Ashlake Lodge Limited

Ashbridge Lodge Residential Care Home

Inspection report

5 Ashbridge Road
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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

Overall summary

We inspected Ashbridge Lodge Residential Care Home on 1 October 2015. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Ashbridge Lodge Residential Care is a care home providing accommodation and support with personal care for people with learning disabilities. The home is registered for five people. At the time of the inspection they were providing personal care and support to three people.

There was not a registered manager at the service at the time of our inspection. The manager in place at the time of our visit was still in the process of completing registration with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We have made a recommendation about staff training on the subject of dementia. Staff received regular one to one supervision and undertook regular training. People had access to health care professionals and the home sought to promote people's health. People were supported to make their own decisions where they had capacity. Where people lacked capacity proper procedures were followed in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The care plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when supporting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

We found that people were supported to access the local community and wider society. People using the service pursued their own activities and interests, with the support of staff when required.

There was a clear management structure in the home. People who lived at the home, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

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?

Good

The service was safe. There were robust safeguarding and whistleblowing procedures in place. Staff understood what abuse was and how to report it.

Risks were assessed and managed well. Care plans and risk assessments provided clear information and guidance for staff. People were given their prescribed medicines safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective. We have made a recommendation about staff training on the subject of dementia. Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People made choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities that reflected their interests, according to their choices.

People knew how to make a complaint if they were unhappy about the service.

Summary of findings

Is the service well-led?

Good

The service was well-led. The manager in place at the time of our visit was still in the process of completing registration with the Care Quality Commission. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Ashbridge Lodge Residential Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of two inspectors. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with all the people who lived in the service on the day of the inspection. We talked with a relative after the inspection. We talked with the provider, the manager and two support workers. We looked at three care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the service. No one that we spoke with raised any concerns about their safety. One person when asked if they felt safe nodded and said, "Yes."

The service had safeguarding policies and procedures in place to guide practice. However, the procedure did not have the relevant local authority details. The manager told us they would amend the procedure accordingly. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the manager. One staff member told us, "I would go the manager. If they did nothing I would go to CQC to whistle blow." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "There is a policy on whistleblowing and it is in the staff room."

The manager told us there had not been any allegations of abuse. The manager was able to describe the actions they would take if incidents occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant staff and the manager knew how to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

Financial records showed no discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked by the provider and we saw records of this. This minimised the chances of financial abuse occurring. A relative told us, "I give money to the home to look after [relative of the person]. They show me what has been spent and the receipts." This meant the home was supporting people with their money safely.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. In the records that we saw, some of the risks that were considered included falls, smoking, nutrition, personal care, medicines, mental health, fire risk and behaviours that challenged. For example, one person was at risk of choking and information was given that the food was to be cut into small pieces and we saw this was reflected in the care plan. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person's behaviour differently according to their individual needs. Risk assessment processes were effective at keeping people safe from avoidable harm.

People had enough staff to be supported at home and in the community. This was confirmed by our observations and feedback from staff and people who used the service. We saw staff provided care and support in a patient and safe manner. The manager told us staffing levels were monitored on an ongoing basis to meet people's individual changing needs, and that permanent or bank staff were made available to provide additional support. One member of staff told us, "There is enough staff. They will cover sick and holiday leave." A relative told us, "Always two staff on."

The service had a robust staff recruitment system. Appropriate checks were carried out before staff began work. Staff files showed that two references were obtained and criminal records checks were carried out to check that staff are suitable to work with adults at risk. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the home. One member of staff said, "I had to wait for checks to be done before I started work."

The premises were well maintained and the provider had completed all of the necessary safety checks and audits. We saw that fire safety checks and drills were done regularly. Fridge temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety. This meant the premises were suitable as accommodation for people who require personal care.

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. We checked medicines records and found the amount held in stock tallied with the amounts recorded as being in stock. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required') basis. Training records

Good

Is the service safe?

confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. One staff member told us, “I had to be trained and supervised before I did medication.” This meant people were receiving their medicines in a safe way.

Requires improvement

Is the service effective?

Our findings

People and their relatives told us the staff were good and supported them well. One person said, "The staff are alright." One relative commented, "[Relative] is quite happy there."

Staff told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training completed included basic life support, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control, food hygiene, health and safety, fire safety, safeguarding adults, medicines, manual handling, epilepsy, risk assessments, equality and diversity and nutrition. One staff member told us, "I think the training is good. I am learning every day." The staff files showed us that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service.

People using the service were developing age related conditions. For example, one person had been diagnosed with the early signs of dementia. The manager told us and records showed that staff had not had training in dementia. **We recommend** that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people with learning disabilities living with dementia.

Staff received regular formal supervision and we saw records to confirm this. Records showed supervision discussion included induction, training, care plans, policies and procedures, activities, work performance and any concerns. One staff member said, "Supervision is about every six weeks. I think it is a good idea. I talk of any problems and we try to resolve them." Another staff member told us, "I find it very useful."

During our inspection we saw people made choices about their daily lives such as where they spent their time and the activities they did. We saw staff in the home sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. One person told us, "I go to bed and watch television when I want." One staff member told us, "They get choices what they want to wear and what activities they do." The same staff member said, "I normally take clothes out of the wardrobe and give them a couple of choices."

The manager and staff we spoke with had a good understanding of the MCA and DoLS. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager told us and records confirmed they had applied for DoLS authorisations for all the people living at the home. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process followed in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC was able to monitor that appropriate action had been taken and the home was meeting the requirements relating to consent, MCA and DoLS.

People's food preferences were recorded in their care plans. People told us they liked the food and were able to choose what they ate. One person told us, "The food is alright. We have different choices. If you want a sandwich you just have to ask." A relative said, "The dinners always look nice. [Relative] always gets the food he wants. The staff ask him." People were supported to be involved in decisions about their nutrition and hydration needs in a variety of ways. For example, providing feedback in resident meetings and key working meetings. Staff told us and records confirmed people planned their food menu weekly. On the day of our inspection two people went out for lunch at a local café. We saw fruit was available to people in the lounge area. Food and fluid intake was recorded daily and weight records for each person were up to date.

People's health needs were identified through needs assessments and care planning. We spoke with people about their access to health services. One person told us, "I had a dodgy throat. I went to the doctor and my key worker took me." A relative said, "The doctor and physio come in if something is wrong." Records showed that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as GPs, physiotherapist, optician, speech and language therapy team, chiropodist,

Requires improvement

Is the service effective?

and psychologist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport', which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This means that people were supported to maintain their health.

Good

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person when asked if they thought the staff were caring answered "Yes". The same person told us, "They take their time with me when I have a shower." A relative told us, "The staff are nice with [relative]."

Staff were observed treating people with kindness and were respectful and patient when providing support to people. Staff knew the people using the service well and had a good understanding of their personal preferences and backgrounds. For example, a staff member described how a person who used the service liked and disliked particular foods. The person and records confirmed this information was correct. Each person using the service had an assigned key worker. We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we overhead one person say to a staff member, "I am getting tired." The staff member asked, "Do you want to have a rest?"

People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "They knock on my door to see if I am alright." Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "I knock on their door and ask if they want personal care. I shut the door when they are having a shower."

Care plans included information about people's likes and dislikes, for example in relation to food and social activities.

Care plans included information about how to support people with communication. For example, for one person it was recorded they did not like staff raising their voice to them. Staff were aware of how people communicated. One staff member told us, "I read their care plans. I talk to them and ask questions."

Care plans made clear that people were to be supported to manage as much of their personal care themselves as possible. This was to promote their independence. For example, one care plan stated "Staff should encourage me as much as possible to wash my body independently." Staff told us they supported people to be independent and make choices. One staff member said, "I get them to wash themselves with support."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw one person went to the day centre, and two people went shopping and out for lunch.

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs. The service was decorated with photographs of people who lived there taking part in various activities which helped to promote a homely environment. We saw people were free to go to their bedrooms when they wanted and observed staff always knocked and waited before entering bedrooms. If people wished to be left alone we saw that staff respected this.

Good

Is the service responsive?

Our findings

People and their relatives told us how they had been involved in their care planning. One person told us, “Sometimes I have a meeting. They have a little chat with me. They write down if I agree with something.” A relative said, “I have had a letter about a review. I am invited to review meetings.”

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including their health needs, medicines, environment, communication, mobility, finance, personal care, emotional needs, nutrition, daily living and activities, family and friends, mental health and end of life. The care plans were written in a person centred way that reflected people’s individual preferences. Pictorial aids were incorporated in care plans to assist peoples understanding. People were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people’s care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and the manager. Records confirmed this. Staff told us care plans were reviewed every six months or more often if required. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us and records showed people living in the home were offered a range of social activities. People’s care files contained a weekly activities planner. On the day of our inspection two people went shopping and out for lunch and another person attended day centre. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the local shops, day centres, attending college courses, bowling and holiday trips. We also saw people could engage with activities within in the home which included puzzles, games, and arts and crafts. One person said, “I am going to a restaurant for lunch and going shopping.” Another person told us, “I go outside with staff. We go to different places like cafes.” A relative told us, “They take [relative of the person] out quite a lot.”

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. For example, we heard one person ask, “Can I have my colouring book?” The staff member responded, “What one would you like?” The staff member showed the person a variety of colouring books they could choose from. One person told us, “They asked me what colour I wanted my bedroom painted. I said white to make it brighter.”

Resident meetings were held monthly and we saw records of these meetings. The minutes of the meetings included topics on choice of food, home environment, safeguarding, holiday issues and any concerns. People were listened to. For example, one person asked for a specific type of game for activities. Records showed and we saw that this game had been purchased.

There was a complaints process available and this was available in an easy to read version. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. We saw the service had one complaint since the last inspection. We found the complaint was investigated appropriately and the service provided resolution in a timely manner. One person told us, “I would complain to my key worker. I never have complained.” A relative said, “I would speak to the provider to complain. There is a procedure.”

People were supported to maintain relationships with their family. A relative confirmed they were kept up to date on their family member’s progress by telephone and they were welcomed in the home when they visited. One relative told us, “If [relative of the person] has a fall we hear straight away.”

Good

Is the service well-led?

Our findings

People and their relatives said they found the provider and the manager were helpful and listened to them. One person told us, “The manager is alright. He comes around and talks to me.” A relative told us, “He seems a nice fellow and caring.”

The manager in place at the time of our visit was still in the process of completing registration with the Care Quality Commission. Staff we spoke with were aware of the lines of accountability within the service and who they reported to. Staff told us they found the manager to be accessible and approachable. One staff member said, “I think he is good. He is bringing everything up to scratch.” Another staff member said, “He is normal, you can talk to him.”

Staff told us the service had regular staff meetings. Staff said that team meetings were helpful and that all staff had input into discussions about the service. Records confirmed that staff meetings took place every month. Agenda items at staff meetings included training, key working, choices for people, healthy food choices, activities, health and safety, medicines, quality assurance, resident meetings, safeguarding, behaviours that challenge and MCA and DoLS. One staff member told us, “Staff meetings are once a month. They are good because you can get your point across.” The same staff member said, “We talk about service users, activities, people’s wellbeing and if we have any issues.”

Records showed that the service carried out regular audits to assess whether the home was running as it should be. We saw audits completed recently on food choices, finances, activities, supervision, medicines and infection control. We saw audits had identified risks and what action to be taken. For example, the infection control audit had identified hand washing procedures were not on display and we saw this had been addressed and records updated. The manager told us they did a daily check of the home which included looking at the premises, health and safety and the wellbeing of people however they did not record this daily check. Staff we spoke with confirmed the manager did regular checks and would follow up with staff any issues raised.

The home collected formal feedback from people and their relatives through the completion of regular surveys. The last survey for people that used the service was for August 2015. The survey was pictorial and covered topics on environment, staffing, dignity and privacy, food, menu planning, activities, health and safety, personal care and finances. Overall the results were positive. The last survey for relatives was for August 2015 and overall was positive as well. One comment about the service was “I am pleased with the care [relative of the person] receives from his key worker. They have improved his confidence.”