

Mauricare Limited

# Ashby Lodge Residential Home

## Inspection report

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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

Ashby 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.

Ashby Lodge can accommodate up to 22 people. Accommodation is based over two floors. The home is situated in the Outwood area of Wakefield within reach of local shops and public transport. At the time of this inspection, 20 people were living at Ashby Lodge.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

Our last inspection at Ashby Lodge took place on 15 and 19 May 2017. The service was rated requires improvement overall and we found two breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 12 Safe care and treatment and Regulation 17 Good governance.

Following the last inspection, we asked the registered provider to send an action plan to show what they would do, and by when, to improve the key questions safe and well led.

This inspection took place on 10 July 2018 and was unannounced. We found sufficient improvements had been made to meet the requirements of Regulations 12 and 17 and we did not identify any further breaches. There had been enough improvements to increase the rating to good in all key questions.

The home was welcoming and friendly. People and relatives spoke positively about the standard of care people received and staff were respectful and caring in their approach.

Staff were aware of their responsibilities in keeping people safe. Systems and processes for the safe management of medicines were in place.

There were robust recruitment procedures and sufficient staff to promote people's safety. Staff were provided with relevant induction, training and supervision so they could support people effectively overall.

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.

People's care records contained relevant information to inform staff and were regularly reviewed to ensure they were up to date.

The environment had improved since the last inspection and there was ongoing refurbishment, although we made a recommendation for the 'far' lounge to be made more accessible and welcoming to people.

People were confident in reporting concerns to the registered manager and felt they would be listened to. The complaints procedure was displayed prominently, although there had been no complaints recorded.

There was clear communication between staff and families and the registered manager was actively involved in people's care.

There were quality assurance and audit processes in place to make sure the home was running well, although we recommended the registered manager received more formal support and supervision from the registered provider. Policies and procedures were available to staff to support them in their work.

## 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.

Improvements had been made to risk assessments since the last inspection and these were clear and detailed.

Systems and processes had been improved to ensure medicines were managed safely.

People said they felt safe and staff understood how to support them and help them manage their individual risks.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through supervision and training.

People's rights were promoted and staff supported people's choice

People nutritional and hydration needs were met.

### Is the service caring?

Good ●

The service was caring.

There were kind and supportive relationships between staff and people who lived at Ashby Lodge.

People said they felt well cared for and were happy.

Staff promoted people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

Care records had been improved and they were more person centred and accurately completed.

People were meaningfully engaged in activities of their choice.

There was a clear complaints procedure and people and relatives said they understood this.

**Is the service well-led?**

**Good** ●

- The service was well led.
- There had been action taken to address the issues from the last inspection.
- The registered manager had a clear overview of the service and the strengths and weaknesses of the provision.
- There was good communication within the home and the registered manager had an open door policy.

# Ashby Lodge Residential 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.

This inspection took place on 10 July 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about Ashby Lodge, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which was submitted before the inspection. 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 contacted Wakefield local authority and other stakeholders to obtain their views of the service. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During our inspection, we spoke with four people to obtain their views about the service. We spoke with one relative at the time of the inspection and two relatives by telephone afterwards to obtain their views of the care provided. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were caring for. We spoke with the registered manager, two care staff, the cleaning staff, cook and maintenance staff. We looked around different areas of the service, which included communal areas, and some people's bedrooms. We looked at four care records and documentation to show how the service was run.

# Is the service safe?

## Our findings

At the last inspection this key question was rated requires improvement. This was because individual risk assessments were lacking in detail and accuracy and there were weaknesses in the management of medicines. At this inspection we found sufficient improvements had been made to change the rating to good.

People were protected from abuse because staff understood safeguarding procedures and they were confident to identify and report concerns. Staff knew the individual risks to people and they supported them to stay safe, whilst promoting their independence.

There were enough staff to support people in the daily tasks and in conversation and people told us they felt safe. One person said, "They know how to make sure I don't fall" and one person's relative said, "This place is the safest place for my [family member] and I have peace of mind they are looked after well". One relative we spoke with on the telephone said, "There are always enough staff, nothing is too much trouble. I have seen many occasions when staff have taken time to sit and chat with people, that's really important."

We saw there was a traffic light system for assessing people's dependency which the registered manager said was used to ensure correct staffing levels were maintained.

Staff rotas showed the home was consistently staffed and there were additional staff employed to do cleaning, cooking and maintenance. We spoke with the registered manager who told us they were confident staffing levels met people's needs. We looked at two staff files and saw safe recruitment procedures had been followed with appropriate checks to ensure staff were suitable to work with vulnerable adults.

Medicines were managed appropriately. We saw improvements had been made to ensure they were securely stored and accounted for. We checked a sample of medicines and saw these had correct stock balances and recording was clear. We checked people's medication administration records (MARs.) These had been fully completed. The MARs held details of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines stored corresponded to the medicines recorded on the MARs. This showed safe procedures had been adhered to. Staff took time to support people with their medicines and gave explanations about what the medicines were for.

The home was visibly clean and staff understood how to prevent the spread of infection. However, we noted there were odours in two people's rooms and we discussed this with the registered manager. They told us they were aware and these rooms were being prioritised as part of the ongoing refurbishment programme. There was plenty of personal protective equipment (PPE) such as disposable gloves and aprons for staff to use to minimise any infection risk, and this was used appropriately.

Risks were appropriately managed, for individuals and within the premises. We saw risk assessments were clear in care plans and these were regularly reviewed. Documentation to show how the premises and equipment were maintained was clearly filed and up to date. We saw records which showed lifting

equipment, such as hoists and the passenger lift were maintained. However, there was no lifting operations and lifting equipment regulations (LOLER) certificate available for the passenger lift. The registered manager contacted the contractors to obtain this certification. We recommend the required certification is maintained on the premises in line with the LOLER regulations.

We saw when staff were using the hoist to move people they were careful and patient, making sure they used the correct attachments for the sling to the hoist and offering plenty of reassurance. When appropriate, staff engaged in friendly banter and humour when supporting people, and referred to the hoist and wheelchair as their taxi, which people enjoyed. Moving and handling care plans were detailed for staff to understand people's needs. Staff motivated people to be as independent as possible. We saw one member of staff supported a person to stand and said, "Come on, girl power, you can do it". The person stood with minimal help and smiled.

Accidents and incidents were recorded and the registered manager had oversight of these, although analysis was not always very detailed. Body maps were used when people had injuries and these were detailed well.



## Is the service effective?

### Our findings

At the last inspection we rated this key question as requires improvement. This was because records were inconsistently completed about people's mental capacity. At this inspection we found this had been addressed and there was clear recording and improved understanding of the legislation.

People and the relatives we spoke with told us they thought staff were good at doing their jobs. One person said, "I have no worries, they know what to do for me" and another person said, "I trust they know what they're doing." One person's relative said, "The thing is, I can see they know what they're doing for [my family member] and that's why I can settle, knowing they're in good hands."

People's care was assessed and reviewed regularly to make sure their needs were being met. Records showed evidence of regular reviews and the registered manager had a clear oversight of people's needs. One relative we spoke with said, "I noticed my [family member] was not quite right one day and I told the manager. They said they would arrange for the GP to do a review straight away, and they reassessed them." Another relative said their family member was fully involved in all discussions about their care.

We looked at the training matrix which showed staff training was up to date and staff told us they felt skilled and supported to do their work. Competency checks were carried out with staff to assure the registered manager of staff practice. We saw some people in the home were living with dementia and staff supported them generally well, although not all staff responded fully to support one person who was very confused. The training matrix showed staff had completed dementia awareness although we recommend staff undertake more detailed training in dementia care to be able to more effectively support people. Staff said they had regular supervision and we saw a supervision matrix which confirmed these were held at frequent intervals. Staff meetings took place and the registered manager said they tried to make sure all staff were involved and informed about relevant matters. We saw the registered manager worked alongside staff to support people's care and it was evident they knew people's needs.

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

Consent to care and treatment was sought in line with guidance and legislation. People's rights were promoted and staff supported people's choice, encouraging them to express their views about their care and support.

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. Appropriate documentation was in place and staff understood the legislation in support of people's rights.

One relative we spoke with told us, "We had to have a best interest meeting which involved [my relative], the home and other professionals. We felt involved and included and our views were taken seriously."

People told us they enjoyed their meals and we saw there was sufficient choice for them. People were asked just before each meal what they would like to eat and staff made sure they were given what they asked for. One person said, "I love the food" and another said, "It's adequate but if I don't like it I tell the boss". One relative said the food was good enough most days but on occasion the choices were limited and basic. Another relative said, "Once, my [family member] fancied liver, so the manager cooked it especially for them."

We spoke with the cook who told us they worked closely with the care staff to make sure meals were adapted to suit people's preferences and dietary needs. Most people sat together in the dining room, although some people chose to eat privately in their room. Staff respected their preferences. We saw people had access to drinks and the registered manager informed us they made sure people were hydrated, particularly in the very hot spell of weather they were experiencing. They said they provided drinks as well as ice lollies to encourage people to take fluids. We saw photographs which showed people outdoors, under parasols enjoying ice lollies.

We saw from people's care records and what people told us, other professionals were involved in individuals' care. For example, we saw records of district nurse and GP visits as well as hospital appointments attended.

Since the last inspection we saw there had been some improvements to the decoration of the premises and the provider had obtained new lounge furniture for people. We saw some old items stored outside, which the registered manager said were awaiting collection for the tip. Some redecoration was taking place during the inspection and the maintenance staff said it was important to keep the home freshened up, so they were brightening the paintwork with new paint. The registered manager was aware where further refurbishment was needed, for the premises and equipment. They told us this was a rolling programme of work and they would make sure this received due attention. As at the previous inspection, the far lounge was not used and there was potential for this room to be valuable living space. The registered manager told us this was still under consideration. We recommend the provider gives some time to review the use of this space in order for people to have maximum benefit from all areas of the home.

## Is the service caring?

### Our findings

People told us they felt staff cared for them and we saw many examples of positive interactions between staff and people who lived at Ashby Lodge. One person said, "I'm happy, all the time here." One relative said, "The staff always take time to care, they are so loving and caring and they have unlimited patience. They do not just care about the people who live there, but their families too. Nothing is too much trouble."

The home was welcoming and friendly. One relative said, "It's quite old and it's not purpose built, but it's homely, it's not about the appearance. My [family member] said it was their 'Ashby Lodge home'. We saw the front lounge was well used and people spent much of their day in there, chatting to one another or watching television.

Staff spent time with people, speaking with them about things which mattered to them and actively listening to what people had to say. We saw staff greeted people by their preferred name and always with a smile.

Staff respected people's privacy and dignity, they were discreet when supporting people with personal care or continence needs and they ensured people had privacy in their own rooms and bathrooms. We saw staff included people in conversation and they were respectful and pleasant in their approach. If people needed additional support, such as with cutting up their food, staff were sensitive and asked them discreetly if they would like help. The registered manager told us they were introducing dignity champions into the home as part of staff's developing roles.

From our discussion with staff we found they had a good understanding of people's individual care and support needs overall. We saw when one person became agitated, staff held their hand and suggested a walk round the garden, which helped them to feel happier. We saw people spontaneously hugged staff and staff responded warmly. Staff we spoke with told us the best part of working in the home was the people. They said they would be happy for a relative of theirs to live at Ashby Lodge.

# Is the service responsive?

## Our findings

At the last inspection we rated this key question as requires improvement. This was because care records lacked detail and there were contradictions in what was recorded. At this inspection we found care records were complete and up to date, and were much more person-centred. The registered manager told us they had worked to improve the care records since the last inspection.

We reviewed care records for four people and found personalised information, such as 'This is me. My care passport' with key information should a person need to go to hospital. There were pen profiles containing individual information, such as how people's memories from the past linked to their present experiences.

Staff we spoke with said they knew what was in people's care records and they referred to these when necessary. Care records were easy to follow with information clearly documented and updated.

We saw care was responsive to people's needs. Staff knew each person well and their preferences for care. For example, staff told us which people liked to stay in their own rooms and we spoke with one of these people. They told us, "They know me well. They know I like to be in my room and if I need them I call them. That's how I like it." We saw staff provided care for people in keeping with what was written in their care plans. Staff knew what people's previous occupations were and used this information in conversations with people. Staff were respectful of people's wishes, religious and cultural beliefs and these were noted within care records.

One relative said their family member had only gone into the home for a short stay while their own home was being decorated, but they had enjoyed the care so much they asked to stay permanently. Another relative said, "[My family member] gets just the right care here, this is the best care for them."

Throughout the inspection, we heard staff constantly ask people about their preferences and choices regarding their daily living activities. People freely moved around the home and made their own choices, such as whether to go out in the garden or stay indoors. One person wanted to sit outside in the sunshine and staff asked if they would like to wear their hat, and reminded them to drink plenty.

People told us they had enough to do to keep them occupied. We saw photographs which showed there had been a visit from a group of local children, which people told us they enjoyed. The children had been involved with the people who lived at Ashby Lodge through activities such as planting flowers. Staff showed us individual scrap books which were being developed and contained photographs of people engaged in various activities, such as arts and crafts and outdoor events. On the day of the inspection we saw staff engaged in activities with people, such as board games and dominoes.

We saw the registered manager asked people if they would like any books from the mobile library and said they could access books in large print for people. We saw the registered manager selected a range of resources from the library and made these accessible for people to use.

We spoke with one person who told us they were waiting for a friend to take them on an outing and we saw another person went out with their family. Relatives told us they were able to visit at any time. One relative said, "I can come over whenever I like, there are no restrictions." Another relative said, "They are really accommodating. I am able to visit no matter what the time is."

People told us they knew how to raise a complaint if they felt this was necessary but they said they had no need to complain. They told us the registered manager was approachable, as were the staff and they felt able to speak with them at any time. We had been made aware prior to the inspection one family had been unhappy with aspects of the care provided. We spoke with the registered manager to see if this had been recorded as a complaint. They told us although they were aware of the matter, it had not been logged as an official complaint. The registered manager said they would give consideration to how future matters would be recorded in order to be open and transparent about any actions taken and lessons learned.

We saw a compliment displayed which gave praise to the staff for the way they had managed a person's care at the end of their life. Another relative said their family member was treated with kindness and compassion at the end of their life. They told us staff gave daily updates to keep the relatives informed about how each night had been for their family member and they said staff had gone 'over and above' what was expected of them. They told us "They [Staff] were there for us too." The registered manager told us they were planning to develop staff training to include a higher level of end of life training to be more responsive to people's needs.

# Is the service well-led?

## Our findings

At the last inspection we found audits were not robust enough to identify where there were shortfalls in the quality of care. We saw the registered manager had responded to the issues raised at the last inspection and had worked to ensure the breaches in regulations had been addressed.

The manager was registered with CQC. 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.

There was an inclusive culture at the service. Staff we spoke with were fully aware of their roles and responsibilities and the lines of accountability. The registered manager kept an open door and we saw people, staff, relatives and visitors freely entered the office.

People told us they knew who the registered manager was and they were frequently available and involved in people's care. People and relatives said the home was well run. One relative said, "[The registered manager] runs it quite well." Another relative said, "There is a good manager and good communication. We are always kept up to date. Staff have a good attitude, even when they are busy."

One relative told us, "I liked it when we wanted to visit and they told us to just turn up, no need for an appointment, they were very open and welcoming." Another relative said they had called without making an appointment and a member of staff had welcomed them in immediately. They said, "That shows, they were happy for us to see what it was like, they weren't hiding anything, we looked all around the home".

The registered manager told us they felt supported by the provider and there were regular visits and communication for them to be able to run and resource the home effectively. The registered manager told us they linked with registered managers from the provider's other homes and attended meetings to discuss practice. We found the provider was in regular contact with the registered manager and there were records of their frequent visits to the home. However, there was no formal supervision in place for the registered manager. We recommend the registered manager seek supervision from the provider to ensure their continued professional development.

We saw evidence of close working in partnership with other professionals, such as social workers, the pharmacist and community healthcare teams. The registered manager was positive about working together with others to improve outcomes for people.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted. Documentation was clearly filed and mostly up to date, although we saw some occasional references to the home's former name, which the registered manager assured us they would amend.

We saw evidence of regular audits which identified areas to improve and showed when action was taken to address any shortfalls. The registered manager had a clear oversight of the quality of the service and there were systems and processes to assess and monitor how people's care was delivered.