

Macneil Limited

Ashton Lodge Care Home

Inspection report

Ashton Lodge
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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

About the service

Ashton Lodge Care Home is a nursing home providing personal and nursing care to 93 people who may have physical disabilities, dementia, end of life care needs or nursing care. Ashton Lodge Care Home provides accommodation on four floors.

People's experience of using this service and what we found

The provider supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes. Our own observations and the feedback the inspection team received supported this. People received good quality care that met their needs and improved their wellbeing from dedicated staff team. A member of staff told us, "I enjoy coming to work every day and we all make sure to provide the best care to our residents." People were supported by a dedicated staff team and sufficient staff were deployed to ensure people's complex needs were met. Medicines were managed safely.

People received high-quality person-centred care and support, which met their needs. The leadership team and staff ensured that people's care, and preferences had met their expectations. People's wellbeing, their independence, satisfaction and happiness was at the centre of the service. People and their relatives told us consistently how well the service responded to their individual needs. This gave people reassurance and also put their minds at ease, that their relatives were well cared for. One relative told us, "I know my [name] likes living at Ashton Lodge and the care they receive is much better than at home."

Staff received a comprehensive induction and on-going training. They had attended a variety of training to ensure they were able to provide care based on current best practice when supporting people. They were also supported with regular supervisions and appraisals. People could make choices about the food and drink they had, and staff gave support if and when required to enable people to eat a balanced diet. People were supported to access a variety of health professionals when needed, to make sure they received additional healthcare to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was personalised and met individual needs. Staff knew people well, cared about them and understood their care and support needs. Care was not only focused on tasks, but was focused on what people needed, wanted and choose. People lived busy lives and took part in a wide range of interests, activities and parties. Staff supported people to be fully included in the local community and were always looking to build further social links. Staff were extremely skilled at helping people and their significant others to support them through the end of life journey. The service worked collaboratively with external health care professionals to achieve good outcomes for people who used the service.

The registered manager and clinical lead were experienced, skilled leaders who were committed to involving people, relatives and staff in the development of the service. People, their relatives, representatives, and staff were involved and enabled to make suggestions to improve how the service was

run. Very effective audits and governance systems were in place to monitor the service and to drive forward any sustained improvements required. The registered manager and their staff team linked up, communicated and continuously worked with other organisations to ensure people's well-being.

Rating at last inspection

The last rating for this service was Good (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashton Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

During the first day the inspection was carried out by two inspectors, one inspector from the Care Quality Commission (CQC) medicines team and two Experts by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. During the second and third day the inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The second and third day of the inspection was announced.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority. This feedback was used in planning for the inspection and helped identify some key lines of enquiry. We used all this information to plan our inspection.

During the inspection-

We spoke with 20 people who lived at the home, 14 relatives, eight members of care staff, which included the registered manager, the clinical lead, registered nurses, health care assistants, the chef and domestic staff. We spoke with three health and social care professionals who regularly visited the service.

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

We reviewed a range of records. This included six care plans and multiple medication records. We looked at seven staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care information and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "Nothing to worry about. If you don't feel well they call a doctor." Another person said, "Yes, I feel safe." A third person told us, "They [staff] are charming here, the staff are very good to me, they have pride and joy in their work."
- ☐ Staff demonstrated good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- ☐ Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Assessing risk, safety monitoring and management

- ☐ Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- ☐ We found that in each of the care plans we viewed there were risk assessments and risk reduction measures in place. For example, risk related to mobility and risk of falls, risk related to people eating if they had swallowing difficulties and for people using PEG feed tubes. Advice and referrals were made to speech and language therapy departments and the service acted on that advice. The risk assessments in the care records we viewed were reviewed monthly.
- ☐ People's skin integrity was considered, and each person had been assessed on admission, with a body map showing whether skin was discoloured or showing any injury.
- ☐ Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

Staffing and recruitment

- ☐ The registered manager assessed staffing levels daily, or when the needs of people changed, to ensure people's safety. The registered manager told us that Ashton Lodge did not use agency staff and any shifts were covered with existing staff. One relative told us, "The staff here are excellent, and I have seen the same faces for a number of years. This really helps as they all know what they are doing."
- ☐ Feedback from people and staff was that they felt the service had enough staff and our own observations supported this. One relative told us, "There are always enough staff around and I visit almost every day."
- ☐ Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols.

For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

- Files also contained evidence to show staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and their competency had been assessed.
- People received their medicines as prescribed and they were managed safely, people's feedback confirmed this. One person said, "I do get my medicines every day from the nurse and they always tell me what medicines they give me and what they are for." Another person said, "I have no problem with getting my medicines. They [staff] know what they are doing, and I am in safe hands."
- Some medicine was taken 'as and when required', known as PRN medicines. There was guidance for staff to follow to help identify when this medicine might be needed.
- Medicines were stored appropriately, in a locked room and trolley when not in use, and checks were made to ensure the temperature remained appropriate. Stock levels matched records which meant people were getting their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of cross infection. The home was clean, tidy and odour-free.
- One person said, "It is always clean here. They clean my room every day." One visiting professional said, "My observation is that the home was very well kept, and I am impressed that despite the fact that the home is large it always smells clean, fresh and is very tidy and orderly."
- We observed staff wearing personal protective equipment (PPE) when necessary and saw domestic staff cleaning throughout our visits.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. There were regular audits of incidents such as falls and medicines errors. This considered the themes of incidents and any trends identified. Action was taken to reduce the likelihood of similar incidents occurring to help keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Staff undertook assessments of people's care and support needs before they began using the service.
- ☐ Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- ☐ Documentation confirmed people were involved, where possible, in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs. One relative told us, "When [name] moved in here, we sat down with the manager and talked about the things [name] likes and where [name] needed help and support. The home has to have a certain amount of routine, but overall, I think his care is about him and not standardised".

Staff support: induction, training, skills and experience

- ☐ New staff were provided with an induction; those who had no previous care experience were required to complete the Care Certificate (nationally recognised standardised care practices).
- ☐ Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. A staff member told us the induction was supportive and included shadowing more experienced staff before they worked independently. They told us, "The training at Ashton Lodge is very comprehensive and it helped me to fulfil what was required of me confidently."
- ☐ People were supported by staff who had ongoing training. Staff were positive about the training provided. The registered manager and senior staff regularly observed staff's practice and assessed their competency.
- ☐ Staff had regular supervisions and appraisals. These were meetings with their line manager and an opportunity to review their individual work and development needs.
- ☐ We found staff to be competent and understood the needs of people living at Ashton Lodge.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People's nutritional needs were assessed and met. Where people required a specialist diet, or assistance to eat and drink, this was provided. Weight records showed that people were maintaining stable weights and where concerns were identified, additional support was sought. For example, referrals to GPs, dietician or speech and language therapists.
- ☐ People were happy with the food provided. One person told us, "We get well cooked food. It is presented well. Supper is at 5 pm. They [staff] try and give you what want. They offer a cooked breakfast, but I have cereal and toast. It's difficult to be critical as I know they are doing their best." Another person said, "The

food is very good, I can't moan."

- People were able to choose where they ate their meals. They had a choice of three meal options, one of these was a vegetarian meal, which was cooked in a designated vegetarian kitchen.
- Some people ate in their rooms and some in the lounge. We observed that lunch in the dining room was a sociable and happy occasion with people chatting together and with staff. One person commented, "I don't like sitting with other people when I have my food and have my food on my own in my room."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health through access to a range of health professionals.
- People received effective care and support by staff who worked as a team and worked collaboratively with other health care professionals.
- The registered manager met daily with all heads of departments to help share information, discuss people's needs and any other significant events.
- The registered manager was committed in supporting staff to ensure they had the skills they needed to support people and alert appropriate health care services when people's needs changed or there was a deterioration in people's health. Health care professionals reported that staff were well informed and contacted them in a timely manner if they had concerns about people's health and well-being.
- People's on-going health care and medicine needs were regularly reviewed by the visiting GP. People were supported to maintain their well-being and have access to services such as dentists, opticians and chiropody.

Adapting service, design, decoration to meet people's needs

- Ashton Lodge was nicely decorated throughout.
- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access. There was clear signage, including pictorial signs, to help people find their way.
- People's rooms were personalised with items they had brought with them and pictures they had chosen.
- Since our last inspection the garden and car park has been upgraded and each floor had a separate room which people who used the service could use. These included a new hairdressing salon, a pub and a multi-faith room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Care plan files we looked at showed that each person, or if they were unable to, a relative had signed consent in accordance with the MCA, For example, to receiving medicines and consent to the care plan. One person had confirmation on their care plan file that a local authority social worker was arranging a mental capacity assessment as this person had no relative who could act on their behalf in this regard. Where required people had appropriate DoLS authorisations in place to ensure they were not deprived of their liberty.□ People told us, "The staff always ask for permission before they do anything for me," "If I want

anything they will do it for me, but they always ask for my permission", and "I am always asked if I like what they [staff] do." We saw staff consistently sought consent from observation.

- ☐ Staff demonstrated good understanding of how they should gain people's consent. One member of staff told us, "Not everyone can tell me verbally what they want, however I cannot assume that they can't consent to what I do. If people can't verbally consent I have to observe their gestures and their face."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- ☐ There had been a strong present and visible principle of providing person-centred care. Staff were observed to be kind, caring and thoughtful. We observed and were told consistently by people and their relatives that staff were 'excellent', 'brilliant' and 'outstanding'. One staff member told us, "We are a happy and caring home, I like coming to work. This is even when the work can be challenging at times. I think because we are such a happy team we give the best care to all the people at Ashton Lodge." People who used the service confirmed this. One person told us, "The staff are very good. They are more than good."
- ☐ There was an ethos of treating people as equals, respecting their diversity. The registered manager and staff spoke of the service being, for people. The registered manager said, "We are just here to ensure they [people] are safe and facilitate their care." One example of outstanding person-centred care was the engagement and the recent wedding celebrations of a couple who had met at Ashton Lodge. We spoke with the happy couple, who told us that this was "Such a wonderful day, unforgettable. The only thing we now need is a room together." We discussed this with the registered manager who told us, that she was exploring the options and was planning to give the couple two adjoining rooms once they become available.
- ☐ Relatives and people who used the service told us consistently that the care provided met their expectations. One relative told us, "Since [name] moved in to Ashton Lodge they became so much more settled, happy and relaxed, they [staff] are marvellous and do a wonderful job. Before [name] moved in it was very difficult at home they were very challenging. I couldn't wish for a better place. 200% out of 100%."
- ☐ Staff worked well with people who showed behaviours that challenged the service. We saw staff communicating quietly, patiently and skilfully with people, asking them what their worries were at the same time offering them alternatives, such as different activities. This resulted in people settling quickly and becoming relaxed. We frequently saw people responding to staff with big smiles, once they became settled again.
- ☐ There was a culture which was aimed at providing people with the best possible care and building open and honest relationships with people who used the service, relatives and visitors. Staff, including the registered manager saw people who used the service, relatives and friends as equal partners and valued their opinions and contributions to ensure everybody works in the best interests of people who used the service. One relative told us, "They always ask and tell me what is going on and I know they care for me relative the best they can. I feel part of the team."
- The service ensured people and their relatives were included, listened to and that their opinion mattered. One relative said, "We have regular relatives' meetings, to raise and speak about things which is important to us. This has helped my relative to settle in very easily, but also gave me and us as a family

reassurance that they were safe and very well cared for." People and relatives consistently told us staff were 'brilliant', 'very kind', 'caring', 'helpful' and 'friendly'.

- □ Staff had an in-depth knowledge of people's personal histories, backgrounds, wishes and preferences. This was also reflected in people's care plans and records. Care plans clearly identified where people had a preference of staff gender when providing them with support for example. Staff knew people's preferred names and titles and ensured that these were used. As well as any issues related to their cultural, religious and sexual preferences. We saw creative ways in enabling people from all religions to celebrate and engage in religious activities. The new multi-faith room was used by all people as a place of rest, tranquillity and reflection.

- □ People who used the service and relatives were enthusiastic and extremely positive about the ways in which the service supported their family members. One person said, "Everybody [staff] is very caring. They [staff] speak to my relative always nicely. Everyone speaks to you all the time, and smiles. There are always enough staff. I am very happy about the way my relative is looked after. I don't think I could do a better job myself." Another relative told us, "The staff are amazing, they always show an interest and we always chat about my relative and his past. I guess this helps them [staff] to understand him better." One person told us, "Ashton Lodge is home from home."

- □ Staff were motivated and led by a senior team to go the extra mile to make every day special for people. The registered manager and clinical lead told us they regularly talked to staff and asked them to stop and think about how they had made and could make a positive impact on a person's life that day. We saw records of this in daily care notes. The registered manager told us, that she would always consult with the whole staff team if she suggested any changes. She said, "This is very important. I am merely the person who suggests it, but all of my staff team have to carry it out on a daily basis."

- □ Staff engaged with people positively and in an upbeat manner. At meal times, we observed staff to be positive and encouraging about what was to be served. There were lively conversations between staff and peers and lunch was a positive experience than just having something to eat. If people choose to have a quieter surrounding to have their food, they could go to the 'pub' on one of the floors or have it in their room if they choose to.

Supporting people to express their views and be involved in making decisions about their care.

- □ People, relatives and friends were encouraged to express their views. Staff on all levels understood people's opinions, views, preferences, wishes and choices. People told us they could freely express their views and felt involved in making decisions about their care. One person told us, "We work all together. I feel at home here. If the [name] activity person introduces new activities she always asks first if this is something we like to do. This makes me feel I am part of Ashton Lodge and also makes me feel more engaged."

- □ The service offered a variety of ways for people to express their views. For example, via a suggestion box, annual surveys, regular relative and users' meetings or by talking to the registered manager and any staff any time they wished to. In addition to this the service produced a quarterly newsletter which reports on activities, celebrations or news of the previous quarter and upcoming quarter. This was provided to all relatives, people who used the service and was available on the providers website for relatives who lived further away.

- □ The service also used more innovative and creative ways to engage people who used the service and relatives in expressing their views, by offering online forums and websites to provide feedback about the service. One such feedback provided by a relative stated, "We were very anxious of my relative moving into Ashton Lodge. However, I have to say we couldn't have chosen a better place. The carers are all kind, caring and are genuinely concerned when my relative deteriorated. My relative was always content and had never a bad word to say. We can't thank the manager and staff team enough for looking after my relative so extremely well."

- □ There was a strong focus in being inclusive, this was in particular if people were unable to express their

views, or they had no family available. Staff ensured that people had access to an appropriate advocate to support the person to have a voice. One member of staff told us, "If residents are not able to tell us, I would always ask their relatives or if they didn't have anybody we would help people to find an advocate. This is to make sure we do things the residents want, and it is their best interest."

- People were always involved in making decisions. At lunch time staff spend time with people explaining what was on the menu and explained everything on their plate to ensure that the food provided was what they chose and helped them to change their mind if they wanted something else or something extra.
- People were consistently asked where they wanted to spend their time or if they wanted to participate in any activities. We saw that if people didn't like to part take in activities, staff sat down with them and spent time with them to do the things they liked.

Respecting and promoting people's privacy, dignity and independence

- People told us that respecting their dignity and privacy was at the heart of the culture and values of the service. One person said, "Staff are extremely friendly, very helpful. They always ask before they do things. They treat me with respect." Another person said, "Staff are excellent. All know their jobs well. Very helpful and understanding. I would not want to change anything, it's all perfect."
- We continuously observed staff knocking on people's doors and identifying themselves before entering. We saw that staff ensured doors were closed and staff told us they covered people up when delivering personal care. One member of staff told us, "I would never enter someone's room without knocking first and waiting to be invited in. It is also important to make sure to close the door and cover people up when helping them in their room." One relative told us, "One time I was visiting my relative and she needed some help, staff asked me to wait outside until they changed her."
- Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- Despite many of the people being cared for at Ashton Lodge with very complex needs and at times displaying behaviours, which might challenge others, staff remained polite and courteous and spoke to people in a respectful manner.
- This positive approach by staff was commented on by a health care professional who told us, "The staff at Ashton Lodge are fantastic, they are very gentle with the residents and will always contact me if they need any help or advise to ensure people are very well cared for. This is the best nursing home on my patch. I wish all the other homes would visit Ashton Lodge to learn from them." Another healthcare professional said, "I often notice the extra little things that all the staff do that make a real difference. For example, they sit down with the residents and help me to explain things and if we have any meetings about the residents, they will always invite their relatives to ensure everyone knows and understands what I propose and why I propose this. Ashton Lodge is managed very well, and they support everyone even the most challenging person with kindness, dignity and respect."
- Staff understood the importance of supporting people to maintain their independence and this was supported by effective care planning. For example, some people had mobility care plans which described the differing types of help they needed on good and bad days. This recognised people's varying needs and helped promote an enabling culture. One person told us, "Sometimes I find it hard to walk on my own, but I will call staff and they are there to give me a hand, this keeps me going and moving around."
- The home has purchased a number of comfortable armchairs, which can be used for people who find it difficult to mobilise on their own and find it difficult to sit in wheelchairs for long periods of time. Staff told us, "Since we have these new chairs we can get all people out and about and help them to take part in all day to day activities. This has reduced the number of people staying in their room or on their bed." We observed a birthday party which was attended by people who were fully mobile and by people who found it challenging to mobilise on their own.
- People's information was stored confidentially and when staff discussed people's care and treatment,

they were discreet and ensured that conversations could not be overheard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- ☐ Ashton Lodge provided good personalised and responsive care to people. This ensured that people's complex and specific needs were fully met. Comments from people and relatives included, "We are fully involved, they [staff] always tell us what is happening, we are very happy with the care," "It feels it's my home as well. I am here every day. The staff are fantastic, they couldn't be any better. They embrace all faiths here and people are welcome to come and talk about their religion" and "It's home from home, I am very comfortable here and wouldn't want to change anything."
- ☐ One relative told us, that after their family member had moved in, the staff asked them about the home they lived at before moving in. The relative said, "They asked me how my relative's house was, and we were able to bring furniture and pictures in. This helped my relative to deal much better with the move and settling in. We thought this was a great personal touch." Another relative told us how they were "Surprised and astonished how versatile and accommodating staff and the manager were to meet everyone's individual needs" and "They [staff] always looked at new things they could offer and how they could make [name] even more comfortable."
- ☐ The majority of staff had worked at Ashton Lodge a number of years and had a broad knowledge of people's needs and preferences and they were able to speak with us at length and in detail about these and how they provided support which met their individual needs. For example, we asked staff randomly which people required specific food supplements and all staff spoken with were able to tell us the name of the people and what supplement they required without referring to written documentation.
- ☐ Daily care records demonstrated how staff followed the guidance in people's care plans and how this had a positive effect. For example, one person's care plan stated that they might become 'Unsettled after they were visited by their relative.' Daily notes showed that staff consistently reassured the person after a visit, which was also observed in practice during one of the days we visited Ashton Lodge.
- ☐ We saw that staff organised the day around the individuals but showed flexibility around their needs and wishes. We observed staff always asking individuals what they wanted, if they were happy and listening attentively what people had to say without rushing them and giving them ample time to make their wishes clear.
- ☐ Feedback from health and social care professionals who worked closely with the service consistently indicated that staff went the extra mile to deliver person centred care. They said, "They [staff] are very attentive and aware to people's needs, they will take their time and always search for alternatives if things don't work. I would say they go the extra mile."
- ☐ One of the many compliments Ashton Lodge received read, "We can only say positive things about Ashton

Lodge. We are particularly impressed that such a large home never smells and is always clean. We love the pub, the hairdressing salon, the flowers and plants, the fish tanks and water feature on one floor. This shows the dedication and commitment of all staff to achieve and maintain such a very high standard of care."

- There was a strong focus on providing meaningful activities which promoted people's physical and emotional wellbeing. The service employed three dedicated staff to lead activities. They were very passionate about their role and demonstrated a desire to tailor activities to people's individual preferences.
- The activities staff provided twice daily activities on weekdays on all floors. We saw that Ashton Lodge was well equipped with games, playing cards and other items used to be able to offer a varied and stimulating activity programme to people who used the service. Some of the activities offered for July 2019 included, quizzes, reminiscence sessions, a summer BBQ, animal therapy, chair exercises, bingo, pamper sessions, movies and visits from children from a local nursery.
- We observed a number of these activities during our visits and saw that some sessions were carried out in the garden. One activity co-ordinator told us, "If the weather is nice we will always offer the activities in the garden, people enjoy this, and they also get some fresh air, in particular the people who are not able to go out because they are so frail."
- The registered manager made contact with a local nursery and arranged for the children to visit people who used the service regularly. We observed such a visit during our inspection and saw people interacting, laughing, joking and talking to the children. One person told us, "I really enjoy the children, it's a breath of life, beautiful. I always look forward for them to come"
- On another day we visited, we observed pet therapy and saw one person taking the dog for a walk. The registered manager told us, "It is normally difficult to get [name] to walk, but when the dog comes [they] always want to take the dog for a walk. This helped [them] to maintain [their] mobility."
- To ensure people who were bedbound don't become isolated and bored. Ashton Lodge had every day an allocated time slot where staff spent time visiting them to provide one to one time which was used for hand massages or chats about family and hobbies. We observed people smiling and expressing their satisfaction of staff visiting them. One person said, "Its great to see the staff daily, talk to me or give me a massage. They do care, and I am not that alone."
- A range of external entertainers provided entertainment. For example, the registered manager told us that the home had booked a magician to visit the home in a few weeks' time. The registered manager said such events were well attended by people who used the service and their relatives as it was a social occasion. The service also arranged trips in the community. These included trips to a local garden centre, see the Christmas lights or visits to a local shopping centre.
- We saw that the service demonstrated inclusivity and supported people from all religions and faith. Since our last inspection the home had created a designated multi faith room, which was used by people to pray, receive holy communion, have Pooja (Puja or pooja is a prayer ritual performed by Hindus) or just to reflect and relax. The registered manager spoke with us passionately about the importance to engage and enable people to maintain and follow their beliefs while living at Ashton Lodge.
- The activities team, care staff and the registered manager were highly committed to the ongoing development of the activities programme, particularly for those living with dementia or those who were •□ Staff sought innovative ways to use technology to help people maintain relationships with those important to them and to stimulate discussion or interactions. For example, staff had used tablet computers to support people to maintain contact with relatives who lived further away or just to listen to their favourite music.
- The activity coordinator told us that [they] were currently in the process of fundraising for an innovative piece of equipment called 'Tovertafel'. (The Tovertafel is a fun care innovation that connects older people in the late stage of their dementia journey with each other and with their surroundings, all the while stimulating movement). The activity coordinator told us the aim of purchasing the equipment was to engage people living with dementia who usually wouldn't interact due to their condition.

- All the care plans we viewed were person centred and included people's individual likes and dislikes and the way they preferred to be supported. Information contained within care plans was specific to the individual and set out why each person required staff support to achieve particular aspects of their care plan. For example, help to wash and dress, taking medicines or needing to use a PEG feed [this is a tube that is inserted directly into a person's stomach to allow people to receive nutrition via the tube]. Care staff were provided with guidance about how the care activities they engaged in needed to be carried out.
- The registered manager introduced a 'Resident of the Day' (RoD) programme. This means that every day one person's care records were fully reviewed and updated. The registered manager told us, "Since we have the RoD we respond much quicker to people's changing needs and I always know everything about my residents." In addition to reviewing RoD's care plans in detail, the cook spoke to the RoD, the maintenance person checked their room, the activity coordinator met with them and housekeeping deep cleaned their room.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a way they could understand. For example, staff spoke different languages and helped to translate for people. Documents were provided in larger fonts to make this accessible for people with visual impairments and staff used pictures and photos to explain things and help people to understand.

Improving care quality in response to complaints or concerns

- Information about how to complain was available on notice boards within the home and within the information provided to each person when admitted to Ashton Lodge.
- People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

End of life care and support

- Ashton Lodge achieved good outcomes in End of Life Care for people who used the service and their relatives. People had advanced end of life care plans which detailed clearly people's wishes and choices when they approach the end of their life as well as how they wished to die. For example, who they wanted with them, what music they wanted to play, how they wanted their room set out and what they required to be comfortable. This was discussed with all people who used the service and their relatives at a very early stage to ensure the service was working according to people's and their relatives wishes.
- Since our last inspection Ashton Lodge had developed very effective links with the local palliative care team from the local hospice. Together with the palliative care team Ashton Lodge had developed a 'Supportive Care Register and Palliative End of Life Care Checklist' based on the Gold Standards Framework for palliative care. This enabled Ashton Lodge to respond to people's end of life very early, but also reduced the number of unnecessary referrals to the palliative care team. It also reduced the number of hospital admissions, which based on information received from the London Ambulance service was one of lowest for nursing homes of similar size in London.
- Practitioners from the palliative care team spoke positively of the end of life care provision provided to people who used the service and relatives at Ashton Lodge. One professional told us, "Staff at Ashton Lodge demonstrated great enthusiasm to gain further and improve knowledge, skills and confidence to deliver end of life care to the residents. This has resulted in appropriate referrals and reduced unnecessary hospital admissions which are very stressful for people" and "Staff's knowledge and understanding of how to support people during their end of life at Ashton Lodge is exceptional. I know it sounds strange, but Ashton Lodge is

a good place for people to die."

- We saw in care records that people's end of life care was planned around each stage of this journey and clearly detailed the support required by people and their relatives and people close to them. One relative told us the help they received to be able to deal with the death of their loved one and the positive impact this had made on them and their family to deal with this difficult event. The relative told us, "I couldn't have gone through this without the help of the manager and the staff team, they showed me the good experiences I had over the years with my relatives, this is something I can hold on."
- Ashton Lodge worked closely with a wide range of health and social care professionals and linked them together to benefit people who were receiving end of life care. For example, the palliative care team, the GP, the pharmacist and other professionals. This ensured that people's end of life symptoms were managed holistically, and the person was in no distress. One health care professional told us, "Ashton Lodge provides excellent end of life support. End of life discussions take place very early and a lot of planning goes into it to put patients at ease and make them as comfortable as possible."
- Throughout people's stay at Ashton Lodge, staff prepared a picture book of the person's life at the service. This was given to relatives as a memory once the person has passed away.
- Most of the staff team had been trained in end of life care and a number of staff had received a five-day in-depth training provided by the local hospice. The registered manager and the staff team were highly regarded by the local palliative care team and used as an example for other nursing homes in the area. One health care professional told us, "Ashton Lodge is the pinnacle of end of life care for other homes. I can't speak highly enough of Ashton Lodge."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour responsibility

- ☐ People who used the service, relatives and external professionals consistently told us that the home was managed to the highest standards and praised the staff team for their morale and high standard of care they provided. One relative told us, "It is a very happy place, staff do work very well with each other. I never heard them arguing and the care is 10 out of 10." One person said, "[Mangers name] she knows everything which is going on here and you just need to say the word and it will be dealt with." One person told us, "I am very happy with [managers name], I have recommended Ashton Lodge to my friends who live in the same road as me. I have never seen anything that I want to complain about." One relative told us, "We have looked around many homes before deciding, but Ashton Lodge was by far the best, everyone is so approachable, and the manager is always around for a chat."
- ☐ The registered manager had a clear vision and values of engaging and involving the staff team to strive for continuous care improvement. She was driven by supporting the staff team to deliver the best person-centred care they could. The registered manager led by example and was highly motivated and committed.
- ☐ The registered manager was forward planning and pro-active in her approach. Together with an experienced and motivated clinical lead they had continuously achieved positive outcomes for people's health and wellbeing. The registered manager and clinical lead were highly respected by all staff. This resulted in low staff turnover, which resulted in people being supported by a consistent and highly motivated staff team.
- ☐ Ashton Lodge provided very good care to people and this was recognised by external health professionals. The service was used as a good practice example for the training of new health care professionals and students regularly. One health care professional told us, "Ashton Lodge provides excellent care, and I regularly use the service for new GP's in training to learn and experience the good practice." The registered manager and the entire staff team were proud of themselves in contributing to the development of student nurses and trainee doctors, by sharing their experiences and good practice. ☐
- ☐ Staff felt fully included in all decisions made by the registered manager. Staff told us that they were driven by strong team work and felt motivated by the registered manager and clinical lead. They praised the manager continuously. One staff member told us, "Whenever [managers name] suggests a new form or a new way of working she always consults with us and listens to our comments and suggestions. This is the reason why everything works so smoothly here." A senior care staff who worked at the home many years told us, "She is by far the best manager we ever had at Ashton Lodge, I feel valued, listened to and she always encourages everyone to do their very best. Over the past three years Ashton Lodge has improved

immensely."

- ☐ People who used the service and relatives had regular opportunities to contribute and comment on the service provided and the most recent user and relatives survey was consistently positive and highlighted the exceptional care and support people who used the service received at Ashton Lodge. The overall feedback from the relative and user survey from December 2018 was 87% excellent and 10% Good. The areas of rated highest were people's safety, the cleanliness of the home, the way the home meets people's cultural and religious needs and the aspect of staff treating people with dignity and respect. Comments made included, "The level of care exceeds any home I have visited," "Everyone treats residents with great care and compassion" and "I would definitely recommend this care home to anyone wishing to reside there."
- ☐ The registered manager and staff understood the importance of working openly and transparently with CQC and other agencies and reported incidents and accidents without delay. We saw evidence that the registered manager understood their duty of candour and apologies made along with explanations given if needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Staff were fully aware of the objectives, values and purpose of the service. One staff told us, "I enjoy working at Ashton Lodge, I come in earlier to have my morning coffee here and sit down with the residents for a chat, they will always come first."
- ☐ Staff told us that they were well supported in their roles and enabled by the senior leadership team to perform as well as they could do. The service had a wide range of systems in place. These included regular staff forums and staff team meetings, regular supervisions and appraisals and access to a wide range of training, which also included development into more senior roles. One member of staff told us, "What I like here are the opportunities to progress. [Managers name] is very supportive and she has pushed me to take up a more senior role, which helped my professional development."
- ☐ The service had various champions, who had received in-depth training in specific areas. This helped staff to provide people with a very good service and people benefitted from a staff team who had in-depth up to date knowledge based on current practices. For example, people had received excellent end of life care and were treated with the highest dignity and respect.
- ☐ The service had an effective quality assurance system embedded to ensure the service was running smoothly and quality of care was systematically and regularly reviewed. This ensured that the quality of care was sustained and maintained over time. Audits and action plans were shared as required with other services managed by the provider. This included regular visits from registered managers from other services run by the registered provider who had oversight of the quality of care being provided. This provided a positive mentorship role for the registered manager and support from similar services managed by the registered provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ Ashton Lodge arranged regular meetings for people who used the service and their relatives. One relative said, "I have been to a relatives meeting, where I have made suggestions about meals, these have been dealt with shortly after. However, if there is anything I can talk to the staff or the manager and they will deal with it immediately."
- ☐ There was a range of meetings for staff at all levels and documentation showed staff could make suggestions and raise their views. The registered manager said, "I am part of the team and will always listen to what the residents and my staff team tell me. I strongly believe in empowering and consulting with people who live here and the staff. We achieve things together, there is no I in team."
- ☐ The activity coordinator said, "I meet with the staff and the other activity coordinators regularly to explore

new activities we can offer to the residents, so they don't get bored."

Continuous learning and improving care; working in partnership with others

- The registered manager continuously explored ways to ensure she was up to date with current changes to the practice in Health and Social Care. Ashton Lodge worked closely with the local clinical commissioning group and local hospice, which provided training for staff, but also looked at ways to reduce hospital admissions and times spent in hospital as well as working collaboratively between health and social care. One health care professional told us, "Since Ashton Lodge worked so closely with the local hospice. I can see that hospital admission have reduced a great deal."
- The registered manager had taken part in a Passport for Leadership training. The registered manager told us that this was a great opportunity to learn new skills, but also foster new relationships for the benefit of people who used the service with other providers and clinicians. As a result of this network, the registered manager invited a registered manager from a service who has been rated outstanding by the CQC in the past to audit Ashton Lodge and look at areas the service could improve. One such improvements was the new multi-faith room, which is now used by people for prayers, time for reflection and religious ceremonies.
- Staff told us that they had been supported by the registered manager to learn new skills and enhance their knowledge and qualifications. One member of staff told us, "I recently completed a diploma Level 5 in Health and Social Care and [name] supports me now to enrol into a university to become a registered nurse."
- The local authority told us the provider engaged well with Commissioners.