Ashton Lodge Limited

Ashton Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Ashton Lodge Nursing Home provides accommodation, nursing and personal care for up to 100 older people, who may also be living with dementia. People in care homes receive accommodation and nursing 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 accommodation is set over two floors with communal lounge and dining areas. On the day of our inspection 93 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

Risks to people's safety were not always identified and staff were not always provided with sufficient information in order to help keep people free from risk. Staff did not always follow good infection control procedures and there was a lack of deployed staff to meet people's needs at particular times of the day.

People were cared for by staff who showed kindness, care and attention. People were supported to remain independent and maintain relationships that were important to them. People were supported to access healthcare professionals when needed and were helped to remain healthy. People's needs were assessed before they moved into the home to help ensure staff could meet their needs. People had access to a range of activities within the home.

Where people lacked capacity to make decisions we found that staff had followed the legal requirements in relation to consent. Staff were aware of their responsibilities in relation to safeguarding. However, following our inspection we were notified of a serious safeguarding concern involving one person sustaining injuries. There was person-centred information in people's care plans to help ensure people received responsive care. Where people were on end of life care staff involved appropriate agencies.

People had been given information on how to make a complaint and people and relatives told us they were confident any concerns they raised would be addressed by the registered manager. We were given positive feedback about the registered manager and the impact they had already had on the home and staff. People and relatives were encouraged to be involved in the running of the service and the registered manager was keen to include everyone in changes for the better.

The registered manager had a clear vision for the service and there was a strong management structure in place. Quality assurance monitoring processes were in place and where actions were identified these were logged and monitored for progress. Staff felt supported by the registered manager and the registered manager worked with external agencies to help ensure people received appropriate care. This included following national guidance.

People received the medicines they required as well as sufficient food and drink. People were cared for by staff who had appropriate training and had been recruited through robust recruitment processes.

As a result of our findings we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made one recommendation to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were not always identified or guidance in place for staff to keep people safe from risk.

There was a lack of suitably deployed staff to meet people's needs.

Staff did not always follow good infection control processes.

Staff were aware of their responsibilities in relation to safeguarding.

People's received the medicines they had been prescribed.

Staff recruitment processes helped to ensure only suitable staff worked at the service.

Is the service effective?

Good

The service was effective.

Mental Capacity Act assessments and best interests decisions had been made for people in line with the legal requirements.

Staff had access to appropriate training for their role.

People were provided with the food and drink of their choice.

People's needs were assessed before they moved in to Ashton Lodge.

People were supported to access the healthcare services they required.

Staff followed current legislation to deliver care and treatment.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff who supported them.

Staff treated people with dignity and respect and we received positive feedback from people and relatives about staff.

People were encouraged to be independent and were treated with respect and dignity by staff.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and contained sufficient information to help ensure people received responsive care.

People had access to a range of activities.

People felt confident to raise concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not wholly well-led.

The breach of regulations in Safe meant we could not award a 'Good' rating in Well-Led.

The manager had a clear vision for the service. They worked well with external agencies and there was a clear management structure in place. However, it was too early to check whether or not improvements would be sustained.

Internal auditing and monitoring took place and actions identified and followed up.

Staff were involved in the running of the home and felt the manager was making a positive impact.

People and relatives were invited to give their views and feedback about the service.

Ashton Lodge Nursing 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 was a re-inspection of this service to check whether the provider was 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 16 February 2018. The inspection was carried out by three inspectors, a specialist nursing adviser and an expert by experience. An expert by experience is someone who has experience of this type of care setting.

Our inspection was partly prompted by some information of concern that we had received about the service. We therefore carried out this inspection to satisfy ourselves that people were not at risk.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also spoke with the local authority in relation to the service.

We had previously requested a Provider Information Return (PIR) which the registered provider submitted to us in December 2016. 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 did not review the PIR as part of this inspection.

During our inspection we spoke with 10 people, nine relatives and two visitors. We also spoke with seven staff, a visiting healthcare professional, the manager, the provider's clinical lead and the provider's area manager. We also reviewed a variety of documents which included the care records for 15 people, four staff files, medicines records and other documentation relevant to the management of the home. This included

quality assurance, complaints, staff rotas and notes from meetings.

The last inspection to this service took place in November 2016. At that inspection we rated the service Good overall but gave the registered provider recommendations in relation to activities and complaints.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Ashton Lodge. One person said, "I feel very safe here and do not feel threatened by anything." Another person told us, "I feel safe here and would speak to the manager if I was concerned." A relative said, "It's safe. I have trust in the staff that work here." Another relative said, "My mother is very safe here and I can talk to [staff name] the first-floor lead at any time."

People may not always have been kept free from risk as staff may not always follow best practice and information relating to some people's risks was missing. We noted that a tin of thickening powder prescribed for one person was left unattended in the lounge for the whole morning. Although people had not come to harm because of this because we did not see anyone attempting to pick it up and inadvertently ingest it, the thickening powder was not being stored in line with an NHS England safety alert in 2015 that recommended that thickening powders should be stored securely, out of reach of people. Following our inspection we received evidence from the service that all staff had been notified of the safety alert and as such this was an isolated incident and staff were reminded of the need to ensure thickening powder was stored safely. One person's risk assessment was contradictory in that it identified that they both required and did not require bed rails to prevent them falling out of bed. We noted in another person's audit of their care plan the reviewer had written, "All risk assessments must be completed. It is not acceptable that these are missing…Urgent." A third person had a visual impairment, however their care plan recorded nothing about their blindness, or how this may affect their safety in the home.

During the morning we witnessed two separate incidents between people. In the first instance the person who instigated the incident was recorded as, 'can be verbally and physically aggressive to staff'. We saw staff intervene and quickly calm the situation. We spoke with staff about this incident as this person had a risk assessment stating that staff should record all behaviours on a behaviour chart. There was no chart on record and the nurse told us they had not needed to complete one. In the second incident we observed a person being verbally aggressive and intimidating to another person. There were no staff in the room when this happened and we had to intervene before fetching staff. One of the people involved in this incident was recorded as having, 'challenging behaviour'. We saw from their ABC charts that there had been incidents relating to this person however their care plan review recorded there had been none. This person was known to exhibit such behaviours and as such their care plan stated, '(staff) will always know her whereabouts and monitor her at regular intervals to ascertain her whereabouts at all times'. However, we found this had not happened on this occasion as there was no staff in the lounge area. Following our inspection management confirmed that staff did monitor this person's whereabouts but tried to do so unobtrusively. A third person was known to display, 'inappropriate behaviour' however we found a lack of risk assessment in relation to this in the person's care plan. We raised this with the manager during our inspection who addressed this.

Following our inspection we were notified by the provider of a serious safeguarding concern involving one person sustaining injuries. There is an on-going investigation and the provider has provided an action plan to address the concerns raised. We will monitor the outcome and take appropriate actions as necessary.

Infection control procedures were not always followed by staff. We asked staff where they would wash their hands if they used the sluice rooms. One staff member who told us, "We come and use the bathroom opposite to wash our hands." Another staff member also said, "We don't really use the sluice room (sinks)." Staff told us that every person had their own sliding sheets. They said, "They have their own personal sliding sheets in order to protect them from cross infection." However, we observed that staff did not apply the same rule when using slings as people shared slings on the day. We saw staff hanging the slings after use ready to be used by the next person. We asked staff about the use of slings. One staff member told us, "Residents don't have their own personal sling and we use the slings that are hanging in the (sluice) room." We asked staff how they knew they were clean and a staff member said, "You can see when they are clean and we would wash them when they are dirty – when they look dirty and smell." This practice exposed people to risk of cross infection. We fed this back to the manager at the end of our inspection who told us that more slings had already been ordered as this had been raised at a recent team meeting. Following our inspection they sent us evidence of this. Staff told us that they used gloves and aprons when carrying out personal care and we did not have any concerns about malodours or cleanliness in relation to the environment. Relatives told us they had always found the home to be clean and had no concerns. One relative said, "It's ever so nice and clean here." Another told us, "I'm fussy and I come in every day. It is so clean so I am very happy."

The lack of identifying and recording risks posed by people and poor infection control procedures was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find risks to other people had been identified however and staff took appropriate action or were knowledgeable about them. We did read that one person was at risk of choking and they had a risk assessment in relation to this which advised staff to ensure this person was sitting upright and fed with a teaspoon. We asked staff about this person and they were able to tell us they needed to use a teaspoon. Other people had risk assessments for falls and bed rails. At lunch time we saw one person who had a visual impairment walking out of the dining area. A staff member intervened and reminded them to walk slowly so they would not fall. Another person had a stair gate on the door to their room and we saw a safety gate risk assessment had been undertaken.

Deployment of staff meant that at times people did not receive the support they required. We observed times during the day when there was a lack of suitably deployed staff. During the morning 13 people sat in the main lounge downstairs. 10 people were sitting together involved in an activity. However, we observed three people who were sitting to one side asleep. During our time in the lounge (10:20 to 11:50) we did not observe any of these three people receive any interaction from staff, other than to rouse them to tell them there was a cup of tea being put down in front of them. During lunch on the ground floor we saw that two people had hardly touched their food. We read their care plans and noted they needed, 'supervision and prompting to eat'. There was one staff member who occasionally went up to both of these people individually and reminded them their dinner was in front of them. However, one person just nodded off when the staff member left them. Another person sat until 13:25 to receive their lunch. This was because they required assistance to eat and the two staff members who were assisting people were busy with others. This meant this person sat and watched other people have their main course and pudding before they had even started their lunch.

At lunchtime in the upstairs dining room we observed a similar situation. We sat in the dining room at 13:05. Eleven people were sitting at tables and 13 people were sitting in lounge chairs, all waiting for their lunch. By 13:20 some people had been given and had finished their meals. We also saw three people asleep in chairs and a further person asleep in a lounge chair in front of an untouched meal. A staff member told us, "At lunch time we have to feed people in their rooms and in the lounge. It's hard to get to them. People can go

where they want but we encourage them to sit in the lounge. It is hard to give people one to one who need it." They added that if a member of activities staff did not help in the morning for breakfast it would be a struggle to serve everyone and that a relative provided a lot of one to one support on visits that staff would be unable to fulfil themselves. Following our inspection management explained that due to the nature of dementia, it took some time for everyone to be supported to eat.

A relative told us, "If you come here later in the day, you can't always find them (staff)." A staff member told us, "We give them a wash and food. We don't have time for a one to one. We should have time." Another member of staff said, "We have a lot of people with challenging behaviour. I think they need to look into this rather than just looking at the number of people to number of staff."

The lack of suitably deployed staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by staff who had undergone safeguarding training. We saw that the service held a safeguarding policy and we asked staff how they would respond if they suspected abuse. A staff member told us, "I'd observed them and check if they were the same as yesterday and look for bruises and things. I'd alert the nurse and check records. I'll call the manager or ring the council, the police or CQC." Where accidents and incidents had taken place these were recorded and the registered manager talked to staff as a whole about complaints and how they could learn from these and improve their practices.

People received the medicines they required as safe medicines management procedures were followed. Medicines were ordered well in advance and were stored safely in a locked cupboard. The records showed that the room and fridge temperatures were taken twice daily to help ensure that medicines were stored in line with the manufacturer's instructions. Each person had a Medicines Administration Record (MAR) and we saw no gaps on these records. A staff member said, "I prioritise residents on time-specific medicines for those with diabetes and Parkinson's disease and epilepsy and do them first." A relative told us, "She receives her medicines on time." A healthcare professional told us, "I do spot checks and an annual audit; generally they are pretty good and look after medicines well here. [Clinical lead] and [manager] are both looking for good patient outcomes."

During the inspection we noted that staff were not recording the administration site for people who were on transdermal pain patches. People should have an application record completed (TPAR) which gives evidence of removal as well as administration of patches. We spoke with the registered manager about this. Later, during our inspection the clinical lead was able to demonstrate to us that they had met with the pharmacist earlier in the week and as such TPAR records were being introduced.

People were cared for by staff who had been through a robust recruitment process. We found staff completed an application form which detailed all their previous employment history. References were sought and a Disclosure and Barring Service (DBS) check undertaken. A DBS determines whether or not someone is suitable to work in this type of setting. We also found the registered provider checked that people had the legal right to work in the UK.

Good

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge required of their role. People told us that staff knew how to carry out tasks correctly. People who required assistance with a shower told us that they were very happy about the way the staff carried these out. A relative told us they felt staff were trained. They said, "Yes, especially in an emergency; they have the right knowledge."

A staff member said, "We did training in caring for people living with dementia." They told us the training had taught them to learn more about people's backgrounds and their likes. The nursing staff told us they had on line training and competency training in medicines management. A nurse told us, "No one is allowed to administer medicines unless they have completed the e-learning and have undergone a competency test." Staff were very knowledgeable about the use of hoists. One staff member told us, "We always have at least two staff when we use the full body hoist and we use sliding sheets when repositioning residents." Another staff member said training was regularly refreshed and they had regular supervision which gave them the opportunity to meet with their line manager to discuss all aspects of their role. They said, "We talk about the home and any difficulties. We also have regular case discussions where we talk about incidents and bring real life examples from the units."

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 when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were following the principals of the Act and found they were. We noted mental capacity assessments had been carried out for people living in the home and for people having bed rails. Attached to these was evidence of best interests discussions. One person was on covert medicines (medicines disguised in food). There was a mental capacity assessment, best interests decision and information from the pharmacist and GP on how the medicines should be given. We also saw appropriate DoLS applications had been made to the local authority.

People had access to health professionals when they required it to help ensure they remained healthy. We saw evidence that people were seen by the GP who visited the service on a weekly basis, or more often if required. One person had become unwell, becoming, 'very sleepy and not swallowing anything'. We read that staff had rung the GP and as a result this person was admitted to hospital for a short spell. Another person had been referred to the tissue viability nurse and their care plan had incorporated their recommendations. Photographs were taken monthly and wounds assessed every time dressings were changed. A relative told us, "My husband has had very good care. He had lost a lot of weight in hospital and the home got a nutritionist to visit who was very helpful and he is putting on weight." Another relative said, "Not long after he came in he had a chest infection. The GP came straight away and put him on antibiotics

and they let me stay the night here. I sat in the chair and they (staff) looked after me."

People were supported to maintain good health. Where people were at risk of malnutrition they were weighed weekly and if necessary referred to the dietician and examined by the GP. Fortified foods, food supplements and extra snacks were introduced to help people's weight stabilise. The registered manager told us between them and the clinical lead they had reduced the number of people who were on anti-psychotic medicines and this had had a positive effect. A healthcare professional told us, "They are good at asking whether people actually need the medicines, such as when [medicine name] had not been used for many months, they prompted a GP review."

People's needs were assessed before they moved into Ashton Lodge to help ensure staff had the appropriate skills to care for the person. Pre-admission assessments were detailed, covering the person's medical history, the reason they required care and what care they would need. One person's assessment captured their medical history as well as that they required support with most personal care tasks. There was a copy of their placing authority's assessment which provided a lot of information. The assessment was used as a basis of their care plan.

Staff used national guidance to assist them in providing effective care. The clinical lead told us they had downloaded the recent National Institute of Clinical Excellence (NICE) guidance on weight monitoring and as a result had reviewed people's body mass indicator charts in line with this. They also told us they referred to the Surrey Choking Prevention Policy for people's nutritional care plans. We saw nurses used a copy of the latest British National Formulary guidelines for the administration of medicines.

People told us they generally enjoyed the food and said they had a good choice. One person told us, "The food is very good." Another person said, "I enjoy the food and can always request something else if I don't like the menu." We saw this happen on the day when one person asked for a jacket potato rather than choosing from the two main meals. Another person said, "The food's lovely here, you can pick what you want." A relative told us, "The staff are very good at encouraging my husband to eat his pureed food." Another said, "He has his meals in his room and they (staff) feed him and encourage him." We saw people's care plans contained information about people's food preferences. One person's recorded they did not like pasta and another that they liked fish and chips and English breakfasts. A staff member told us they used 'visual plating' for people living with dementia to show people plates of food so that they could make an informed choice, however we did not see this happen on the day. We spoke with the registered manager about this at the end of our inspection who told us this should have happened and said they would follow this up.

Good

Is the service caring?

Our findings

People told us they were cared for by caring staff. People gave us positive feedback about staff and how they were looked after. A relative told us, "Staff talk to him (family member) in a pleasant way."

People were treated with kindness by staff. We observed staff spoke to people in a gentle manner, they listened and allowed people time to respond. During the morning a staff member came into the lounge. They said hello to everyone and commented to one person how nice their hair looked. A relative told us, "They (staff) are all so caring, deeply committed." Another told us, "They are chatty and bright carers." We saw a person return from a hospital stay during the morning. They looked happy to see staff and we saw a staff member give them a hug and make a cup of tea for them. A relative told us about their family member's job and that staff talked to them about it. They told us staff knew them well and described how they had travelled a lot. We saw the memory box outside of their room had photographs of planes and described his job and travelling. A staff member told us, "I like working as a family. We share ideas together and the best thing is the relationship we have with the residents."

Staff communicated well with people. One person shook hands with a staff member when they said hello. It was evident that this was their way of communicating with staff as they were non-verbal. This person's care plan stated, 'stay face to face with [name] when communicating' and we saw this happen when the staff member crouched down to be at the person's level. Another person told a staff member they were feeling unwell and the staff member fetched a thermometer to take their temperature. Once they had done this and checked the temperature they returned to the person to confirm it was okay.

People were encouraged to be independent. One person told us, "I am able to do a strip wash myself, but staff help me to have a shower twice a week." We observed one person very involved with the activities co-ordinator to the point that we thought they were a member of staff. This person told us how they liked helping out and it was clear they were happy doing so. A staff member told us, "I go to the wardrobe and let them (people) make a choice of outfits. Even if they can't talk, they can smile when you pick the right one."

People were treated with respect. Staff told us how they cared for one person. They said, "Two of us washed her. We changed her clothes. She is blind in one eye and cannot see properly so we described the clothes to her (so she could choose)." One person told us, "I have my care according to what I like. The staff always inform me before doing anything and check afterwards whether have done it to my satisfaction. Respect given, respect earned. They show me a lot of respect and I have a lot of respect for them." One relative told us, "When they are changing him they always pull the curtain and shut the door and they are never rough with him."

People were encouraged to maintain relationships that meant something to them. We observed visitors coming in and out of the home throughout the day. One relative told us, "We are always welcome here, any time of day or night. We are able to take my husband out for a trip at any time." Another said, "Even if they (staff) are just passing they always wave and say my name." A third relative told us, "I visit my wife every day from morning to afternoon. I get involved in everything."

Good

Is the service responsive?

Our findings

At our inspection in November 2016 we made a recommendation in relation to activities as there was a lack of social activity going on for people. At this inspection we found things had improved. During the morning an activity co-ordinator sat with several people and read them a modern version of Cinderella. They used the story to ask questions and engage people and we heard them cover a range of topics during this time. A staff member told us the best thing about Ashton Lodge was, "The activities." They told us group and individual activities took place regularly. Several people told us the home had arranged a Valentine's meal for people and their family members. They said it had been very successful. One person told us, "Valentine's Day was absolutely brilliant. [Activities co-ordinator] really does work hard. If you ask her for anything it's instant." As a result of this event relatives had asked to set up a support group and the registered manager was in the throes of doing this. People's individual interests were recognised by staff. A staff member told us that one person had been a trumpet player in the army and they had sourced special CDs and books for this person to listen to and read. Other activities included baking, arts and crafts, massages and relaxation, quizzes, bingo and sing-a-longs. A relative told us they had recently celebrated their Golden Wedding anniversary at the home. They said, "They (staff) really pulled out all the stops. It was better than our wedding."

People told us they received the care they wished for. One person said, "I can't ask for better. The care I receive fits in with the routine I prefer." Similarly another person enjoyed their care in a timely manner. Staff attended to their personal care before their husband arrived, making sure they were comfortable and well dressed. As a result their husband showed their appreciation for staff by saying, "The staff are very kind and considerate. They always have her ready so that we can spend time together without being disturbed."

People had care plans in place which covered all aspects of their care to help ensure staff could provide responsive care. They included details of mobility, nutrition, skin integrity, communication and medicines. There was also some personal history about people, such as their background and interests. We noted one person had diabetes and their care plan stated that their blood sugars needed to be checked monthly. We saw that this was happening. Another person had epilepsy and their care plan provided information for staff on what to do in the event of a seizure. We saw that where people required repositioning this was done in line with their care plans and the records were completed accordingly. People were provided with pressure relieving equipment to help ensure the care they had was responsive to their needs. One person had a visual impairment. We read in their care plan clear information to staff on how to attract the person's attention such as, 'approach calmly, hold her hand', it went on to say, 'staff will minimise background noises/disturbances when talking to [name]'. This was all good advice for someone who was partially sighted. There was sensory equipment available at the home and staff had found that this had decreased one person's agitation. They told us that this person liked to, "Put out mats and lie on the floor in the quiet lounge looking at the sensory lights." Staff knew people well and were able to describe to us people's needs. One staff member told us about one person, "I'd call [name] gorgeous to distract her as she likes that." A relative told us, "They all know her particular wants and needs; even the laundry staff know her name."

People's care was reviewed and as such care plans updated or changed in line with people's current needs.

A relative told us, "I have regular meetings to discuss my husband's care and needs." Another relative told us the responsive care of staff had had positive effects on their family member. They said, "Mum's health has improved. She has come out of her room more and spends more time upstairs as there's more going on up there."

Where people were nearing end of life the service involved appropriate external agencies, such as the hospice. We noted a hospice referral for one person as they had a decline in their health. Other people had their individual wishes recorded in their care plans. We noted from the registered manager's action plan that they was a plan to introduce the Gold Standard Framework (GSF) to the service. The GSF is national training for care staff to train them to provide the best end of life care.

Everyone we spoke with said they would have no concerns in raising a complaint and most people told us they would speak to the registered manager. A relative said, "If I raise anything it is dealt with." Another relative told us, "She takes her time and listens and whenever I have mentioned something, nothing major, she has always acted on it." We read four complaints had been received so far this year. We saw that three had been addressed and resolved and the fourth was being dealt with. The registered manager was unable to find all the complaints records from 2017. They could only provide us with complaints from February and October 2017. We read that eight of the complaints related to dissatisfaction with personal care needs. We also noted that of the four received so far this year, three of these also related to personal care. The registered manager told us she had identified this and as such had met with all of the staff to discuss the complaints, staff culture and attitude towards caring for people.

Requires Improvement

Is the service well-led?

Our findings

Relatives were complimentary about the registered manager. One relative said, "The new manager is very good. She always pops in every day and communicates well." Another relative told us, "My son recently emailed with a query and had an immediate reply." A third relative said, "What a difference the new manager has made, the staff are much more cheerful now." A fourth commented, "It is very positive these days, there's definitely been an improvement."

There was also positive feedback from staff. A staff member told us, "[Manager] is a good listener and she is starting to make a difference." Another staff member said, "I really like her (manager). There is good communication between her and the staff." A third told us, "She is new but you can go to the manager, her office is open." A further staff member said, "She is a very good manager, a breath of fresh air. You can discuss anything with her. She carers for everybody and her staff. She does not claim to know everything about nursing and is keen to learn."

We found the registered manager responsive to our feedback and proactive in taking immediate action where they could. However, we are unable to award a 'Good' rating in Well-Led due to the breaches of regulation in the Safe domain. We found some accidents and incidents that had been recorded which may have been potential safeguarding concerns. When we spoke with the registered manager about these they told us they had only just been informed of them by staff and they were in the process of raising them with the local authority's safeguarding team as well as completing a CQC notification. The registered manager was aware that these should have been notified to her sooner and she was introducing a daily process where accidents and incidents would be reviewed by either herself or the clinical lead. At lunch time people who were on a pureed diet were not given a choice of meal. The kitchen assistant told us they gave people the option they felt was best to puree. We spoke with the registered manager about this who told us they had identified this was happening and as such had held a meeting with kitchen staff.

There was a staffing structure in place and relatives commented on this and the positive effect on the service. One relative told us, "There's a clear structure, with nurses and the deputy you can speak to too." Another described to us the increase in interaction between staff and people now that the registered manager was in post. Other relatives' comments included, "She is a very committed manager and takes her job seriously", "I have never gone to see the manager because she has always come to see me first. I have to beat her to it!" In turn the registered manager told us that it was the first time Ashton Lodge had three managers in post – herself, the clinical lead and the dementia lead. She said, "The three of us work incredibly well together and we are all working to the same goal."

The registered manager had a clear vision for the service. The registered manager held a working action plan detailing the improvements they wished to make although it was too early to check whether or not any changes they had already made were having an impact or would be sustained. We read in their action plan that they wished to introduce web-based learning for all staff, devise an annual supervision programme to include mandatory training issues, identify specialist training to meet residents' needs, introduce nursing assistant roles to support the registered nurses and support individual staff development. The introduction

of all of these would give staff the support they required in order to ensure they provided good care to people. In addition, the service had recruited a dementia lead who was looking at ways to improve the service. We noted from the minutes of a recent meeting they had held with staff that they had noted some poor practice needed addressing. We noted they had said, 'Poor care needs to be addressed', they also said, 'I have looked at the showers and they are bone dry. No-one has recently had a bath or shower'. They set out their plans with staff on how they wished this addressed and it was clear from the minutes they also had a vision on how they wished people to be cared for. The registered manager told us the culture within the staff team was shifting and she was supporting staff to consider the wider picture when looking after people. For example, she told us, "If someone has aggressive behaviour I am encouraging staff to think about what they might have done to trigger it as often this is the case."

We talked to the registered manager about their plans for ensuring people were receiving an individualised and person-centred service from staff at Ashton Lodge. The registered manager told us she was grateful that the vast majority of staff had accepted her and her way of working and were keen to work together to improve the service. She said relatives had also, "Welcomed me with open arms" and as such she was keen to ensure they were engaged and included in any changes. The registered manager had introduced a regular newsletter to keep relatives up to date and she wished to, "Give people living upstairs and downstairs freedom to move around the whole home, access the garden in the summer and feel part of a single home, rather than two separate units." One the visions they had for the upstairs was to establish an indoors garden with shed, grass and plants for people to engage in.

Audits were undertaken to help ensure that people received the level of service they should expect. These included audits of medicines, care plans and the environment. Any actions identified were included in the registered manager's overarching action plan and monitored for progress. We saw comments in people's care plans where gaps had been identified, such as a lack of signature on a document or a gap in an assessment. Comments were also written for staff attention such as, 'does he shave? Wet or dry? Electric razor?' to encourage staff to include person-centred information. The provider's area manager also undertook monthly visits to the service. Their visit covered all aspects of the service. We noted from the last visit they had identified that supervisions and appraisals need to be undertaken, care plans needed further development, a number of training courses need to be undertaken, some decoration was needed and carpets replaced. Most of these actions had already been included in the registered manager's action plan and were being addressed. We noted the provider's area manager had recorded, 'On the day of my visit a relative spoke to me and said the home was excellent and she was very happy with placing her husband at the home'.

The registered manager worked in conjunction with other professionals. A healthcare professional told us, "They (the manager and clinical lead) ask me for advice and guidance. I feel we work well together and the patient outcome is paramount. For example, they ring up about PEG (feeding tube) protocols to make sure they are doing it right, or asking about disposing of unwanted liquid medicines safely. We get really intelligent questions from them."

People and their family members were involved in the running of the service. Resident and relatives' meetings took place. We noted from the last meeting that all aspects of the service were discussed. These included the food, maintenance, staffing and improvements. We read that a steering group had been established to look at the spring menu and people had been asked for ideas on how to spend monies in the residents' fund. The registered manager had developed an action plan following the meeting and recorded when actions where completed. For example, minutes of meetings were to be made available on both floors for relatives to take away and we saw this had been done. Other actions included setting up a gardening club, the possible purchasing of chickens and rabbits, introducing pet therapy, baking and themed areas as

well as re-introducing a key-worker system. Key-workers take a holistic responsibility for individual people.

People and relatives were encouraged to submit their feedback in relation to the service. The 2017 resident survey showed people felt the home was, 'generally seen as a happy place to live and that they felt safe and secure'. Most residents indicated they had not had need to complain. We noted from the November 2017 relative's survey that they felt the home presentation was generally considered good, positive comments were made with regard to the staff, relatives felt welcome and communication with the management team was considered excellent or good.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure all risks to people had been identified and recorded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure a sufficient number of deployed staff to meet people's needs at all times.