

Mr & Mrs R V Ramasawmy

Ashton Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 4 and 8 February 2016 and was unannounced.

The service provides accommodation and support for up to twelve older people. Accommodation is arranged over two floors. A passenger lift provides access between floors. Ten bedrooms are single occupancy and one bedroom is shared. There were ten people living in the service when we inspected.

A registered manager was in post and was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the registered manager had applied for DoLS authorisations for some people living at the service, with the support and advice of the local authority DoLS team. The registered manager understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded.

The registered manager provided leadership to the staff and had oversight of all areas of the service. Staff were motivated and felt supported by the registered manager and staff team. Staff told us the registered manager was approachable and they were confident to raise any concerns they had with her.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. The premises were maintained and checked to help ensure people's safety.

Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained. People told us that they had no complaints and if they did they would speak to the registered manager or staff.

There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded. People were asked for feedback on their food and action was taken if required.

People participated in activities of their choice within the service. There were enough staff to support people to participate in the activities they chose. A volunteer also spent two afternoons a week with people participating in various activities.

Processes were in place to monitor the quality of the service being provided to people.

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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There was enough staff to provide people with the support they required.

Medicine management was safe. People received their medicines as prescribed by their GP.

Recruitment procedures were in place and followed recommended good practice.

Is the service effective?

Good ●

The service was effective.

Staff followed the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make decisions and staff offered people choices in all areas of their life.

People were provided with a suitable range of nutritious food and drink.

Staff were trained and supported to provide the care people needed.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People said the staff were kind and treated them with respect.

People's privacy, dignity and independence was protected.

People were involved in making decisions about their care and

staff took account of their individual needs and preferences.

Records were up to date and held securely.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

People were supported to maintain relationships with people that mattered to them.

Is the service well-led?

Good ●

The service was well-led.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

Checks on the quality of the service were regularly completed. People and their relatives were asked for their experiences of the service.

The manager understood their role and responsibility to provide quality care and support to people.

Ashton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 8 February 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with three people about their experience of the service. We spoke with two staff the registered manager and the provider to gain their views. We asked seven health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, four staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 15 July 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said "I feel very safe, if I didn't people would know about it."

The registered manager had taken steps to protect people from the risk of abuse. There was an up to date safeguarding policy in place which informed staff how to protect people. Staff were aware of the policy and followed this to protect people and take action if they suspected abuse. Staff received annual training about safeguarding people from harm and abuse. This was confirmed on the staff training matrix. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team, the Care Quality Commission or the police.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the registered manager to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's needs, health and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. For example, additional staff were on duty during our inspection to support a person with their health. The registered manager and the provider were available at the service at least five days a week offering additional support if this was required. People we spoke with told us there were always sufficient numbers of staff on duty. We looked at 12 weeks of rota's which showed a consistent number of staff on duty.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before staff started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to personal care, their health and mobility. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. If people required specific equipment a risk assessment had been completed, for example the use of a profiling bed and an air mattress. Risk assessments were kept under constant review by the registered manager and update accordingly.

People had a personal emergency evacuation plan (PEEP) located in the fire file and a copy kept within their

bedroom. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, firefighting equipment, lifting aids and the lift were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A risk assessment relating to each person's bedroom had been completed by the provider. These checks enabled people to live in a safe and adequately maintained environment.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example, an ambulance was called and advice was sought from the GP. Each person had a falls history recording sheet which detailed where the fall occurred, a brief description and any action taken. The registered manager and the staff team used this information to highlight any areas of the building which were prone to people falling.

Medicines were managed safely and staff followed a medicines policy. People told us they received their medicines regularly. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. An assessment of the medicines had been completed by the pharmacy in March 2015. Medicine audits were also carried out on a monthly basis by the registered manager. These processes gave people assurance that their medicines would be administered safely.

Staff were trained in how to manage medicines safely and were observed by the registered manager a number of times administering medicines before being signed off as competent. Some people had "As and when required" PRN medicines. We observed staff asking people if they required any pain relief before this was administered. This gave people assurance that their medicine would be given when it was needed. People we spoke with told us they received pain relieving medicines when they needed it. People if they were able to could self-medicate, a care plan and risk assessment was in place for staff to follow. One person told us "I like to do things for myself so I take my own night time medicines." Staff were aware of this and supported the person to remain as independent as possible.

Is the service effective?

Our findings

People who lived at Ashton Lodge were happy with the service provided. One person told us "The staff are friendly and I get the support I need." Another said "There are enough staff to do what I want, I can't fault them."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "I have completed training to meet people's needs. The registered manager is very good and available to offer advice." Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people's individual needs. There was an ongoing programme of training which included a variety of training methods. This included training in topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, basic life support, people handling, food safety and infection control. Staff were trained to meet people's specialist needs such as Dementia.

A volunteer worked at the service for two afternoons a week. The recruitment and induction process had been the same as a fulltime employee. The registered manager had booked the volunteer onto mandatory courses to ensure they were aware of different peoples' needs.

Staff told us they felt supported by the registered manager and the staff team. Staff received regular supervision meetings with the registered manager. These meetings provided opportunities for staff to discuss their performance, development and training needs. The manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity, staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there were any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted ensuring that the constant supervision was lawful.

People's nutritional needs had been assessed and recorded, these had been reviewed on a regular basis.

People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People had access to a variety of drinks throughout the day. Drinks of water were observed within people's bedrooms. People weight and body mass index (BMI) had been monitored on a monthly basis, this was completed in conjunction with a nutritional screening tool. Additional guidance was put into place for staff to follow if people were assessed as high risk.

People told us they had enough to eat and drink. Everyone was complimentary about the food. One person said "The staff will often make me an omelette because they know I love them." There was a four week menu in place and people were offered a choice of meals from the menu each day. People's suggestions about foods they would like to see on the menu were listened to and were provided. For example, during our inspection the choice was pork casserole or pasta, however people also chose fish pie and bread and jam which was accommodated. Menus were balanced and included fruit and fresh vegetables. People could choose to eat in the dining room, lounges or in their bedrooms. The lunchtime meal was served to people individually and people had the time they needed and were not rushed.

The registered manager asked people for feedback regarding their meal and recorded the results. For example, in December 2015 people were asked to rate their meal giving a score of between one and 10. Staff recorded the choices people had made and the amount of food people had eaten. If staff noticed people had not eaten a meal another choice would be offered.

People we spoke with told us they could see a doctor when they needed to. One person said "I didn't feel very well and the staff called the doctor to come in and see me." People's health needs were recorded in detail in their individual care files. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. For example, a recent referral had been made to the falls prevention service and physiotherapy department following concerns over a person's mobility.

Is the service caring?

Our findings

People told us the staff were kind and treated them with respect and maintained their privacy. One person said "The staff always knock on the door before entering." Another said "The staff come quickly when I use my call bell."

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. We observed staff knocking on bedroom doors and waiting for a reply before entering. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge which was respected by staff. One person said "I choose to eat lunch in my room, the staff bring me my lunch." People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Relatives were kept informed if people's health needs changed.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Each person had a personal history form which contained information about their life history, work history, major life events and achievements. Some people had been supported to create a 'This is me document', these included photographs of important people and life events, and told the story of people's lives. Staff used the documents to engage people in conversations. People were actively involved in making decisions about their support, for example one person told us "Staff help me to put on my slippers, but they know what I can do for myself." Staff were in close contact with people's family and friends who were all involved in helping people to write their care plans.

Some people had spoken to staff about the care and treatment they wanted at the end of their life which had been recorded within an advance care plan. Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. If people had chosen to remain at Ashton Lodge this was accommodated as far as possible. Personal, confidential information about people and their needs was kept safe and secure.

Records we saw were up to date, held securely and were located quickly when needed.

Is the service responsive?

Our findings

People told us they had been involved in planning their care, with their relatives. People told staff how they liked their care provided and told us that staff did as they requested. One person said "I like to do things for myself and the staff know that." We saw people had been involved in writing parts of their care plans and others had signed to say they agreed with what was recorded.

People's care plans had been developed with them and their families from the initial assessments. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any social and leisure needs. Staff knew about people's needs and their backgrounds and the care and support they required. People's care plans were person centred, they detailed what people could do for themselves and what support they required from the staff. People were able to maintain as much independence as they wanted to. For example, people were supported to self-medicate. One person said "I like to be as independent as I can and the staff help me do that."

People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved in the development and review of their care plans. People's healthcare plans had been reviewed with the relevant healthcare professional. For example, a review of people's healthcare needs had been completed with their GP.

People were supported to stay in contact with their loved ones. Visitors were made to feel welcome, one person told us "When my relative visit the staff always offer tea and biscuits." There were no restrictions on when people could visit. We saw numerous visitors throughout our inspection. People were supported to continue practising their religious faith with visits and readings from the local clergy.

People told us they had enough to do during the day. One person said "I never get bored, I enjoy playing scrabble it activates your brain." A volunteer worked at the service for two afternoons a week and spent time with people talking, playing board games or completing crosswords. The hairdresser visited weekly and people told us they enjoyed getting their hair washed and set. The registered manager told us that activities were not pre-set, people were able to choose throughout the day how they wanted to spend their time. Staff spent time with people on a one to one basis talking, reading or painting their nails or in groups playing games such as skittles or darts. An outside music company visited the service on a quarterly basis.

People told us they were confident to raise any concerns or worries they had with the registered manager, provider or staff. They said that the registered manager was always available if they wished to make a complaint or a suggestion and always dealt with any complaint to their satisfaction. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had been two informal complaints that had been fully investigated and responded to. One person said "I have no complaints at all."

The service also kept compliments which had been received from relatives, these included cards and letters from different relatives which read "Thank you for your kindness and help you have shown to my relative." Another said "We would like to express our deep gratitude for the loving care you gave our mother."

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for a number of years and who was responsible for managing the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager when they wanted to and they saw her almost every day. The registered manager worked alongside other staff to meet people's needs. The registered manager and her husband were also the providers. One person told us "The manager is always here and will help me if I need it." Another said "The man (the provider) keeps the place spotlessly clean which I like."

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the registered manager who was available during the inspection. Staff told us that the registered manager was approachable and supportive. One said "I feel very supported. I can call her at any time and she will give me advice or come straight in." Staff told us if they did have any concerns the registered manager acted quickly and always asked for ways the service could be improved.

People and their representatives were asked to complete an annual questionnaire to provide feedback about the service. Feedback was sought from people using the service during October 2015. The results had been collated by the provider which included an overall summary of the findings. Feedback had been listened to and acted on. For example, people had requested to play scrabble and for someone from the local church to visit the service. These actions had been completed since the feedback had been received. People could be assured that their views were listened to and acted upon.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's needs.

The registered manager had an good understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.

The provider had a clear vision for the service which the staff were aware of, this was to provide people with a homely environment that is centred around the person and provides high quality care. People were given a copy of the statement of purpose, complaints procedure, a contract and statement of the facilities when they moved into the service. The registered manager kept up to date with current legislation and good practice using resources such as subscribing to various care magazines and being part of the national care homes association.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

There was a process in place to monitor the quality of the service. These included regular audits regarding health and safety, infection control and medicines management. Feedback from the audits, people, their relatives and staff were used to make changes and improve the service provided to people. Records were up to date, held securely and were located quickly when needed.