

HC-One Limited

# Ascot Lodge Nursing Home

## Inspection report

48a Newlands Road  
Intake  
Sheffield  
South Yorkshire  
S12 2FZ

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Tel: 01142643887

Website: [www.hc-one.co.uk/homes/ascot-lodge](http://www.hc-one.co.uk/homes/ascot-lodge)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Ascot Lodge Nursing Home is a 50 bedded service providing nursing or personal care to older people and people living with dementia. At the time of our inspection there were 43 people using the service.

People's experience of using this service:

Since we last inspected the design and layout of the service had changed from four units to two units. The provider had a clear basis for change, which was to make social and living spaces bigger for people and to improve staff deployment. Whilst making changes to the environment we saw the provider had considered the needs of people living with dementia.

Staff were very caring. Everyone we spoke with was very complimentary about the staff. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion and love.

Activities were available to keep people occupied both on a group and individual basis. Trips out were also organised in line with people's preferences.

Medicines were being administered safely and people's dietary and healthcare needs were met. Checks which promoted safer storage of medicines had improved since our last inspection in September 2016.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was good and relevant to their role. Staff said they felt supported by the manager. The provider had transitioned to a new supervision and appraisal system, which created new requirements for line managers to follow when they held formal discussions with their staff. We saw the new system had adversely impacted on the frequency staff received a formal supervision and appraisal. We were satisfied the provider had clear improvement plan in place to address this.

Care plans were up to date and detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The manager provided staff with leadership and was described as being very approachable. Audits and checks were carried out and used to drive continuous improvements to the service people received.

People's feedback was used to make changes to the service, for example, to the menu's and activities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated as good (report published 4 October 2018).

Why we inspected:

This was a planned inspection to check the service remained good.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Ascot Lodge Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

#### Inspection team:

This inspection was completed by two adult social care inspectors and one inspection manager. The inspection manager attended the inspection in an observational capacity.

#### Service and service type:

Ascot Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before this inspection we reviewed the information we held about the service, such as any feedback we had received since the last inspection and information we had received from the provider. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at the service. We used the feedback from these organisations to plan our inspection.

During this inspection we spoke with seven people living at the service and six of their relatives. We spoke with 17 members of staff which included five care workers, a nurse, a nursing assistant, a cook, an activity coordinator, two domestic staff, two kitchen assistants, a laundry assistant, two care takers and the manager.

We looked at three people's care records in detail. We checked three people's financial transaction records, 10 medication administration records and three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed.
- The service had arrangements in place for the safe storage and disposal of medicines. At the previous inspection we identified medicine storage temperature checks were not always completed at the appropriate intervals. At this inspection we were satisfied this concern had been addressed and medicines were stored under appropriate conditions.
- The service had an adverse weather plan in place, which identified actions to take if the service and medicines contained therein, became too hot.
- Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- We observed staff administering medicines to be patient and respectful when providing support to people to take their medicines.

### Assessing risk, safety monitoring and management

- Risks to people were identified by individual risk assessments and appropriate risk management plans were incorporated in to care plans. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- Staff were familiar with and followed the risk management plans.
- The environment and equipment were safe and well maintained.

### Systems and processes

- People were protected from any form of abuse or poor treatment.
- The manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- The provider had a private and confidential whistleblowing support telephone line where individuals were able to confidently express any concerns. Staff were clear on the service's whistleblowing policy and procedures and felt confident raising concerns should they need to.
- All staff regardless of their role received safeguarding and whistleblowing training.

### Staffing levels

- Since we last inspected the provider had adapted the service from four units to two units, which included changes to the two dining rooms to increase capacity. The provider told us these changes were implemented to create larger open spaces for people, which would promote choice and social inclusion at the service and improve staff deployment as there would be less areas in the home to cover.
- We found there were enough staff to support people safely and to ensure people's needs could be met in a timely way.

- People were supported by a consistent team of staff. The registered manager told us they occasionally used agency staff to ensure safe staffing levels were maintained.
- Staffing levels were based on the dependency of the people who used the service and reviewed by the manager as and when needed.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

#### Preventing and controlling infection

- Staff completed training in infection control. Staff had access to personal protective equipment such as gloves and aprons to help prevent and control the spread of infection.
- The home was clean, tidy and odour free.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.

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

- People were positive about the care they received at Ascot Lodge Nursing Home.
- People's needs were assessed and care plans developed to provide guidance to staff, detailing what support people required with different aspects of their care.

#### Staff providing consistent, effective, timely care within and across organisations

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.

#### Supporting people to live healthier lives, access healthcare services and support

- The service worked and communicated with other agencies and staff to enable effective care and support.
- Staff involved people and where appropriate their relatives to ensure people received effective health care support.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met.

# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- The manager told us they were behind on staff supervisions and appraisals for the service, which they attributed to a recent transition to an electronic supervision and appraisal system. The new system created additional requirements for staff and their line managers to follow to ensure these sessions were well-planned and meaningful. The manager said more time was needed to train line managers on the new system to ensure it was embedded in practice. After the inspection the provider submitted an improvement plan to the CQC assuring us this issue would be addressed.
- Despite our concerns around staff supervisions and appraisals, all staff said they felt supported by the manager. This was also reflected in the provider's 2018 staff survey results which indicated a high level of satisfaction in regards to the support they received.
- Staff were trained to be able to provide effective care and people were confident in the abilities of the staff.
- Where appropriate, further relevant training on general health conditions was sourced to improve staff member's understanding of and care planned for people's health conditions. For example, the service worked closely with external diabetic nurses, to improve diabetic care for people.
- Staff received a blended learning programme, which used a variety of learning and development methods including online learning, classroom training and external qualifications. Staff commented positively on the service's training program.
- New staff received a structured induction program and completed a period of shadowing with an experienced care worker before they were able to start working at the service. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

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

- The service had been refurbished and redecorated since we last inspected. The layout of the service had changed from four units to two units and dining rooms had increased in size.
- Our checks of the environment showed there was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. Technology and equipment was used effectively to meet people's care and support needs.
- We saw the provider had considered the needs of people living with dementia when making decisions about the environment. Corridors were wide and well lit, hand rails were visible and accessible. Corridors followed a figure of eight configuration, which meant people could walk freely around the service without encountering a dead end, as these are known to sometimes distress a person living with dementia. We saw

clear signage displayed around the service to help orientate people to key areas, such as bedrooms or bathrooms. Pictures of staff and daily meals options were also displayed to promote choice and independence.

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

- People's care files contained information about their food likes, dislikes and any foods which should be avoided.
- The service had a 'clinical risk register', which was updated monthly by the manager. The register identified people living at the service who were at risk of weight loss and in need of extra support with nutrition and fluids. The system monitored monthly changes in weight, which would then flag up in a summary report. The manager analysed these reports to ensure risks were identified and acted on by the team.
- People were offered a choice of meals and all of the food was homemade. People told us, "Marvellous this. The food is smashing" and "The food is 'cushty' (meaning good)".
- The chef had detailed information about people's different dietary requirements. For example, who needed a pureed or diabetic diet.
- Since we last inspected the chef had received external recognition for the high quality meals they prepared at the service and in particular, for the innovative ways they prepared pureed meals for people who required specialist diets. Our discussions with the chef confirmed they were extremely committed to ensuring mealtimes were stimulating and everyone living at the home received a tasty, nutritious and appetising meal.

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

- People living at Ascot Lodge told us they made their own decisions and were in control of their care. We observed staff asked for people's consent before providing them with care.
- The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to such authorisations and when they were due to expire. The manager also made sure the service complied with any conditions attached to the authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- Where relatives had the appropriate legal authority they had been involved in the decision making process. Where this authority had not been in place the best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.

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

- People were positive about the care they received at Ascot Lodge.
- People's needs were assessed and care plans developed to provide guidance to staff, detailing what support people required with different aspects of their care.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to

discuss people's care at handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.

- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.

Supporting people to live healthier lives, access healthcare services and support

- The service worked and communicated with other agencies and staff to enable effective care and support.
- Staff involved people and where appropriate their relatives to ensure people received effective health care support.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- There was a caring culture amongst all staff. Staff took time to listen to people and interact with them so they received the support they needed. People commented, "It's not bad at all" and "They (pointing at staff) are very good, yes they are kind".
- All staff received equality and diversity training. The provider told us equality and diversity was incorporated in all company policies and procedures and they do not discriminate against any individuals and maintain a non-judgemental approach, whilst promoting the right for individuals to exercise their human rights.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- The service recognised when staff provided good care or went 'the extra mile' through their 'Kindness in Care' awards scheme. This helped foster good practice and ensure staff felt valued in their role.

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

- People were involved in making decisions about their care. People's representatives were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes.
- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service. The service had a 'Have your say' portable tablet where individuals were able to rate their care experiences. This information went directly to the provider's head office and a summary report was issued to Ascot Lodge Nursing Home.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy. They knocked on doors and called out before they entered people's bedrooms.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Throughout the inspection we observed staff treated people with dignity and respect.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- Care records were reviewed monthly or if people's needs changed.
- The service provided a stimulating program of activities, entertainment and outings to keep people occupied. We spoke to the activities coordinator who told us depending on people's preferences activities were provided in small groups or individually. More recently people had participated in a gardening groups, musicals afternoons, religious services, animal therapy and reminiscence sessions at the service.
- The activity coordinator was part of a Sheffield care homes activity workers group, which met up to discuss and share ideas.
- At the previous inspection we felt the garden was an underutilised space, particularly when the weather was nice. During the inspection we saw people and their relatives making use of the garden. The garden area was inviting and well-maintained with chairs and tables available for use.

### Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the manager or provider.
- The provider had systems in place to make sure any concerns or complaints were brought to their attention. This was because they were keen to rectify any issues and improve the quality of the service.
- The manager kept a record of any concerns received. We looked at recorded complaints for 2018/ 2019 and saw the manager had followed the provider's complaints policy and taken as much action as possible when a complaint had been received to resolve the issue raised.

### End of life care and support

- The service had a strong commitment to supporting people living at the home, and their relatives, before and after death.
- People had end of life care plans in place. This is a key means of improving care for people and improves the likelihood of these wishes being known and respected at the end of their life.
- Checks to people's care records showed discussions held about their end of life preferences or priorities for care were recorded and their next of kin and other significant people had been involved as appropriate.

# Is the service well-led?

## Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At this inspection the service had sustained compliance with the regulations and demonstrated people received a consistently good service.
- There was an open and transparent culture in the home and staff told us the manager and provider were approachable and supportive.
- The manager had been registered with the CQC at this service for over seven years, so they knew the people and staff well. The manager also understood their legal requirements as a registered individual.

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

- Meetings were held to discuss what people wanted from the service and these were responded to.
- The provider had quality assurances systems in place to obtain stakeholder feedback about the service. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services.
- All staff felt communication was good but told us staff meetings had lapsed in recent months. Staff meetings is one method for staff to obtain updates and share their views. The manager was aware staff meetings had lapsed and showed us evidence that all meetings for 2019 had been planned in.
- The manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- With the exception of staff supervisions and appraisals, the service was very well run; the manager demonstrated an open and positive approach to learning and understood this aspect of the service needed improvement after the inspection.
- We saw the provider was invested in improving the premises and Ascot Lodge Nursing Home underwent a long period of refurbishment since we last inspected. Although this change was met with some mixed feedback during the inspection, we saw that staff, people and their relatives were consulted as part of this process. The provider had a clear rationale for refurbishments and they told us the people who received a service were at the centre of this.
- The service possessed a comprehensive set of quality assurances systems tools, which effectively monitored fundamental aspects of the service delivery. Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.
- The service recently took part in a two-year research programme with the NHS speech and language

department to put together a protocol for dysphagia management in care homes. The provider told us they were proud to be a part of this research programme as they wanted to improve the quality of care for people not only living at Ascot Lodge Nursing Home but for all people receiving a care service.

Working in partnership with others

- The manager had made good links with the local community and key organisations to benefit people living in the home and to help with the development of the service.
- The service complied with visits from the Clinical Commissioning Group (CCG) and local authority.