Seaham Care Limited

Dr. Ashdown's Stockton Lodge

Inspection report

Seaton Park
Stockton Road
Seaham
County Durham
SR7 0HJ

Tel: 01915130286

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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

Summary of findings

Overall summary

This inspection took place on 30 August 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. Dr Ashdown's Stockton Lodge was last inspected by CQC on 5 April 2016 and was rated Good.

At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Dr Ashdown's Stockton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dr Ashdown's Stockton Lodge accommodates up to 39 older people, some of whom were living with dementia, others had nursing care or mental health needs. On the day of our inspection there were 26 people using the service. People who used the service and their relatives were complimentary about the standard of care at Dr Ashdown's Stockton Lodge.

The home had a registered manager in place. A registered manager is a person who has registered with CQC 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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. Staff were supported to provide care to people who used the service through a range of mandatory training, supervision and appraisal. Staff said they felt supported by the registered manager.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person-centred way and were reviewed regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into

account.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People had access to healthcare services and received ongoing healthcare support. Appropriate arrangements were in place for the safe management and administration of medicines.

The home was clean, spacious and suitable for the people who used the service. The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out. Accidents and incidents were appropriately recorded and risk assessments were in place where required.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint. The provider had a quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Dr. Ashdown's Stockton 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 August 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home, we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners and infection control staff. Information provided by these professionals was used to inform the inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with seven people who used the service and five relatives. We spoke with the registered manager, three care staff, the activities co-ordinator, kitchen assistant and maintenance person.

We looked at the personal care and treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Dr Ashdown's Stockton Lodge. One person said, "I'm safe here, I don't have anywhere near the amount of falls here than I did at home," another person said, "I feel very safe, I don't lock my door at all."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. There were sufficient numbers of staff on duty to keep people safe. Our observations confirmed call bells were responded to by staff in a timely manner.

The provider's safeguarding policy provided staff with guidance regarding how to report any allegations of abuse. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

The home was clean, spacious and suitable for the people who used the service. The provider had procedures in place for managing the maintenance of the premises. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training. Appropriate health and safety checks were carried out and the records for portable appliance testing and gas safety were up to date. Equipment was in place to meet people's needs including hoists and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Accidents and incidents were recorded and referrals made to professionals when required, for example, to the falls team. People had risk assessments in place relating to, for example, falls and nutrition. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The service also had environmental risk assessments in place relating to, for example, the use of equipment and care practice, which contained detailed information on particular hazards and how to manage risks. All visitors were required to sign in.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity and emergency recovery plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. People who used the service had Personal Emergency Evacuation Plans (PEEPS). A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

Appropriate arrangements were in place for the safe management and administration of medicines. The provider's medicines management policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately and temperature checks for treatment rooms and refrigerators were recorded on a daily basis.

People's medication administration records (MAR) showed the medicines a person had been prescribed and recorded whether they had been administered or the reasons for non-administration. Records we viewed were up to date with no omissions. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date.

Good

Is the service effective?

Our findings

People who lived at Dr Ashdown's Stockton Lodge received care and support from trained and well supported staff. One person told us, "They instil confidence in me and keep me independent by overseeing me walk which I find difficult with being blind" and one relative said, "They [staff] are very well trained. They get him changed and showered. They seem to all know what he likes and doesn't like. He gets plenty of drinks and everyone was getting ice lollies during the hot spells of the Summer."

New staff completed an induction to the service. Staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely. The nursing staff held a valid professional registration with the Nursing and Midwifery Council. Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body and consent to care and treatment was documented in people's care records.

At lunch time we observed staff assisted people to their tables in the dining room and we saw staff supporting people, if they required assistance, with their meal. People were asked if they wanted a dignity tabard to avoid food spoiling their clothes. Staff chatted with people and the mealtime was not rushed. Lunch was a sociable experience. People could eat in their own bedrooms, if they preferred. One person told us, "The food is great, I like sweet things and I like the fruit that is put out to eat during the day as a choice instead of or as well as biscuits" and one relative said, "The food is great, there is plenty of choice, she wolfs down her meals and her weight is stable now. The meals look nutritious and it seems to be meat and two veg. I haven't seen a bad meal yet. Meals are ordered on the day so people don't forget."

Staff were knowledgeable about people's special dietary needs and preferences. The provider had a nutrition policy in place and staff had completed training in diet, nutrition, food hygiene, hydration and food allergies. Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was

monitored regularly. The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 11 September 2017.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, district nurses, dentists, dietitians, opticians and physiotherapists.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and was suitably designed for the people living with dementia.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Dr Ashdown's Stockton Lodge. One person told us, "The staff are really good and pleasant. They pop in and have a cup of tea and a chat with me. I can't speak highly enough of them and one relative said, "I'm involved in her care planning and get regular updates every time I visit. I can't speak highly enough of the care here."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to, people in a kind and caring manner. People were well presented and looked comfortable in the presence of staff. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. One person told us, "They [staff] respect you and they are very caring."

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We observed staff support a person to move safely from their wheelchair to their lounge chair with the use of a hoist. Staff constantly reassured the person, until they were seated and comfortable, encouraging them with words such as, "This will take you up and when you feel that, push down on your feet, that's it, good. There we are [Name], we are taking you down now. Are you all right? Well done. Thank you."

Staff worked well as a team giving individualised care and attention to people. We saw staff knocked before entering people's rooms and closed bedroom doors before delivering personal care. One person told us, "They [staff] keep my dignity and lock the door when I`m having a bath, but keep me independent by encouraging me to do what I can". Staff had completed dignity in care and equality and diversity training. Our observations confirmed staff treated people with dignity and respect.

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. One relative told us, "They [staff] create a home from home and create a lovely ambience, but more importantly, treat her as one of their own family and unless you have a loved one in a home you can't begin to comprehend how much of a comfort that is to us" and another relative said, "This morning we came in and they had painted her nails, she is so proud of them."

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. One relative told us, "The staff are always pleased to see you, they know you by name and make you a cup of tea."

Staff supported people to maintain their independence. One person told us, "I pressed my buzzer last night as I wanted to go to the toilet and they [staff] came straight away but they say, 'come on, we will help as much as we can and you do the rest as you are walking better every day'." People's bedrooms were individualised and many contained photographs of relatives and special occasions.

People were provided with information about the service in the provider's quarterly newsletter and service

user guide. Advocacy information was made available to people who used the service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Information about health and local services was also prominently displayed throughout the home.

Good

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. A pre-admission assessment was completed to determine whether the service would be able to meet people's needs. This included details of the person's medical history, an assessment of the person's care needs, the level of support required and details of people's communication needs.

People's care records contained a 'This is me' document which had been developed with the person or their relative and detailed what was important to the person and how they wanted to be supported. Care plans were in place and covered a range of needs including, personal hygiene, eating and drinking, sleep, communication and mobility/falls. Some people had emergency health care plans in place which contained information about their health needs. This would accompany the person should hospital treatment be required. Staff used a range of assessment and monitoring tools. For example, the Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, was used to identify if people were malnourished or at risk of malnutrition and Waterlow, which is a tool to predict pressure sore risk.

People's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records. Care records were regularly reviewed, updated and evaluated.

People and their relatives were aware of and involved in the care planning and review process. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. The registered manager told us how, when required, people's end of life care wishes were recorded and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

People informed us that they were treated as individuals and were able to make choices for themselves. People's preferences were recorded and met by staff. One person told us, "They look after me. I don't go out but that is because I don't want to. I can go to bed or get up when I want to. I like to be up at 7am which is my choice but if I`m feeling poorly I just stop in bed and they look after me, although I don't like too much fuss." One relative said, "The [staff] are kind and caring, [Name] used to be a dance teacher so they are often seen dancing with her. They make everything light and cheerful, they chat away."

Planned activities were displayed in the entrance hall and included bingo, arts and crafts, pet therapy, puzzles, sing-a-long, board games and exercises. We observed one group of people playing cards, some people were in the lounge watching television and two people were playing a board game. One person told us, "I like the Bingo and Connect 4 and some of the card games." The activities co-ordinator said, "We do bingo twice a week and I'm introducing a domino handicap. We have just finished a complete structure of the New York Skyline, this is going on display. We also do ball games with skittles and chair exercises with sing-a-longs."

The provider's complaints policy was on display. There were no open complaints at the time of our inspection. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. The registered manager had been registered with CQC since 17 October 2013 and told us they felt supported in their role. They said, "The staff go above and beyond, they are absolutely phenomenal." The home had a positive culture that was extremely person centred, open and inclusive. One member of staff described the registered manager as, "Lovely" and "Really nice."

The registered manager told us the home had an open-door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.
People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns.

We looked at what the provider did to check the quality of the home and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of health and safety, infection control and medication. All of these were up to date and included action plans for any identified issues.

Residents and relative's meetings were held regularly. Discussion items included activities and menus. A comments book was also available in the main entrance for people to write comments about the quality of the service. One person told us, "It's a very friendly atmosphere here" and another person said, "The staff would sort out any problems, not that I have any as everyone looks after you."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings were held regularly. The staff we spoke with felt supported in their role and felt they were able to report concerns. One member of staff told us, "I enjoy working here. I am happy when the people are happy. I love helping people." Another staff member said, "I love working here and making a difference." A third member of staff told us, "We provide good care and work brilliantly together as a staff team."

The provider regularly sought the views of people who used the service, their relatives, staff and visiting professionals through quality assurance questionnaires. We saw positive responses from the results of the 2018 quality assurance surveys. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The home had close links with the community including the local churches. The registered manager told us how staff took some people to the local shops and on outings to South Shields.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The staff we spoke with told us they were accessible and informative. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.