercise and activity classes that improve physical mobility, social interaction and mental stimulation. They said this activity had made a big difference to people. One member of staff said, "I think staff enjoy it as much as residents."

People told us staff encouraged their relationships with family and friends. They said their relatives were made welcome when they visited.

We spoke with the management team about how they were developing care plans. They told us they were making them more 'user friendly and informative particularly about people interests, likes and dislikes. They told us they had updated care plans and risk assessments with the person and their relatives soon after the change of provider. We looked at the care records of three people we chose following our discussions and observations. Each person had a care plan and risk assessments in place that gave details of their care needs, likes and dislikes and activities and interests. We saw these were regularly reviewed.

We saw people and their relatives had been involved in care planning and planning activities. One person said, "The staff talk to me about the care I need and if I want anything done differently." A relative told us they were fully involved and consulted regarding their family member's care. Risk assessments including nutrition, falls and pressure area management had been completed and regularly reviewed.

We looked at the complaints policy and saw people had been given information on how to complain. We asked them if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us they knew how to if they needed to. There had been one complaint which had been dealt with appropriately and to the person's satisfaction. One person said, "I can make suggestions for change if I wish to." Another person told us, "The staff are all so good that, if I wanted to complain about anything, I would talk to any of them."

# Is the service well-led?

## Our findings

People told us the new providers were approachable and willing to listen to people. They said they were there most days and interested in people's views. One person said, "They have asked us what things we want and if we want anything changing."

The management team regularly spent significant periods of time talking with people and checking what they wanted from the service. Staff had frequent informal chats with people about their views of the home. People told us there were residents meetings. A relative said they were aware of the meetings which were open to relatives. People felt listened to and that action was taken if they asked for changes. People told us meal times had changed at their request. One person said, "We also asked for more leisure activities, which are now available." Another person told us, "It is going from strength to strength, more staff, more entertainment and more choice."

The home had a clear management structure in place. The care manager had started the process of applying to become the registered manager. The providers worked in the home on a daily basis and provided care and support to residents and staff. Staff were motivated and supported people well. The staff team were knowledgeable and familiar with the needs of the people who lived at Ashbourne Lodge. They were enjoying the management support and guidance they were receiving and were developing a strong positive culture in the service. New staff were supervised and supported to develop their skills and knowledge. People, their relatives and staff were encouraged to give their opinions on any issues.

The management team sought people's views in a variety of ways. We saw the provider and management team had asked people to complete several satisfaction surveys about food care and activities and any changes they would like. The responses to these had been positive.

The provider told us she now had a good staff team. She said staff who didn't want to provide the best care had left the home. Staff we spoke with said care had improved with the change in provider. They said that consequently they had more job satisfaction because they could spend more time with people. They said they were given excellent support by the providers who valued their input. One member of staff said, "There is a very good working atmosphere and I would say we are a happy team."

Staff meetings were held to involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues.

There were procedures in place to monitor the quality of the service. Audits were being completed by the management team. Audits included monitoring the care records, equipment, medication procedures, falls, staff support and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people's care and support.