

Ashbourne Lodge JM Limited

Ashbourne Lodge Rest Home

Inspection report

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Blackpool
Lancashire
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Tel: 01253341424

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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

Ashbourne Lodge is located in a residential setting in the South Shore area of Blackpool. The home is registered to accommodate up to 24 people who require assistance with personal care, over 2 floors. The property is set in its own grounds with garden areas to the front and rear of the building. There is a passenger lift for ease of access and the home is fully wheelchair accessible.

At the last inspection carried out in December 2015 the service was rated Good. At this inspection we found evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

People who lived at the home and their visitors praised the staff, their commitment and caring attitude towards them. They told us they were sensitive, caring and compassionate. One person said, "They are all wonderful caring people." Another person said, "All the people who work here and the owners cannot do enough for me and everyone else. They are so kind and caring."

The registered manager continued to follow safe recruitment procedures to reduce the risk of employing unsuitable personnel. Staff told us they were well trained and sufficient in numbers to provide the care and support people required. Our observations during the inspection visit and people we spoke with confirmed this.

The provider had safeguarding and other relevant policies in place. These documents contained contact details of responsible authorities. Staff had relevant training and we found the management team reviewed any lessons learnt to maintain everyone's safety and welfare.

Staff responsible for assisting people with their medicines had received competency training to ensure they had skills and the confidence required. Medication procedures observed protected people from unsafe management of their medicines.

There was an emphasis on promoting dignity, respect and compassion for people who lived at the home. People told us staff treated them as individuals and were respectful of their privacy.

The layout of the premises was appropriate for the care they provided. We found facilities and equipment had been serviced and maintained as required to ensure the home was a safe place for people to live.

People had been 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.

We found meal times were a relaxed enjoyable experience for everyone. This was confirmed by our observations, staff we spoke with and what people who lived at the home said. One person said, "Great food the cook makes all home-made cakes. The ones today are lovely." Also, "You get plenty of choice, if you don't like something [cook] will always make an alternative."

The service had information with regards to support from an external advocate should this be required by people they supported.

There was a complaints procedure which was made available to people and information was available in the reception area of the home. We found any complaints were acted upon promptly and in a timely manner.

The registered manager and staff provided a range of activities. One person who lived at Ashbourne Lodge said, "We went to the safari park recently it was really good."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included, staff and resident meetings. In addition, relative/resident surveys were collected to seek their views about Ashbourne Lodge.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Ashbourne Lodge Rest 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.

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

This comprehensive inspection visit took place on 08 August 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection visit on 08 August 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the service during the inspection visit. They included six people who lived at the home, two relatives and the cook. We also spoke with the registered manager, deputy manager and three care staff. In addition, we spoke with a healthcare professional to get their views on Ashbourne Lodge.

We observed care practices and how staff interacted with people in their care during the inspection visit. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records, recruitment and supervision arrangements of staff members and staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at Ashbourne Lodge and their relatives told us they felt safe and secure at the home, they praised staff who cared for them and said, "I really feel safe here the staff and manager are wonderful and make you feel at ease and content. They are all wonderful people." A relative said, "[Relative] could not be in a better home or looked after by better people. I leave here knowing she is so well cared for and safe."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe. Staff also were aware of the whistleblowing process and organisations to contact if required.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included personal care needs, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We observed a staff member administering medication. We found they focused on one person only, until the task was completed. They explained the purpose of their medication and provided a drink for them. They observed the person took their tablets before signing to confirm the action was completed. We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the management team had systems to protect people from unsafe storage and administration of medicines.

We walked around the home and found it to be clean and tidy. Personal protective equipment was available around the home, such as gloves, aprons and hand sanitiser gel. Staff received relevant training and the management team competency-tested hand hygiene to ensure their skills were efficient. In addition, the electrical, gas, equipment and legionella safety certification was up-to-date. This demonstrated the management team had good oversight of systems intended to maintain everyone's safety.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

On the day of the inspection visit there was a sufficient workforce, fully trained and able to deliver care in a caring and patient manner. A staff member said, "We have a good staff team to support people patiently and ensure they are well cared for." Ancillary staff, such as cooks and housekeeping were employed to support care staff to focus on their own duties. We observed a calm and unhurried atmosphere throughout our inspection.

Staff recruitment records we looked at held required documents, such as references and criminal record

checks, before they commenced employment. The registered manager had the same good recruitment systems in place as the previous inspection.

Is the service effective?

Our findings

We looked at evidence the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at Ashbourne Lodge received effective care because staff had a good understanding of their personal and social care needs. In addition, we found evidence in records and talking with staff they were well trained.

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 observed during our visit people were not deprived of their liberty or restricted. During the inspection visit people went out into the local community on their own. One person said, "I like to go to the shops, I come and go as I please."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, a plan of care was developed with the person at the centre of the discussions with family for staff to follow. A relative said, "We went through everything together, my [relative] me and the people here. They were wonderful." Care records contained information about people's current needs as well as their preferences. Consent had been agreed by the person or family and documentation was there to confirm this.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Records looked at confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

The registered manager told us staff had completed nationally recognised courses in health and social care to support them and develop their skills. Staff we spoke with confirmed this. Staff records evidenced a range of such training as fire safety, health and safety, food hygiene, infection control and safeguarding. A staff member said, "There is no problem with access to training courses here. Anything that will help the residents in terms of knowledge and develop yourself the manager will support you."

Information was made more accessible to people who had difficulty to communicate their needs. This included easy read documents, such as meal selections. Staff also provided signage on doors so that people could recognise bedrooms and communal lounges.

People who lived at the home told us they enjoyed food provided by the cook. For example, comments included, "Great food the cook makes all home-made cakes. The ones today are lovely." Also, "You get plenty of choice, if you don't like something [cook] will always make an alternative.". We saw snacks and drinks were offered to people between meals including tea, coffee, juices, fruit and biscuits and cake. One person said, "You can have a cup of tea any time day or night." A relative said, "I have had cakes here and seen how good the food is. They are so kind and always offer me something when I visit."

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

We had a walk around the premises. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

During our inspection visit we walked around the home and observed interactions between staff and people who lived at the home. We found staff were sensitive, respectful and spent time talking and reassuring people in their care. For instance, one person was visibly upset a member of staff sat with them and gently chatted with them and stayed until they felt better. Comments from people included, "Could not wish for kinder, caring people." Also, "All the people who work here and the owners cannot do enough for me and everyone else. They are so kind and caring."

Care plans looked at confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Records contained personal preferences about how they wished to be supported. A relative said, "We go through things together to make everything is right the staff and manager are wonderful."

We observed staff were calm, relaxed and friendly when they supported people who lived at Ashbourne Lodge. They explained procedures clearly and slowly so that people could understand. They checked people were comfortable throughout the assistance. One person said, "I get a bit nervous when I have to move around but they never rush me I go at my own pace."

People who lived at the home told us staff treated them with respect and upheld their dignity. For example, when people required support with personal care they did so sensitively and ensured privacy for the person. We also observed staff respected people's privacy by knocking on their bedroom doors and waiting for permission to enter their room. They also called people by their preferred term of address.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life. Staff received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. Throughout the day we observed daily routines and practices and found people were treated equally and their rights were respected.

We spoke with the management team about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

There was a wide range of activities and events provided for people who lived at Ashbourne Lodge. This included board games, film days, trips out and outside entertainers. In addition, they held regular singalong sessions in which people who lived at the home joined in with the microphone. One person said, "I love the singing with the microphone it's good fun." Another said, "We went to the safari park recently it was really good."

Staff told us they were encouraged to spend time socialising and talking with people. They also supported those who were less mobile to engage within the local community. For instance, they accompanied them on walks out to local shops and parks. A person who lived at the home said, "They do take me out a lot to the park. I like to be out in the fresh air."

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. A relative we spoke with told us how supportive and caring the staff were when their loved one was on end of life care.

Records we looked at used a person-centred approach to plan and support people. Care records contained physical, mental, social and personal health needs. One staff member said, "We all have an input and the system is very good at detailing care for people on an individual basis." In addition, care documentation contained the person's history and preferred choices. These included people's wishes about personal care, preferred term of address and hobbies. Staff told us the more information provided helped them get to know people better and help to develop relationships.

People and relatives we spoke with said they were clear about who to report concerns and complaints to and how these would be addressed. Details provided in the hallway of Ashbourne Lodge detailed how individuals could raise concerns. This included the steps the management team would take to address any issues. We looked at one complaint that had been received over the last 12 months. We found evidence of timely and appropriate response to resolve them.

Is the service well-led?

Our findings

People who lived at Ashbourne Lodge and visitors we spoke with were positive in their comments about the way the home was managed. For example, comments included, "[Registered manager] is so good and always around." Also, "[Owner and registered manager] are the best at least you can have a laugh and joke with them. It runs from the top to all the staff. They are fantastic people."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager, her deputy and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. One staff member said, "We know how the home runs and everyone knows their role, we have a lot of experienced staff here." Discussion with staff confirmed they were clear about their role and between them provided a well run and consistent service. The registered manager was visible within the home and staff commented how supportive the management team were. Staff told us the leadership was very good and they felt supported in their roles and duties.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing medication systems and records, care plans, infection control and the building. We found written information detailing actions taken as a result of any findings or discrepancies so continuous improvement could be maintained and monitored. People told us they were able to contribute to the way the home ran through staff and 'resident' meetings, supervisions and daily 'handover/walkabout' meetings. They told us they felt supported by the management team.

We found evidence of the management team worked with other health and social care agencies in the ongoing improvement of people's lives. For example, the 'Continuing Care Team' who assisted Ashbourne Lodge to follow current practice and provide a quality service. We spoke with a member of that team who were complimentary of the way care and support was provided to people who lived there. This meant people's safety and wellbeing was maintained. Other examples included engagement with medical services such as GP surgeries, district nurses and social services.

The management team had systems to seek the views of relatives and people who lived at the home. This included an annual satisfaction survey. These forms checked, for instance, care, the building, staff attitude and activities. Responses from the last survey in August/September 2017 were complementary about the home. For instance, one person wrote, 'Very satisfied with the home'. Also, a relative wrote, '[Relative] since moving into Ashbourne Lodge has substantially improved their quality of life. The staff and care has been wonderful.' When questioned about the quality of food, 'Yes very nice.' The registered manager informed us any negative comments would be analysed and acted upon so improvements could be made.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.