Bupa Care Homes (CFChomes) Limited

Ashley Lodge Care Home

Inspection report

Golden Hill, Ashley Lane
Ashley
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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

The inspection took place on 24 June 2016 and was unannounced. We returned on 28 June 2016 to complete the inspection. At the previous inspection in September 2014 we found improvements were needed in the Oakview unit as the temperature was not being effectively controlled and the environment was not adapted to meet the needs of people living with dementia. At this inspection we found the required improvements had been made.

Ashley Lodge is a care home with nursing. It is registered to provide care treatment and accommodation for up to 77 people. At the time of our inspection 68 people were living at the service. Ashley Lodge consists of the main building, Ashton House which has two floors. The downstairs unit mainly accommodates people who are physically frail and need nursing care. The upstairs unit accommodates people who have nursing needs but also who are living with dementia. The separate Oakview unit accommodates people who do not have nursing needs but who are living with dementia.

There was a manager in post who was in the process of applying for registration. They were highly thought of and demonstrated an enthusiasm and understanding of their role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in September 2014 we found improvements were needed to the environment of Oakview unit. At this inspection we found the required improvements had been made. Staff ensured people were not too hot or too cold and further adaptations had been made to maintain the independence of people living with dementia.

People were mainly very positive about the quality of care support and treatment they received at Ashley Lodge. They said they felt safely cared for and were able to raise any concerns with staff and management. There were clear policies and procedures in place to protect people from abuse and avoidable harm, which staff followed.

Risk to people's health and welfare was reviewed regularly and action had been taken to keep people as safe and as comfortable as possible. There were plans in place for responding to emergencies and untoward events. People's medicines were managed so they received them safely and as prescribed.

There were sufficient numbers of suitably trained, safely recruited staff deployed. They received appropriate training and good support to help them to carry out their role effectively.

Staff sought people's consent before carrying out care and treatment. Where people lacked capacity to consent to their care, staff had made best interest decisions in line with the Mental Capacity Act 2005.

People were given choice and had sufficient to eat and drink. People with complex nutritional needs were supported appropriately. People's health was monitored and the service had good links with health care professionals.

People were treated with kindness and respect and people and their visitors described a friendly and caring atmosphere. Care was provided in line with people's wishes and preferences and people were encouraged to remain as independent as possible.

The service was outward facing and had developed good links with the local community. People were encouraged to be involved in developing the service. There were robust quality assurance processes in place to ensure Ashley Lodge continued to improve.

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 sufficient numbers of suitable staff deployed to meet people's needs.

There were procedures in place to protect people from avoidable harm and avoidable risks.

People's medicines were managed safely

Is the service effective?

Good

Staff received training and support to enable them to carry out their responsibilities.

Consent to care and treatment was sought and staff acted in accordance with the Mental Capacity Act.

People were supported with their health care needs and had sufficient amounts and choice of what they ate and drank.

Is the service caring?

Good

People were treated with kindness and their privacy and opinions were respected.

Preferences and choices for end of life care were recorded, kept under review and acted upon.

Is the service responsive?

Good

Care planning and delivery of care reflected people's needs and wishes.

There were good links with the community and a variety of activities available. The environment had been adapted to meet the needs of people living with dementia.

Complaints and concerns were responded to promptly and in line with policies and procedures.

Is the service well-led?

Good

The service was well managed.

There was an open culture and an emphasis on support and fairness.

There were clear quality management systems in place.

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

The inspection took place on 24 June 2016 and was unannounced. We returned on 28 June 2016 to complete the inspection.

The inspection team consisted of two inspectors, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in caring for people with a physical and sensory impairment and in caring for older people. The specialist advisor was a registered mental health nurse.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the manager tells us about important issues and events which have happened at the service. We asked the provider to complete a provider information return. 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. We used all of this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with 14 people who lived at the service. We also spent time observing aspects of the care and support being delivered. We spoke with five visitors and with one health care professional. We spoke with nine staff, the manager and with senior managers.

We reviewed the care records of nine people. We also reviewed the recruitment records of three staff. We looked at other records relating to the management of the service such as training and supervision records, audits, incidents, policies and staff rotas. We looked around the environment and reviewed how two clinical rooms were being used.

At the previous inspection in September 2014 we made one breach of regulation. This related to the

environment in Oakview.

Good

Is the service safe?

Our findings

People said they were safely cared for and said they felt safe in the service.

There were clear procedures in place which staff followed to ensure people were protected from abuse or avoidable harm. Staff confirmed that they received training in how to protect adults from abuse and were able to explain signs and symptoms of possible abuse. They said they would report any concerns to the senior person on duty straight away. Staff were also aware of their role and responsibilities regarding whistleblowing and said they would have no hesitation reporting any issues to external bodies if the need should ever arise.

The service was required to notify the CQC without delay of any incidents of suspected or alleged abuse which had occurred. Records showed these notifications were timely, that the service had also contacted Hampshire County Council and where relevant, relatives. They had also taken immediate steps to review the risks to the person minimise the chance of any possible reoccurrence. This showed the service was taking appropriate action to protect people

Risk to people's health or wellbeing was assessed and monitored. For example, people were assessed regarding their risk of falling, of losing weight, or of their skin breaking down. Staff had taken action where necessary to maintain peoples health. For example one person who was at high risk of falling had their blood pressure monitored twice a day to ensure these observations were stable. People who were at high risk of developing pressure ulcers had pressure relieving equipment supplied and where necessary skin emollient creams were applied as prescribed.

The service kept a record of accidents and incidents. Staff had completed an accident or incident form for each event which had occurred. These records were reviewed to look for any trends or changes which may be needed to people's care or support. Details of action taken to resolve the incident or to prevent future occurrences were recorded.

Environmental risks were regularly reviewed and there was an up to date business continuity management plan which provided staff with guidance about what to do in the event of foreseeable emergencies.

There were sufficient numbers of staff deployed to meet people's needs. People and their visitors said staff attended to them within a reasonable time when they called for assistance, and said generally there were enough staff on duty to meet their needs. We observed staff responded quickly when people needed support during our visits. Staff said mornings were their busiest time but they felt they had sufficient time to complete their jobs.

Staffing levels were determined in relation to the number of people living at the service and their level of dependency. The provider was actively recruiting to fill vacant posts and were using agency staff to cover existing vacancies. The manager said he was only admitting new people to live at the service once he was certain that there were sufficient staff recruited to support them.

There were robust recruitment procedures in place which were followed to help to ensure suitable staff were employed. Pre- employment checks included a criminal records check, references from previous employers and a full employment history. The service checked regularly with the Nursing and Midwifery Council (NMC) to ensure all nurses employed continued to be registered with them and so were able to practice.

Medicines were well managed. There were appropriate procedures in place for booking in, storage, administration and disposal of medicines. Medicine administration records (MAR) were completed accurately and we observed medication rounds took place within the specified times which meant people were receiving their medicines as prescribed. During medication rounds staff ensured medicines were given safely and with people's consent. For example one person who was given a liquid medicine was encouraged to sit up and was not given the medicine until staff had told them what it was and why it was being administered. Protocols were in place to guide staff when people needed to take medicines as required (PRN) and staff used pain assessments to help to establish if people, who were not able to express this verbally were receiving the pain relief they needed. Stocktaking was accurate.

There were adequate storage facilities for medicines including those that required refrigeration or additional security. Medicine fridge temperatures were checked to make sure these medicines were stored at the right temperature so were safe to use. Medication stocks were regularly audited and staff administering medicines had their competencies checked to ensure they continued to do this safely.

Good

Is the service effective?

Our findings

People felt the service provided effective care. A person who lived at the service described it as "wonderful" A relative said " I'd give them top marks." Another said "They listen to me and get things done". A further visitor said, "Staff don't miss a trick" they described how effective staff had been at monitoring their relative's health. They said, as a result, the person had put on weight and their skin had improved.

Staff had the necessary skills and knowledge to meet people's health and care needs.
New staff said they received a good quality of induction and received a lot of support from established staff. They shadowed established staff and were supernumerary until they felt able to carry out their role alone. During induction their practice was observed and their competencies were assessed.

Staff were knowledgeable about people's health and care needs and were provided with a good range of training. Mandatory training covered key health and safety areas such as fire safety, food hygiene, infection control and how to assist people to move safely. Nurses were completing further training as part of their revalidation with their regulatory body. This included end of life care, falls and nutrition. Staff confirmed they received regular supervision and had an annual appraisal.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People felt the quality of the food was satisfactory. One person said "Food's alright I'm a bit picky. I don't like salad. I can choose more or less." Two people said the food could be a bit "stodgy " at times but said there were also always lighter options available. In the Oakview unit we observed chocolates and snacks were available so people could help themselves when they wanted to have something to eat.

We observed one person who had no appetite was encouraged to eat a fortified dessert to keep their calorie intake up. People were provided with adapted equipment to enable them to eat independently, and where necessary people were supported by staff to eat their meals. People had drinks available to them where they were sitting and staff prompted them and encouraged them to drink. Some people needed to have their food and fluid intake monitored to ensure they were receiving sufficient to eat and drink. Where this was the case staff completed food and fluid charts consistently.

Some people needed to have some of their nutrition and medicines via a percutaneous endoscopic gastronomy (PEG) tube. Where this was the case, staff demonstrated they had the skills and confidence to do this safely and contacted specialist health care professionals when more advice was needed.

We observed staff asked for people's consent before they assisted them and saw that people were given choices in their daily routines. The service was practicing in line with The Mental Capacity Act 2005 (MCA) which 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. Where required mental capacity assessments had been carried out in line with the MCA 2005 which were decision

specific. Where people did not have capacity to make specific decisions about their care we saw that people's relatives had been consulted as part of the decision making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager demonstrated an understanding of the safeguards and relevant applications had been submitted and some were waiting to be assessed by the local authority.

People's health care needs were assessed and documented. Nursing staff had regular meetings where nurses discussed and reviewed people's health needs such as weight, infections, falls and anyone who had needed to go to hospital. This helped ensure nursing staff were aware of any changes to people's needs and helped to ensure they were referred to external professionals where necessary, for example, staff referred a person quickly when they noted they were more agitated than usual. Staff supported people to keep health care appointments such as optician and dentists. The service worked collaboratively with other health and social care professionals for example they contacted the tissue viability nurse for specialist advice and support where they were concerned about the integrity of a person's skin. A GP visited a minimum of twice a week. We discussed with staff that one emergency medical kit was not well stocked and needed to be in better order. Staff confirmed this would be done.

Good

Is the service caring?

Our findings

People were treated with kindness and their privacy was respected. One person said for example that staff always knocked on their door and called out before entering. We also observed caring interactions with staff effectively engaging people by discussing things they knew were of interest to them. For example one member of staff talked about gardening and vegetable growing with a person. The staff member had a very relaxed informal manner and said they often stopped to chat with the person. Another staff member was looking through a book about local history with a person and was encouraging them to reminisce saying "Now you are teaching me things"

Staff knew and respected people's preferences, for example, one member of staff described how they encouraged a person to eat as healthily as possible but said that they also ensured they provided their favourite meal of fish and chips sometimes as well. One person did not like to eat in communal areas because they found this embarrassing and so staff ensured they provided the person's meals in their room.

People were called by their preferred names and their preferences for gender of the staff they wished to support them was known and respected.

Staff were mindful of people's comfort and wellbeing. Staff were observed to be reassuring and calming when a person became agitated. They noticed a person sitting near an open door and checked to ensure they were warm enough and got a blanket so they could remain in the fresh air which is what they wanted to do. Staff then checked whether other people were warm enough.

Visitors were made welcome and spoke highly about the staff and the atmosphere of the home. A relative said staff were always helpful and kind and they went above what was expected. Another relative said "It should feel like a home and it does. The carers are amazing. A further relative said, "They are very caring and loving in a way. I couldn't be more grateful. There is a good rapport between carers and residents, they treat them as a person, not a patient". They said they had been present at the recent garden party and described how staff had supported a family who had recently been bereaved. They said staff "were so approachable. It's not only the residents they look after but the families too".

People were encouraged to be actively involved in their care. They could bring in some of their own furniture and staff said they were offered a choice of wallpapers before they moved in to ensure their bedroom was decorated to their taste.

People were supported at the end of their life and their preferences and choices for end of life care were clearly recorded. Staff said they received good end of life training. We found where people were receiving end of life care staff understood their preferences and choices. This helped to ensure people received the care and treatment they wanted.

Good

Is the service responsive?

Our findings

At our last inspection we found improvements were needed to the environment of the Oakview unit. We found the temperature was not always monitored effectively and the environment was not very well adapted to meet the needs of people living with dementia. At this inspection we found improvements had been made. Staff were mindful to ensure each person was not too hot or cold and there were adaptations to help people orient themselves around the unit. Signage on doors of toilets was large and clear. Doors were painted different colours and some bedrooms had 'memory boxes. There was a sensory room in the main building which all people could use, which provided a calming environment.

People's health and care needs were assessed before they moved to Ashley Lodge and they, and their relatives were encouraged to visit to help to ensure the service would be appropriate for them. People were also provided with written information in the form of a welcome pack which described the aims and objectives of the service and what people could expect. This was available in large print if required.

Care plans were devised from the initial assessment of needs which identified people's strengths and abilities as well as discussing what people needed assistance with. These were reviewed regularly and mostly updated where necessary to help to ensure people maintained as much independence as possible whilst receiving consistent and appropriate support. Information about people was personalised and people's records contained information entitled "My day My life, My portrait". This detailed people's preferred daily routines and considered how to effectively communicate with them, for example what their first language was and whether they needed to wear glasses or use hearing aids. We observed staff communicated well with people, for example giving them a choice of meals by showing them pictures of the food offered where this was helpful.

One relative said staff had taken a while to provide their parent with their preferred routine but had recently improved upon this. They said, "I would give them four out of five." We observed staff respected people's preferences, for example one person liked to move around and this meant they did not always sit for long enough to eat. Staff had placed a chair along a corridor as they recognised the person sometimes got tired suddenly, so they needed to sit down. Staff had placed some snacks on a table along the corridor so the person they could eat when they wanted to.

One of the strengths of the service was the way in which it engaged with the local community There was a dementia café once a month in Oakview unit which was open to people who lived at the service, to people in the community living with dementia and any interested others. One person who lived at the service told us how much they enjoyed these occasions. There were also cake sales and garden parties to which local people were made welcome. Local school children were provided with work experience and we observed one supporting a person to complete a puzzle. The service had also recruited two volunteers. Staff maintained good links with local churches and community groups. A lack of minibus trips had been bought up at the residents meetings and the manager said this would be improved upon in the near future. There was a room available for activities which contained recent art work.

The main garden included sensory items such as wind chimes, spinners, raised beds with colourful plants. Paving was level for easy access and in warm weather tables were taken outside so that people could eat their meals outside.

One staff member described how they she worked with people to plant seeds and tend plants. There was an old fashioned washing line where people were encouraged to hang out small items to dry.

People said they would be confident to raise a concern or a complaint and they were confident they would be listened to. Where people had made a complaint they were satisfied it had been managed promptly and thoroughly. Records had been kept of complaints made, and these contained information about what action had been taken where necessary to reduce the risk of the concern happening again.

Good

Is the service well-led?

Our findings

People spoke highly of the manager. People who lived at the service said they would be able to speak with him as he walked around the home several times a day. We observed the manager responding to a person who had pressed their call bell and saw they spent some time with them reassuring and putting them at their ease. Relatives said they had confidence in the manager and where he was leading the service. A visiting professional described him as very effective and inclusive.

The manager, who was applying for registration with the CQC was supported by a clinical lead nurse. They both demonstrated a good understanding and knowledge of people's needs. There were a number of senior staff who took responsibility for leading shifts staff said of them "they really want to make a difference"

People described an open culture where their views were encouraged and listened to.
People and their families were asked for their input regarding the planning of their care and there were resident and relatives meetings held to share information about the running of the home. For example, issues discussed the most recent meeting held in June 2016 included improvements made to the garden, staffing levels and the use of agency staff and that the chef was going to visit everyone to discuss their dietary needs.

The provider had the Investors in People Award which is the recognised standard for people management. Staff said it was a nice place to work. They had regular meetings. Night staff meetings were held during the evening to make it easier for them to attend. Good practice by staff was recognised and rewarded with cards and chocolates. There were also other meetings held within the home to ensure different staff such as caterers, domestic and nursing staff coordinated the care and support provided. Nursing staff met weekly to ensure people's health care needs were known and staff were up to date with any changes.

The service had good systems in place to assure they delivered care and support of a good quality. Observations took place in communal areas to asses how effectively staff were interacting with people and records were regularly checked to ensure they remained up to date. A monthly review the service was carried out by a senior manager. This considered all aspects of the care delivered, the appropriateness of the environment and the suitability of staff. An action plan was drawn up following this review with clear timescales which the service worked to achieve.