Sanctuary Care Limited

Ashdale Lodge

Inspection report

2 Wheeler Street
Anlaby Road
Hull
HU3 5QE
Tel: 01482 352938
Website: www.sanctuary-group.co.uk

Date of inspection visit: 19 October 2015
Date of publication: 11/12/2015

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

Ashdale Lodge is registered with the Care Quality Commission [CQC] to provide care and accommodation for a maximum of 37 older people, some of whom may be living with dementia. It is a purpose built service and has 31 single and three shared rooms. Communal rooms consist of a large dining room, conservatory, four lounges and a small seating area on the first floor landing.

This inspection took place on 19 October 2015 and was unannounced. The service was last inspected January 2014 and was found to be complaint with the regulations inspected at that time.

At the time of the inspection 29 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibility to keep people who used the service safe and knew how to recognise and

Summary of findings

report abuse. Staff were recruited safely and provided in enough numbers to meet people's needs. People's medicines were handled and administered safely by staff who had received training in this area.

People who used the service were provided with a wholesome and nutritious diet which was of their own choosing. People's weight, food and fluid intake was monitored by staff and other health care professionals were involved when required. People's human rights were protected by staff who had received training in the Mental Capacity Act 2005 [MCA]. People were cared for by staff who had been trained to meet their needs. Staff were supported to gain further qualifications and experience and received regular supervision. People were supported by staff to access their GP and other health care professionals when required.

People were cared for by staff who were kind and caring and understood their needs. People and others who had an interest in their support were involved with the delivery of care and review meetings were held on a regular basis to monitor people's wellbeing. Staff respected people's privacy and dignity.

Staff had access to documents which described the person and their preferences. The registered provider had a complaints procedure which people could access if they had any concerns or complaints. There was a wide range of activities provided daily for people to choose from.

People and others who had an interest were consulted about the running of the service and their opinions were sought on regular basis. The registered manager undertook a range of audits to ensure people lived in a well-run and safe service which met their needs.

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.

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training.

Good

Is the service effective?
The service was effective.

People were provided with a wholesome and nutritious diet which was monitored by the staff.

Staff supported people to make informed decisions when needed and provided people with important information to help them to make choices.

Staff received training to meet people's needs and were supported to gain further qualifications and experience.

Staff supported people to lead a heathy lifestyle and involved health care professionals when required.

Good

Is the service caring?
The service was caring.

Staff were caring and understood the needs of the people who used the service.

Staff involved people in their care and people who used the service had an input into decisions made about this.

Staff respected people's privacy and dignity and upheld their rights.

Good

Is the service responsive?
The service was responsive.

Activities were provided for people to choose from.

People were supported to access health care professionals when needed.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good

Is the service well-led?
The service was well-led

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

Good

Summary of findings

The registered manager held meetings with the staff to gain their views about the service provided.

Ashdale Lodge

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 registered provider was 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 19 October 2015 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality monitoring teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who used the service and three of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times.

We spoke with five staff including care staff, senior care staff, the cook and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty [DoLS] code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, "Yes I feel safe, staff are always around to help you", "They are there if you need them, you just have to press your buzzer" and "They keep me safe and lock the front doors at night." People told us they felt there were enough staff on duty. Comments included, "They come quite quickly if you call them", "You don't have to wait long" and "Plenty of staff around day and night."

Visitors told us they felt their relatives were safe at the service. Comments included, "I know when I leave here my mum is in safe hands", "I know they check who is coming in and out of the building" and "I have to ring to be let in so they don't just let anyone in." They also told us they felt there were enough staff on duty. Comments included, "There always seems plenty of staff about when I'm here" and "They are good carers, they never make you feel you are disturbing them if you ask for anything."

When we spoke with staff, they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern to the senior on duty or directly to the registered manager; they were confident the registered manager would report any concerns raised with the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring.

Staff were able to describe the different types of abuse they may witness or become aware of and said these included, psychological, sexual, physical and emotional. They were aware of changes in people's behaviours which may indicate they were subject to abuse, for example becoming withdrawn or low in mood. They were also aware of physical signs which may indicate people were being abused, for example, bruises. We looked at training records which showed staff had received training in how to safeguard people from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect people.

People's human rights were respected and they were not discriminated against because of their age, race or cultural beliefs. Staff understood the importance of respecting people's rights and ensured they were treated with dignity and respect at all times. People's right to lead a lifestyle of their own choosing was respected by the staff and they were supported in this. For example, they could spend time in their room and pursue individual hobbies and interests if they wished.

People's care plans we looked at contained assessments undertaken by the both the placing authority and the staff at the service which identified areas of daily living which may pose a risk to the person, for example, falls, mobility, tissue viability and nutrition. The risk assessments were updated regularly and changes made where appropriate, for example, following a fall or any changes to person's needs. Assessments were in place which instructed staff in how support people who may display behaviours which may challenge the service and put themselves and others at risk of harm. These had been formulated with the input from health care professionals who also supported the person. The risk assessments were detailed in how the staff should use distraction techniques to try and calm the person, making sure they were safe. Staff were able to describe what actions they should take to ensure people were safe and did not harm themselves or others.

The registered manager had audits in place which ensured the safety of the people who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure people's safety if the premises were flooded or services like gas and electric failed. People's care plans contained detailed evacuation plans which instructed the staff in how to evacuate the person safely in the event of an emergency.

Staff were provided in enough numbers to meet people's needs. We saw rotas which showed us enough staff were deployed on all shifts to ensure people's safety. Staff told us they felt there were enough staff on duty and they could spend time with people who used the service undertaking activities and accompanying them in the local community. Staff told us they didn't feel rushed and never felt they neglected people's needs due to staffing levels.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment and asked the applicant to give an account of their experience of caring and supporting people. The files contained evidence of references obtained from the applicant's previous employer where possible and

Good

Is the service safe?

evidence of checks undertaken with the Disclosure and Barring Services [DBS]. This meant, as far as practicable, staff had been recruited safely and people were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an ongoing stock control was kept. There was a record of all medicines returned to the pharmacist. We looked at the medicines administration record sheets and these had been signed by staff when people's medicines had been given; staff used codes for when medicines had not been given or refused. The temperature of the fridges used to store some medicines had been monitored; staff knew the parameters the fridges should be working at to keep the medicines stored in them safe.

Good

Is the service effective?

Our findings

People who used the service told us they enjoyed the food. Comments included, “The food is wonderful”, “I really enjoy the food” and “You just can’t fault the cook she’s marvellous.” They told us they felt staff knew how to care for them. Comments included, “I think they have lots of training and they seem to know what they are doing”, “Staff are very good, they look after me well” and “They have training and they tell me about it.” People told us they could access their GP if they needed them and were supported to attend hospital appointments. Comments included, “If I’m not well they call the doctor, I never want them to fuss but they insist”, “I have been to see my doctor and they take to me to the hospital, I was there couple of week ago” and “I just have to tell them and they will make sure I am seen.”

Visitors told us they were happy with the meals provided. Comments included, “It always smells nice when I visit”, “My mum has put on weight since she came here, staff make sure she eats well” and “I could eat it myself it smell so good.” They told us their relatives were supported to access health care professionals when they needed. Comments included, “They always tell me if they’ve had to call the doctor” and “They take her to the hospital, I sometimes meet them there if I can.”

People were provided with a wholesome and nutritional diet which was of their choosing. People’s care plans contained information about their likes and dislikes and any specialist diets they may require. Food had been prepared to accommodate people’s needs and pureed diets were provided where needed. People’s food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person’s weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments. We saw drinks and snacks being offered to the people who used the service during the inspection.

The cook was knowledgeable about people’s diets and told us they asked people what they would like to eat for lunch daily but also offered a choice if they changed their minds. We saw and heard the cook doing this during the inspection.

We observed the lunch time meal and saw this was a relaxed occasion with staff supporting people in a sensitive and discreet manner, for example, sitting next to people to assist them to eat their meals. Staff were encouraging people to eat their meals and offering more food if they wanted it. Hot and cold drinks were offered to people through the day, fresh fruit was also offered.

The registered manager described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. The registered provider had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us along with completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition.

Staff received regular supervision and reviews which provided them with the opportunity to discuss work issues, identify training needs and set developmental goals for the next 12 months. We saw records which confirmed this. Induction training was based on good practice guidelines and systems used had been developed by reputable organisations.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager told us no one who currently used the service was subject to a DoLS. However they continually monitored those people who were living with dementia and were aware their capacity to make informed choices and decisions could change rapidly.

Good

Is the service effective?

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits form GPs and where people's needs had changed following a hospital admission.

Good

Is the service caring?

Our findings

People who used the service told us they though the care staff were kind and caring. Comments included, “The care staff are lovely they can’t do enough for you” and “I like the staff they are nice to me.” They told us they thought the staff respected their privacy and dignity. Comments included, “They always knock on my door and ask if everything’s alright” and “I spend time on my own and the staff respect that.”

Victors told us they felt staff were caring and effectively met the needs of the relatives. Comments included, “The staff are really good with them, they are so patient”, “I never hear them shouting the staff are really kind” and “I think the staff are brilliant.” They told us they felt all staff respected people’s dignity and privacy. Comments included “If I’m in my mums room they always knock on the door and wait, I think is company policy”, “Staff are very respectful” and “I’ve never heard any staff not be respectful they knock on doors and always ask them what they want, I like that about this place.”

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using a lifting hoist staff explained what they were doing,what they wanted the person to do, if this was acceptable to the person and they had understood what had been said. Staff described to us how they would maintain people’s dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said. They also told us they would allow people time to answer.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people’s background and culture. This was also recorded in people’s care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways including verbal and non- verbal communication, for example, smiling and nodding, to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering and domestic staff, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people’s preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people’s needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Staff had a good knowledge of the person’s past history and were able to engage with people about their previous jobs and where they used to live. This was enjoyed by the people who used the service and was done in a spontaneous way by the staff. Staff told us they enjoyed spending time with people and learning about them, they told us it gave them a better understanding about the person.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people’s input into these had been recorded. Those family members we spoke with who had an input into the care and welfare of their relatives said they knew what was in their relative’s care plans. They also told us the registered manager kept them well informed about their relative’s welfare.

All confidential information was stored securely and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

People who used the service told us they knew they had a right to complain and who these should be directed to. Comments included, "I would see [manager's name] if I had any complaints", "I would tell the care staff they would sort it out" and "I would see the manager, but I've never had any complaints." They told us they had been involved with their care and had attended reviews. Comments included, "I have been to some meetings, my son comes as well" and "I know they ask me if I'm alright and if I like it here, I do like it here and tell them."

Visitors told us they were aware of the complaint procedure and who to approach if they had any concerns or complaints. Comments included, "I would see the manager, she is approachable", "I've never have any concerns but would talk to the staff" and "I know we can complain they've told us. They often ask us if they could do anything differently." Visitors told us they had been consulted about the care their relative receives and had been involved with reviews. Comments included, "Yes, we have regular meetings with the social worker and the care staff", "They all keep me informed, they either tell me when I'm here or they phone me" and "They take a keen interest in my mum's welfare. We have lots of meetings about her."

We saw assessments had been undertaken by the placing authority and senior staff from the service. From these assessments a care plan had been formulated which described the person and how staff should support them to meet their needs. People who used the service, or their representative, had signed the care plan to indicate they had been involved in its formulation and agreed its content. This meant people who used the service were involved with their care and were receiving care which they had agreed and was of their choosing. The care plans were person-centred, describing the person and their preferences. Information was available which accompanied people to hospital in an emergency to make the nursing staff were aware of the person's needs and their level of independence and understanding.

People's care plans contained information about areas which may pose a risk to the person's welfare, for example, tissue viability, level of mobility, nutritional intake and behaviours which may challenge the service and put people at risk. These risk assessment were updated regularly or as and when the person's needs changed.

Some of the people who used the service chose to stay in their rooms, they were visited regularly by the staff who made sure they were happy and didn't need anything. Instructions for staff to monitor people who stayed in their room was recorded in their care plans. Staff told us they were aware of the impact isolation could have on people so they made sure people were involved in what was going on in the service so they did not become depressed or too isolated. An activities coordinator was employed and they made sure people were offered the opportunity to participate in activities on a daily basis, this included things like exercise, listening to music, reminiscing and crafts. Tables were set up in each lounge with equipment for people to use to occupy themselves; this included colouring books newspapers paints and other craft materials. This was risk assessed and only none harmful products were available.

The registered provider had a complaints procedure which was displayed in the entrance to the service. This told the complainant they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaint procedure also informed people they could contact the Local Government Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation. Staff told us they tried to resolve people's concerns immediately if possible, for example concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate. We saw a record was kept of all complaints received, these recorded what the complaint was how it had been investigated and whether the complainant was satisfied with the outcome. The registered manager told us they made sure when needed people received a copy of the complaints procedure in a format which met their needs, for example, in another language.

Good

Is the service well-led?

Our findings

People we spoke with told us they had been involved with the way the service was run. Comments included, "I get asked if I like living here and if I would change anything", "We have had meetings and they do ask me if they could do anything differently" and "We have talked about outings and other activities we might want to do." People who used the service were aware of who the registered manager was and told us they found them approachable. Comments included, "I know [manager's name] looks out for us", "[Manager's name] is nice she comes round and sees us all" and "I can talk to [manager's name] she doesn't mind."

Visitors told us they were consulted about how the service was run. Comments included, "I have filled out a survey, I told them everything was good", "They invite us to meetings and we discuss how the home is run and if there are going to be any changes" and "The manager keeps me informed if there's anything happening." They too found the staff and the manager approachable. Comments included, "I would just go and see [manager's name] if I wanted to know anything."

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of people's care plans, the environment, medicines, health and safety, staff training and staff recruitment. Staff told us they found the management team approachable, they told us they could see the registered manager anytime and ask for clarification and advice. They told us the management team showed good leadership and were always there when they needed them. Out of hours support was provided and phone numbers were available for staff to ring if needed.

The management style was open and inclusive and we saw staff discussing aspects of the care provided with the registered manager during the inspection. Staff told us they had regular staff meetings where the registered manager provided them with up to date information on aspects of the service and good practice guidelines, for example, updates on dementia. We spoke with the placing authority and they told us they had a good relationship with the management team and found them supportive and approachable.

The registered manager told us they consulted with the people who used the service and asked them if they had any suggestions for improvements. They showed us examples of surveys which had been used to gain the views of people who used the service, their relatives, staff and visiting health care professionals. The registered manager told us the surveys could be provided in formats which better suited people's needs, for example, large print or pictorial, we saw examples of these had been used to gain people's views. This information was collated and areas for improvement identified. Information was published in a report which provided an action plan with time scales to address any shortfalls in the service or areas for improvement.

The registered manager undertook audits of the environment and made sure equipment used was serviced and maintained as per the manufacturers' recommendations. The fire alarm system was checked regularly and all firefighting equipment maintained and serviced.

An analysis was made of all incidents and accidents by the registered manager to establish any learning points. If anything was developed because of this learning, or changes made, this was shared with the staff and policies and procedures changed where and when required. The registered manager sent the Care Quality Commission [CQC] notifications of all events which were required by virtue of the legalisation.