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Ashton Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 25 August 2016, and the visit was unannounced. We returned for a second day and this was an announced visit.

Ashton Lodge Residential Home provides care and accommodation to older people including people recovering from mental health issues and some who are living with dementia. Ashton Lodge is registered to provide care for up to 27 people. At the time of our inspection there were 26 people using the service.

A registered manager was in post. 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 felt their privacy and dignity was respected in the delivery of care and their choice of lifestyle. People told us staff were kind and caring and ensured they remained safe. Staff mostly understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives. Some improvements were needed to the way staff implemented this legislation
People's care and support needs had been assessed and people were involved in the review of their care plans, or when appropriate, happy for their relatives to be involved. Care plans included changes to peoples care and treatment, and people attended routine health checks.

We observed staff offered people choices and respected their decisions. Staff had access to people's care plans and received regular updates about changes to people's care needs. Visiting health professionals were complimentary about the staff and the care offered to the people using the service. There were enough staff available to meet people's care and support needs and staff worked as a team in order to do this.

Medicines were ordered and stored safely and staff were trained to administer the medicines to people as they were required. Staff sought medical advice and support from health care professionals.

People were provided with a choice of meals that met their dietary needs. Staff were provided with up to date information about people's dietary needs, and sought people's opinions to meet their individual meal choices. There were sufficient personalised activities provided on a regular basis. Staff had a good understanding of people's care needs, and people were able to maintain contact with family and friends as visitors were welcome without undue restrictions.

Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the home. They received induction and on-going training for their specific job role, and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse.

The building was well maintained and staff were aware of the reporting procedure for faults and repairs and were able to arrange emergency repairs when necessary.
The provider had a clear management structure within the home and staff knew who to contact out of hours. The provider undertook quality monitoring in the home supported by the registered manager and their deputy. The provider had developed opportunities for people, relatives and health and social care professionals to express their views about the service including an annual questionnaire. We received positive feedback from visiting professional and the contracting staff from the local authority with regard to the care and service offered to people.

Staff felt confident they could make comments or raise concerns with the management team about the way the service was run and knew these would be acted on.

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.

Potential risks to people were managed and concerns about people's safety and lifestyle choices were discussed with them or their relatives to ensure their views were supported. Staff understood their responsibility to report any observed or suspected abuse. Staff were employed in sufficient numbers to protect people, and medicines were ordered, administered and stored safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had completed essential training to meet people's needs safely and to an appropriate standard. Some improvements were needed to the way staff implemented the Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005. People received appropriate food choices that provided a well-balanced diet and met their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people individually, recognising their privacy and dignity at all times. People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. People and their families were involved in planning how they were cared for and supported with meaningful activities. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People told us they would have no hesitation in raising concerns or making a formal complaint if necessary.

Is the service well-led?

Good

The service was well led.

The provider used audits to check people were being provided with good care and to make sure records were in place to demonstrate this. People using the service, their relatives and visiting professionals had opportunities to share their views on the service.

Ashton Lodge Residential 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.

The inspection visit took place on 25 August 2016 and was unannounced. The inspection team consisted of an inspector, a specialist adviser and an expert by experience. We returned announced on 26 August 2016 to gain further information about the service. A specialist adviser is a qualified social or healthcare professional. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both our specialist advisor's and our expert by experience's area of expertise was the care of people with mental health needs.

Before the inspection visit we looked to see if we had received any concerns or compliments about Ashton Lodge. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection. We spoke with commissioning staff from the local authority who told us they had undertaken a quality monitoring visit, and found the provider was operating effectively.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make. This provider completed this and returned it to us in a timely fashion.

During this inspection, we asked the provider and registered manager to supply us with information that showed how they managed the service, and improvements they had made regarding management checks and governance following our previous inspection. We also asked the provider to forward more information

following our visit, as some documents were not available on the day.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported. We used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

To gain people's experiences of living at Ashton Lodge, we spoke with six people. We also spoke with the provider, the registered manager and five care staff. We also spoke with a visiting health professional. We looked at six people's care records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily logs, risk assessments and care plans. We also looked at quality audits, records of complaints, incidents and accidents at the service and health and safety records. Not all the information we required was available on the day so the provider forwarded this to us electronically following the inspection.

Good

Is the service safe?

Our findings

People told us that they felt safe and staff cared for them safely. One person told us, "I feel very safe here and I feel able to speak with staff about any concerns I have." And another person said, "I feel very safe here." A visiting health professional told us, "The care home is always secured, and well kept."

Staff were able to tell us about people's individual needs, and the support they required to stay safe. People's care records included risk assessments, which were reviewed regularly and covered areas of activities related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. The care plans provided clear guidance to staff in respect of minimising risk. People told us they were involved in discussions and decisions about how risks were managed.

The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse. Staff we spoke with had received training in protecting people from harm and had a good understanding of what abuse was and their responsibilities to act on any concerns they had about people's safety. Staff knew the different types of abuse and how to identify them. Staff were aware of the whistle blowing policy and told us how they could use it if their concerns were not acted on. They also knew which authorities outside the service to report any concerns to if required, which would support and protect people. The registered manager was aware of her responsibilities and ensured safeguarding situations were reported to the Care Quality Commission as required.

We spoke with the staff about what they would do if they suspected someone was being abused at the service. One member of staff said, "I would bring it to the manager's attention immediately, and if the situation was being instigated by the manager as the perpetrator, I would go directly to safeguarding and CQC without hesitation." Another member of staff said, "I would have no hesitation in reporting this to whoever I needed to, as I have a duty of care."

The premises were safe and well maintained, however some areas were in need of re-decoration and the flooring replaced. The provider stated in their Provider Information Return (PIR) that this was a priority for the next 12 months. Also planned were improvements to the outside facilities for people who smoke.

We looked at the people's personal evacuation plans (PEEPs). These tell staff how to safely assist people to leave the premises in an emergency, and were accessible to staff. Copies of the PEEPs were also kept in each person's care file and reviewed periodically. Staff told us they took part in regular fire drills so they knew what action to take in the event of an emergency.

We found staff were employed in numbers sufficient to ensure people's safety. Staff confirmed there was a senior carer plus four care staff in a morning, a senior and three care staff in an afternoon and evening, and three waking night staff. In addition to this there was the registered manager, deputy manager, domestic and catering staff.

Staff told us they believed staff were employed in sufficient numbers to ensure people were cared for safely. A member of staff told us, "I never feel alone here, staff here are very supportive towards each other and we take care to ensure that all our residents' needs are met."

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for four staff. We found that the relevant background checks had been completed before staff commenced work at the service.

We spoke to people at the service about their medicines. One person told us, "My medication is given at regular times each day." We looked at the medication administration records (MARs) for four people. All the MARs were signed appropriately. A signature sheet was in place which included staff initials to ensure that any discrepancies could be followed up. People in receipt of 'as required' or PRN medicines had instructions added to the MARs to detail the circumstances these should be given and included the maximum dose the person should have in any 24 hour period. We observed the lunch time medication round and heard people being offered pain relief which was prescribed on an 'as required' basis. That demonstrated that staff understood when and how these medicines should be offered.

We found that medicines were stored securely and the temperature of the room where they were kept was regularly monitored, but not consistently recorded. We brought this to the attention of the registered manager who immediately put in place a temperature recording sheet for the room. Staff we spoke with knew the storage temperature limits and what to do if these exceeded or fell below the recommended maximum and minimum. During our inspection the registered manager amended the policy and procedure to reflect the need for staff to regularly monitor the room storage temperatures. Records showed that the temperature for storing medicines safely in a refrigerator were in place and within the recommended range.

The medication administration records (MARs) were kept with the medicines. These had people's photographs in place to reduce the risks of medicines being given to the wrong person. The MARs were completed with initials, signatures and countersignatures, where these were required. Information about identified allergies and people's preference on how their medicine was offered was also included. This helped to ensure that people received their medicines safely.

Requires Improvement

Is the service effective?

Our findings

Most people told us they were happy with the staff that supported them and felt they understood their needs and how they preferred to be cared for. One person said, "Staff seem well trained. They always use my first name and have knowledge of my likes and dislikes." Another person said, "Staff have the correct training to care for me." However one person commented, "I feel the staff could be better trained, especially in communication which would improve the care I receive." We discussed this with the registered manager who said she would address this issue with a view to ensuring that staff communicated effectively with all the people using the service. We found that staff were knowledgeable about people's care and support, and their training was up to date.

Staff said there was enough training and they did not feel they had any gaps in their knowledge. There was evidence staff had received induction training after they commenced their employment. This was followed by training in safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and mental health awareness.

One member of staff said, "We have a variety of training and I have done all the key areas as well as others, management are very keen for staff to progress with their NVQ training opportunities."

Staff felt communication and support amongst the staff team was good. There were daily handover meetings which provided staff with information about people's health and wellbeing. Staff also told us they felt supported through regular staff and supervision meetings with the care manager. Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group. That benefited the people using the service as it helped to ensure staff were more knowledgeable and able to care and support people effectively.

The registered manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who knew the person and had an interest in their wellbeing. Records showed that not all the people using the service had mental capacity assessments in place with regard to making certain choices and decisions. Consequently staff were not able to formally assess if people were required to have best interests decisions made on their behalf. This meant we could not be sure that people were always being supported to consent to their care and support, or, if they were

unable to, having a best interests decision made on their behalf. We discussed this with the registered manager who agreed to make changes to ensure the MCA was being applied effectively at the service. They said they would review the service's MCA policies and procedures and provide further staff training, as necessary, so staff were clear about their responsibilities with regard to this legislation.

Three people had DoLS authorisations in place. This meant there were restrictions of their liberty and the registered manager had applied for the necessary authorisation for this from the relevant local authority. These people had been visited by an Independent Mental Capacity Assessor (IMCA). An IMCA is an independent person, not connected to the service or placing authority. They work with people who lack capacity to find out their views, wishes and feelings, and involve them in the decision-making process as much as possible. They can represent the person's views to those responsible for making decisions about their care and treatment, and check those working with the person adhere to the main principles of the Mental Capacity Act and act as a safeguard for the persons rights. By referring people to the DoLS team staff had ensured that people were not being unlawfully deprived of their liberty.

People told us they were happy with the meals provided. We looked at the service's meal provision and how staff made sure that people received a nutritious diet and maintained a healthy weight.

Menu preferences were discussed at the regular meetings between people using the service and staff. Information on people's likes and dislikes were recorded in their care plans, and distributed to staff. For example the catering staff were aware of these and any food allergies. One person told us that eating times were flexible and that extra food was available in between meal times.

People had the choice of eating in one of the two dining rooms, the lounge or their bedroom. We saw that some people had been provided with adapted cutlery and crockery to enable them to eat their meals independently. Others required prompting and some required one-to-one assistance to eat their meal. This was done at a pace to suit the person, and staff were positioned to enable good eye contact.

The atmosphere at lunchtime was relaxed and staff supported people to eat without rushing them. Staff were attentive and responded to requests when people wanted second helpings or assistance with cutting their food into smaller pieces. We saw all staff maintained relaxed conversations with people throughout the meal. Fluids such as water and cordial were freely available in the foyer and dining areas which was in addition to regular drinks rounds provided by care staff. Staff were observed to give choices to people throughout the meal.

We asked a staff member, what actions they would take if they found a person had lost weight. They stated, "I would inform the manager immediately and the senior on duty, the senior or manager would then write to the general practitioner to seek professional advice on the weight loss, then place the resident on a daily food and fluid intake chart."

We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP, speech and language therapist (SALT) and the dietician. This ensured any changes to people's dietary needs was managed in line with professional guidelines. One person was recorded as having a poor appetite. Records showed how much the person should eat and drink as a minimum and staff monitored their food and fluid intake to ensure they had sufficient to maintain their health. The registered manager said if they had concerns about the health of anyone monitored this way they would seek further medical advice. This approach helped to ensure that people received effective support with their nutrition and hydration.

People told us their health and medical needs were met, and they were happy for the staff to arrange GP and health appointments for them. People's care records showed that people received health care support from a range of health care professionals and were accompanied by staff to medical appointments. The records we viewed confirmed people were subject to regular health checks by their GPs, specialist nursing staff and hospital consultants.

Good

Is the service caring?

Our findings

People who lived at the service told us that they thought the care staff were supportive and compassionate. One person told us, "I feel that staff genuinely care for me, deep down I don't know what I would do without them, they are wonderful people." Another person said, "I am happy here and staff are good to me." Another told us, "Care is provided in a caring and respectful manner and they try their best to ensure my independence." And another said, "The staff are nice they help me when I need something."

Some people were unable to express their views and opinions verbally. Of those that were, they confirmed they were able to be involved in decisions about their care but some chose not to be. The registered manager confirmed some people's relatives were involved in care planning and reviews. Some care records were not signed by the people using the service or a family member, but staff told us care plans were read to people and their comments recorded. The registered manager said care plans reflected people's needs and were reviewed every month. Staff said people were regularly asked to take part in care planning but few took the offer up on a regular basis. Staff added that relatives were always involved and updated when people's health and well-being changed.

People confirmed with us that staff checked on their well-being throughout the day. Choices, preferences and decisions people and relatives made about care and support needs were recorded. The daily records included details of the care and support people received, and demonstrated that staff supported people's decisions about how they were cared for.

People told us staff respected their dignity and understood how to ensure their privacy. One person said to us, "Staff treat me with dignity and respect." The person explained that staff knocked before entering their bedroom. A visiting health professional told us, "I have always found the patients well looked after, engaged with care staff, and treated with dignity."

We observed one person asking for reassurance, they asked a member of staff, "Am I ok here?" The staff member provided reassurance to them and said, "Yes of course you are, this is your home." This reassured the person and was an example of a staff member using a caring approach to comfort a person.

We observed a member of staff assisting a person to eat their lunch. The member of staff ensured the person wore an apron to protect their clothes and assisted them with their meal in a discreet manner. That demonstrated that staff took steps to preserve people's dignity. When asked, one member of staff told us how they dealt with situations where people presented with behaviour that challenged. The staff member said, "I always try and talk to the resident and help them to try and settle down and become calmer, to see if I can provide positive reassurance to the resident."

One person said they sometimes preferred to spend time in their room because they liked the peace and quiet and told us staff respected their right to privacy and choice. A member of staff told us that ensuring people's privacy was their basic right and explained, "I always ensure I knock and wait for an answer before entering a room." Some people invited us to see their bedrooms and we saw they were individually

furnished with personal items such as furniture, pictures, photographs and other personal memorabilia.

Staff understood the importance of being caring towards people and they described to us the qualities staff had at Ashton Lodge. Staff said they thought they were a good team who knew people's needs and they all helped each other. Staff said they enjoyed working at the service and got on well with the people they supported. One member of staff said, "I have worked here a number of years and enjoy every second as this is a great place to work." The registered manager said they had a good team including one member of staff who had worked at the service for more than 15 years, and one who had worked there for more than 25 years. An established staff group has positive benefits for people using services and it means they have to opportunity to get to know and build relationships with the staff supporting them.

Good

Is the service responsive?

Our findings

We spoke with six people who told us they could not remember seeing their care plan or being involved in the planning or review process for their care. One person said, "I get all the care I need and it's provided in the way that makes me feel comfortable." Another person said, "I think I have seen my care plan but I'm not sure."

One person told us, "I don't feel I get the care I need nor is it provided in the way I prefer." We spoke with the registered manager and looked at the person's care records. We saw that the person was being offered personal care which they sometimes declined. The registered manager stated they had arranged a culturally appropriate day centre where they continued the relationships they had prior to moving into the home. The person does not take part in the care planning process directly, and has a close relative assisting with this process, and the plan includes the offer of individual activities that the person can attend.

There were notices around the home that informed people about the daily activities on offer. We spoke with staff about what activities people preferred to do. They told us that some people liked to sit outside, and we saw two gazebo's in the garden for this purpose. Staff also told us others enjoyed painting and playing games, we saw evidence of these in one of the lounges that people used for activities. An activities plan was in place, but if people wanted to do something else, staff said alternatives would be provided. We saw photos of various activities that had taken place and were recorded in people's individual records. Staff told us people were also supported to go out into the local community accompanied by staff and volunteers.

Some people told us they enjoyed the activities arranged by the staff. One person told us in detail about the summer fete that had taken place recently. They said they enjoyed seeing the staff in the 'stocks', and how they were able to throw wet sponges at them.

We looked at six care plans which included pre-admission assessments. We found that care planning was linked to people's needs which helped to ensure care plans were personalised. Information on people's life histories, allergies, likes, dislikes, wishes and aspirations was included. However some files did not include an up to date photograph of the person in question. This was needed to clearly identify the person, in case, for example, they went missing. We spoke to the registered manager about this. They said they would use the up to date photograph from the medication charts to update the care files.

Staff had access to people's plans of care and received updates about their care needs through daily staff handover meetings. The care files that we viewed were detailed, and showed regular reviews, suggesting the care process was being well managed. Staff were able to explain and demonstrate, through the care we observed, that they understood the support that people required.

Ten people had advance decision care plans in place and they and six others had a 'do not attempt resuscitation' (DNAR) advance decision entered into their care plan. These had been agreed with the person at the time when they had full capacity, or a relative who had enduring power of attorney for their health and wellbeing. That meant staff were clear about each person's wishes, and could inform any other

appropriate authority of this. For example if the person was admitted to hospital.
We spoke with a visiting healthcare professional. They said, "I was very impressed by what the staff have done in helping organise [named person's] footstool and bed rest. That has helped the healing process [for a person's wound]."

We spoke with the registered manager about how activities are decided in the home. They said people were asked through the annual questionnaire that is circulated to people using the service, their relatives and visiting professionals. We also looked at the copies of the 'residents meetings' which included regular discussions about daily activities, outings, menu changes and meal choices. For example we saw where the recent 'fete' was planned, and where the planning for an upcoming seasonal party has begun.

The provider had systems in place to record complaints. One person said, "Deep down they are wonderful staff and I feel able to speak with them about my concerns." Another person said, "I have no need to complain."

People we spoke with said they knew how to make a complaint. Records showed the service had received one written complaint in the last 12 months. An outcome had been provided, and changes were made to the service, as a result of this. Analysis by the care manager did not reveal any patterns or themes with previous complaints which indicated this was an isolated incident. The information was fed back to staff though staff meetings or individual supervision sessions, so that staff were aware of the issue and any change that was required.

Good

Is the service well-led?

Our findings

We spoke with one person living at the home, who told us they often saw senior management at the service. They said, "As far as I know we have good management, they have made a lot of improvements." A visiting health professional told us, "The staff are helpful, and the management organised. My overall impression is a well-managed residential care home."

The registered manager understood their responsibilities as the person responsible for the day to day running of the service, and displayed a commitment to providing quality care in line with the provider's vision and values. Staff were aware of their accountability and responsibilities to care for and protect people and knew how to access support from the managers in the home when required.

People we spoke with knew the provider and registered manager by their first names, and told us they could approach them with any problems they had. We saw records confirming the provider visited the home regularly to oversee how the service was being run.

Staff told us they felt valued and appreciated and enjoyed working at the home. This was borne out by the fact that the staff team was established as one member of senior staff has been in post for over 15 years. A member of staff said, "We are a small team, the owner and manager are very friendly and supportive and work with us as a team effort. They do their best for the people, and that's how it should be."

The registered manager confirmed the provider issued annual questionnaires to people using the service, their relatives and visiting professionals such as the GP and healthcare staff. We saw returned forms from the 2013, 2014 and 2015, though the 2016 forms had yet to be compiled and sent out.

People and their relatives were invited to regular meetings to discuss items pertinent to the service and those using it. People could make suggestions and changes to the running of the home and the meals on offer. There were minutes available for these meetings where people who were unable to attend were kept informed of any changes.

We viewed the checks and audits the provider, registered manager, their deputy and staff conducted in order to ensure people received the appropriate support and care. The registered manager told us there were regular audits undertaken by the staff. These included checks on the health and safety of the building, medicines system, care plans, accidents and incidents, people's weight loss or gain and their nutritional and dietary requirements. These audits gave the provider and registered manager an overview of how the service was running and enabled them to take action, where necessary, if improvements were needed.

There was an in-house maintenance person who undertook repairs at the service. We saw the system in place for the maintenance of the building and equipment. There was an on-going record of when items had been repaired or replaced. This was signed off by a member of staff to confirm the repair. Staff were aware of the process for reporting faults and repairs, and the 'business continuity plan' was available in the office if there was an interruption in the provision of service. This file included instructions where gas and water

isolation points were located and emergency contact numbers if any appliances required repair. Records showed that essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were regularly maintained and serviced. This helped to ensure the premises were safe and well-maintained.

The service had a provider who understood their responsibilities in terms of ensuring the Care Quality Commission were notified of events that affected the people, staff and building. The provider had a clear understanding of what they wanted to achieve for the service and they were supported by the registered manager, their deputy and staff group. There was a clear management structure in the home and staff were aware of who they could contact out of hours were that necessary.

The staff group had detailed job descriptions and understood their roles within the structure of the home. Staff had regular staff and supervision meetings which were used to support them to maintain and improve their performance. Staff confirmed they had access to copies of the provider's policies and procedures. Staff told us they could make comments or raise concerns with the management team about the way the service was run. An example of this was they had asked for an increase in care staff numbers and this had been agreed.