

A Carnachan

Ashford Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 25 July 2016. At our last inspection visit in January 2015 we asked the provider to make improvements in a number of areas. The provider sent us a report June 2015 explaining the actions they would take to make improvements. At this inspection, we found improvements had been made in some areas, however there continues to be concerns in relation to the assessment and decision making for people and the stimulation available.

The service was registered to provide accommodation for up to 20 people. People who used the service had physical health needs and some were living with dementia. At the time of our inspection 17 people were using the service.

There was a registered manager in post. 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 saw that the provider and registered manager did not have a clear understanding of how to support people with decision making and gaining their consent. Where people lacked capacity to make certain decisions, appropriate assessments had not been completed and recorded to show how people had been supported to make those decisions. Where people were being restricted of their liberty in their best interests, the appropriate authorisations had been applied for.

Daily activities were provided to support people's interests or hobbies. People were able to make choices about the food they received, however the experience could be improved to offer a more positive experience to some people. We saw that referrals had been made to healthcare professionals in a timely manner to maintain people's health and wellbeing.

The provider determined the staffing levels on the number of people living in the home and the level of support they required. We saw that there was a procedure to ensure staff were safe to work at the home and when they started with the service they received a structure induction. Staff had received a range of training which they told us had enhanced the support they were able to offer and increased their knowledge. People and relatives told us they felt safe and staff understood their role in ensuring people were protected from abuse or poor practice. Risk assessments were in place to ensure people's safety was maintained.

We saw that people were responded to in a kind and friendly manner and people felt able to make choices and be respected for their decisions. Medicines were managed safely and in accordance with good practice and individual's prescribed needs. People felt confident they could raise any concerns with the provider and manager.

We saw that improvement had been made to the environment of the service had been made and there was

a planned programme to continue to make improvements. The provider and manager had systems in place to monitor and improve the quality of the service. Staff felt supported by the provider and registered manager and they received ongoing support to continue their role.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Good ●

The service was safe.

People felt safe and staff knew how to recognise and report potential abuse. Risks to people's health and welfare were identified and managed to keep them safe. There were enough staff available to meet the needs of people and medicines were managed in a safe way. There were recruitment practices in place to check staff's suitability to work with people. There was a programme to maintain hygiene and cleanliness.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported to make decisions and where there was a lack of capacity staff had not followed the requirements under the Mental Capacity Act 2005. People were supported to eat and drink enough to maintain a healthy diet. Some people did not always receive a positive meal experience. Staff were suitably trained during induction and on going to maintain their skills. People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and had positive, caring relationships with people.

People were given the support they needed to make choices and were encouraged to maintain important relationships. People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good knowledge of people's needs, however people were not offered regular stimulation in their interests or hobbies. Complaints had been recorded and responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

There was an ongoing programme of improvements to support the environment in the home. There were systems in place to monitor and review care which were used to support improvements or identify areas for concern. Staff were supported by the registered manager and provider. The registered manager understood the responsibilities of their registration with us.

Ashford Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection visit took place on 25 July 2016 and was unannounced; the team consisted of two inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with four people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with three members of care staff, the domestic staff, the cook, the registered manager and the provider. We also spoke with a visiting health care professional. We reviewed three staff files to see how staff were recruited and four care records to see if the care matched what people received. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was

continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection in January 2015 we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the safety for people around medicines. At this inspection we found that the required improvements have been made.

People received their medicines as required. One person told us, "I have my medicine, they always give it to me. They know what I take and when to give it to me and they never forget." We saw that people received their medicines correctly. Staff explained what they were doing and gave guidance to help the person understand. Some medicine was given on an as and when required basis. We saw the provider had protocols in place to explain the reason for the medicine to protect people from receiving too little, or too much. For example, one person required medicine to reduce their involuntary movements; we saw the protocols stated when this should be given. Staff told us that one such time was before the person received personal care so that it reduced the risks of the person being injured by their movements. Some people received their medicine concealed in their food and were unaware they were taking them. This is known as covert administration. We saw that when this practice was used an assessment had been completed with health care professionals to ensure the decision was in the person's best interest.

The provider carried out medicines audits to ensure people's medicines were stored, recorded and administered correctly. We saw that any areas requiring improvement had been addressed.

At our last inspection the safety plans to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated was not available. At this inspection we saw the plans were available and that the information recorded was specific to each person's individual needs as required.

People felt safe when they received care. One person told us, "I like a shower and that's what I get. I have no worries; I feel safe here because they are all happy and look after me." Another person told us, "It's very safe here the nurses look after every one of us."

Staff knew how to keep people safe and how to report any concerns. One staff member said, "We need to make sure people are safe, I would report any concerns to the manager." We saw how staff ensured people were comfortable whilst sitting; one staff member said, "Let me adjust that cushion and make you safe."

We saw risks had been reduced through the use of equipment. For example, we saw that motion detectors were used in some people's rooms. This was confirmed by a relative who told us, "[Name] is restless, but they have motion detectors to check to see if [name] is okay." The registered manager told us they used the motion detectors as they covered the whole area, they said, "They are better as the person could step over a sensor mat, these detectors cover the whole room."

The care plans identified the risks to people's health and the plan described how staff should minimise the identified risk. For example some people required equipment to support them to move. One person told us,

"I use a hoist. Staff know what to do and they never hurt me. I don't like the hoist, but I feel very safe." We observed when staff used the equipment they were confident and they explained the steps they were taking to provide reassurance. Staff took opportunities to promote aspects of independence. One person told us how they used to be in a wheelchair and that the staff had supported them to regain their mobility. They told us, "I feel great about this, I was stuck but now I can get about." We saw that the equipment used was serviced and maintained as required to ensure it was in good working order.

There were sufficient staff to support people's needs. One person told us, "The staff are very nice and friendly. They ask if you want anything and they always get it for you." One relative told us, "There is enough staff. Occasionally they go off sick then they rush about but they get more staff if they need them. It's balanced at the moment." The staff we spoke with told us some new staff had started working at the home, they said, "We have new staff and they have slotted in well." Another staff member told us, "We have a good staff team, a broad spectrum of skill mix. And we have new recruits which has helped." Staff we spoke with felt the provider had and would continue to recruit staff if they were needed. The registered manager confirmed they had recruited recently to vacancies and they had regular meetings with the provider to identify the level of staff required to support the people using the service.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking character references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

People used protective equipment when providing personal care and meal preparations. The staff told us and we saw there was always plenty of equipment for them to use to ensure people's personal protection. The domestic staff told us the provider had recently purchased a carpet cleaner and steamer. They said they were using this to provide deep cleaning to areas of the home. We saw they had a schedule of cleaning and a communication book to identify any additional areas requiring cleaning. The staff understood the importance of reducing any infection and one member of staff told us, "Its clean here, staff use bags for incontinence and everyone uses gloves and aprons." They also added "We have seven day cleaning so no day is missed." We saw that all products used for cleaning were stored in a locked cupboard and documented. Staff told us, "We never run out of products, there's always plenty." This showed the provider managed the control of infection and protected people in maintaining standards of hygiene and cleanliness.

Is the service effective?

Our findings

At our last inspection in January 2016 we found that the service was not meeting the legal requirements in relation to the Mental Capacity Act. At this inspection we found that not all the required improvements had not been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We looked to see if the provider was working within the principles of MCA. Staff confirmed some people who used the service may lack the capacity to make certain decisions. In these instances the care plans we looked at did not show how people were supported to make specific decisions. Staff we spoke with did not demonstrate an understanding of the process to follow when people lacked capacity. For example, the mental capacity assessments which had been completed where people had not got capacity, did not identify how the decision had been made to ensure it was in the person's best interest. We spoke with the registered manager and provider who confirmed that, they had completed some assessments however they had not fully understood the requirements of the Act. This meant that people's rights under the MCA 2005 were not fully addressed.

This evidence demonstrates a breach of the HSCA Act 2008 (Regulated Activities) Regulations 2014 Regulation 11.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and any authorisations to deprive a person of their liberty were being met. Although the provider had made applications to the local authority in relation to DoLS, we could not be sure that a capacity assessment had been completed to consider if the person was being deprived of their liberty. However, the provider had maintained records to follow up the decision process.

We observed the midday meal, which was very quiet and stretched over a long period of time. One person was sat for over an hour with their meal. Some people required support and due to the number of people requiring this support, some people had to wait and their meal was not kept warm during this time. People did not receive the option of a desert after their main meal and we saw some people sat waiting for over half an hour before being supported to leave the table. The cook and provider confirmed desert was offered after tea or cake in the afternoon, however during the afternoon we saw a biscuit was offered.

We observed people told us they enjoyed the meals. One person said, "I always have plenty to eat, the food is great because they give you what we ask for." A relative told us, "They can choose their meal, or something different, the staff try to sort thing out to what people like."

We saw records which showed people's weight was monitored and specialist diets had been catered for. Where a concern had been raised with regard to the person's weight referrals had been made to health care professionals and we saw the guidance provided was followed. So what needed here please

Staff were provided with training that was specific to the needs of people they supported. One staff member told us, "I have access to any training I want." Other staff told us that they had accessed training to support people with specific needs. For example, some people had difficulties with excessive drinking and the staff had accessed an alcoholic awareness course to provide them with the information to support people who used the service with this area of their life. Another staff member told us how the registered manager had supported them with their nursing reregistration, which they told us was important to them.. The provider had a structured induction for new employees which involved training and shadowing experienced staff. One staff member told us, "I watched what staff did for a few days, I received lots of support, the staff said, 'if you need anything just ask' and I do even now after several months."

The registered manager was aware of the new national care certificate which sets out common induction standards for social care staff and was introducing it for new employees. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us and records confirmed all new staff accessed this training.

People's health and wellbeing needs were met and monitored. One person told us, "If I feel poorly they will get the doctor for me." A relative told us, "They always keep me informed; only last week I was contacted after the GP visited." We saw records which showed that health care professional had been contacted and they called to attend to people's health care needs. During our inspection the chiropodist was present. They told us, "I have a list; the staff make sure I am informed of any concerns. If I see a sore heel I bring it to their notice, but most the time they're already aware." They added, "When I return I usually see improvements or that a concern had been well maintained, staff listen to what I say." This demonstrated that people's health care needs were considered to improve their health and wellbeing.

Is the service caring?

Our findings

People had positive relationships with the staff. One person told us, "Everyone is really friendly." Another person told us, "I get good company, everyone is very nice." People told us they felt listened to and that the staff supported them. For example, some people received a daily paper and other people had requested toiletries and these had been purchased. The chiropodist commented, "The people here are well cared for, the staff are attentive and very cheerful."

People were supported to maintain relationships with family and we saw that visitors were welcome throughout the day. One relative told us, "I can come anytime." We saw that family members were greeted and provided with up to date information relating to their relative's needs.

People's privacy and dignity was respected. One person told us, "They respect me and always ask me first on everything." A staff member told us they felt it was important to support people to be independent. They said, "I always give people the option to do it themselves if they can or wish to." We saw that people's privacy was respected and when supporting people with personal care this was done discreetly. For example, for those able to be left in the bathroom, the staff always returned in a timely manner or when called by the buzzer and they knocked before entering.

People felt able to make choices in their life. One person said, "I feel I have choices and have control over my life." We saw that people were given choices and when people could not communicate verbally non-verbal signs or a picture board was used. This meant that people were fully involved in making decisions about the care and support and staff listened to what they wanted.

Is the service responsive?

Our findings

At our previous inspection in January 2015 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to person centred care and the completion of the care plans. At this inspection we found that the required improvements have been made, however further improvements were required to support people to be stimulated.

. We saw that 'My life story' books had been completed, the activities coordinator told us they planned to use these to consider future activities to reflect peoples interests and hobbies. Some of this information had been used to inform the care plans about the person's previous life experience. For example one person who's previous occupation required them to be an early riser and their care plan reflected the person continued with this practice. We saw the service had produced a newsletter containing the planned activities and they were planning to continue to produce these across the year to reflect seasonal plans.

People told us they had enjoyed activities within the home. One person said, "We have entertainment, which has been good up to now." A relative also commented, "The staff try to do things, I know they have planted some pots." Other people chose to occupy themselves and some people spent time in their room.

People were able to make choices about how they spent their time. One person told us they chose their own clothes and their breakfast. Another person told us they chose when to get up and go to bed, preferring to go earlier with the day staff. A relative said, "[Name] chooses their own clothes and when to get up, I know this as sometimes I call and they are not up."

The care plans we looked at reflected people's needs and provided a guide to the tasks identified by the person during their assessment. We saw that people's preference for the time they wake and retire had been recorded, along with other daily living aspects of their life.

We saw that staff were responsive to people. One person was reluctant to drink. The staff knew the person and used different types of conversations to encourage them. The staff member sat with the person and had a drink themselves clunking cups and saying, 'cheers' to encourage the person to drink.

The staff received a daily handover from the nursing staff to consider any changing needs of the people who used the service. We observed the handover and saw how the details were used to update the person's individual care needs. Staff told us they found the handover useful. One staff member said, "You get to know what's happening with people and if their needs have changed." We saw that following the handover, staff were provided with guidance as to their roles for their shift in the home. Staff told us this system worked well, in ensuring everyone's needs were met. This demonstrated that staff were kept informed about the care people required.

People and relatives could raise any concerns they had. One person told us, "If I was not happy I would see the manager; I've no concerns that they would sort it." The provider had a complaints policy and we saw

that any complaint had been investigated and responded to.

We saw that the provider had received several compliments and thanks, for example 'The staff are always happy and polite with lots of encouragement, you do a fantastic job.' This shows the provider responded to any concerns.

Is the service well-led?

Our findings

At our previous inspection in January 2015 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to providing good governance of the service. Effective systems were not in place to assess, monitor and improve the quality of care. At this inspection we found that the required improvements have been made.

The provider had suitable systems in place to assess and monitor the safety and quality of the service people received. We saw that audits had been completed every month; these covered a range of areas across the home. For example, a review of the falls records identified that a person was slipping from their chair. We saw that a referral had been made to the falls team and a new 'bean bag' chair had been purchased to reduce the risk of the person falling.

People and relatives felt the home was open and friendly. One relative told us, "It's excellent, it's a home not a hospital, they really care." Another relative said, "[Name] is well looked after, anything cosmetic will not change that." We saw that the provider had a programme of improvements to the home and that several areas of improvement had already been completed. For example, the floor had been replaced in the lounge and roof repairs had been completed. There was a maintenance book which provided details of any concern and identified when it had been completed.

At our last inspection concerns were raised that the registered manager had limited time dedicated to their management role. At this inspection we saw that the provider had employed additional nursing staff to enable the registered manager to have dedicated management hours. The registered manager told us, "I feel I have more time to fulfil my role, the extra nurses have had a positive effect." The provider lives on site and provides support on a daily basis.

We saw previously that some systems were informal and provided no clear pathway of checking things had been completed. The registered manager had changed the process. For example an impromptu request from a staff member to enrol on further training had been recorded in the staff records. The staff told us they were registering on the training following the informal meeting. This shows that the registered manager listened to staff concerns and used the information to action improvements.

Staff felt valued and supported by the registered manager and provider. The cook told us anything they had requested had been provided, for example they had a new cooker and fridges. Another staff member told us, "I have no concerns, anything I ask for I get or things get fixed straight away." One staff member told us, "The management is supportive, if anything happens here or with my childcare they support me."

Staff received supervision and an annual appraisal which focused on their role. We saw how some staff had been supported to represent the home at a local network meeting so they could share the ideas and information with the other staff.

Staff knew about the whistle blowing policy. This is a policy to protect staff if they have information of

concern. One staff member said, "I would report without a shadow of doubt." Those staff we spoke with all felt any concerns raised would be responded to.

The registered manager understood their responsibilities of the registration with us. We saw that the services previous inspection rating was displayed as required. They had also reported significant information and events in accordance with the requirements of the registration.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent to care was not sought in line with legislation and guidance. This meant people could not be assured that decisions were being made in their best interest when they were unable to make decisions themselves.</p>