Veatreey Development Ltd

Ascot 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14 and 16 May, 2018 and was unannounced.

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

Ascot Lodge is registered to provide accommodation with nursing and/or personal care for up to 18 older people. At the time of the inspection there were 16 people living in the home. Accommodation includes a TV room and dining room, 12 single bedrooms and two double bedrooms which can all be found across four floors. The home had been adapted for people with limited mobility. There is an enclosed garden and patio at the rear of the building and a small car park at the front.

At the time of the inspection 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. During the inspection we found the registered manager to be open, transparent and receptive to the feedback provided.

At the last inspection which took place in September, 2017 we identified breaches of Regulations 10, 11, 12, 17 and18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Ascot Lodge was awarded an overall rating of 'Requires Improvement'. Following the inspection we issued a warning notice regarding Regulation 17 and asked the registered provider to complete an action plan to tell us what changes they would make and by when. During this inspection, we looked to see if the registered provider had made the necessary improvements.

At the last inspection, we found that people who lived at Ascot Lodge did not always have their dignity and respect preserved. People's privacy was not always maintained and care was not always provided in a dignified way. During this inspection we found that people were treated with dignity and respect. People and relatives we spoke with expressed their satisfaction with the provision of care which was provided. We found that improvements had been made and the registered provider was no longer in breach of this regulation regarding 'Dignity and respect'.

At the last inspection we identified that the registered provider was not complying with the principles of the Mental Capacity Act, (MCA) 2005. Consent was not gained in line with the MCA. People living in the home were not being appropriately assessed, assessments were not decision specific and 'best interest' processes were unclear. During this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation regarding 'Need for consent'.

At the last inspection we found that the registered provider was in breach of regulation in relation to 'Safe

care and treatment' This was because people were exposed to unnecessary environmental risks and the delivery of care and support was not always safely managed. We found the environment posed significant risks to people who were being supported, medication management systems were unsafe and accidents and incidents were not being sufficiently monitored. During this inspection we found that the registered provider was no longer in breach of this regulation in relation to 'Safe care and treatment'.

At the last inspection, we found that staff were not receiving adequate supervision or annual appraisals. Staff expressed that they felt supported but were not receiving formal supervisions or appraisals to help develop them further in their roles. During this inspection we found staff received regular supervisions and annual appraisals were taking place. The registered provider was no longer in breach of this regulation regarding 'Staffing'.

At the last inspection we found that local audit and governance systems were ineffective. The systems which were in place did not effectively monitor and assess the quality and standard of care people were receiving. During this inspection we looked at the governance systems, audits and checks which were in place and found that improvements had been made. Audits were routinely completed, the quality and standard of the care being provided was being assessed and improvement action plans were in place. Although the registered provider was no longer in breach of regulation in relation to 'Good governance' further improvements were required.

We have recommended that the registered provider reviews some of the systems further to improve the quality and standard of care being provided.

People and relatives told us that the service was safe. Staff were knowledgeable around the area of safeguarding and whistleblowing procedures; they knew how to report any concerns and who to report their concerns to.

We found that there was sufficient numbers of staff on duty to meet the needs of people in a timely way. We received positive feedback from people, relatives and staff about the staffing levels at the home. Staff were visible throughout the inspection and were responsive to people's needs.

Accidents and incidents were routinely recorded and analysed. We found that all accidents/incidents were being recorded in care records, the necessary care plans and risk assessments were being updated and trends were being established in order to mitigate further risk.

We found the home to be clean, hygienic and odour free. Communal areas, toilets, bathrooms and bedrooms were well maintained. Staff had access to personnel protective equipment (PPE) such as gloves, aprons and hand gels.

We reviewed health and safety audit tools which were in place to monitor and assess the quality and standards of the home. There was a variety of different audits/checks being conducted which meant that people were living in a safe environment.

People's nutrition and hydration support needs were safely managed. People were regularly assessed and measures were in place to monitor and mitigate risk. We found that appropriate referrals were being made to external healthcare professionals and the guidance which was provided incorporated within care plans.

Recruitment was safely managed. People who were employed had undergone the necessary recruitment checks. We found suitable Disclosure Barring System checks (DBS) in place and appropriate references had

been sought prior to employment commencing.

Reasonable adaptations and adjustments had been made to the environment to support people who had limited mobility. People were appropriately supported and independence was encouraged.

People living at Ascot Lodge told us that staff were kind, caring and friendly. Interactions we observed between staff and people living in the home were warm, sincere and familiar. It was evident that staff were familiar with the people they were caring for.

Confidential information was stored securely. People's personal information was appropriately protected and sensitive information was not unnecessarily being shared with others.

A person centred approach to care was evident; newly revised paperwork was being implemented to further improve person centred care people received. It was clear that staff were familiar with the people they were supporting and how the support needed to be provided.

A complaints policy and procedure was in place. People and relatives told us that they knew how to raise any concerns if they ever needed to.

The range and variety of activities had improved since the last inspection. People and relatives told us they enjoyed the activities available and were able to choose whether or not they wanted to join in. There was a schedule of different activities advertised around the home and people were encouraged to express what activities they wished to engage in.

Systems were in place to gather feedback regarding the provision of care being provided. People, staff and relatives were encouraged to share their views, opinions and thoughts around the standard and quality of care people received. These included staff and 'resident and relative 'questionnaires', resident/relative and staff meetings, meal experience forms, dignity activity surveys.

Following the last inspection the registered provider submitted a number of different action plans to evidence how they were progressing with their improvements. During the inspection we identified that actions were being completed and the quality and standard of care being provided had improved.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory requirements and ratings from the last inspection were displayed within the home and on the registered provider's website as required.

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.

Medicines management processes were safely in place.

Risk assessments were being conducted and regularly reviewed and updated.

Staff were recruited following safe recruitment procedures and there were sufficient staff on duty to meet people's needs.

Staff were aware of safeguarding and whistleblowing procedures.

Is the service effective?

Good

The service was effective.

The registered provider was complying with the principles of the Mental Capacity Act, 2005

Staff were receiving regular supervisions and were being supported with training, learning and development.

People's nutritional needs had been assessed and staff were aware of people's dietary needs and preferences.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were kind, friendly and caring.

Interactions between staff and people living in the home were warm and familiar.

Confidential information was securely stored and protected.

For people that did not have any friends or family to represent them, details of local advocacy services were available.

Is the service responsive?

Good

The service was responsive.

Staff were familiar with the needs of the people they were supporting; newly revised paperwork was being introduced to further improve person centred care which was being delivered.

People and their relatives were familiar with the complaints process; there was a complaints log in place.

People enjoyed the range of different activities which were provided and relatives expressed that the variety of activities had improved.

End of Life Care was being supported and staff were enrolled on the necessary training.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We have recommended that the registered provider reviews the quality assurance systems to further improve the overall provision of care delivered.

Feedback regarding the management of the service was positive. Actions had been taken to improve areas of concern identified at the last inspection.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home.

A range of different policies and procedures were in place and staff knew how to access them

Ascot Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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 14 and 16 May, 2018 and was unannounced.

The inspection team included two adult social care inspectors.

Prior to the inspection we reviewed the information we held about Ascot Lodge. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

A Provider Information Return (PIR) was also reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made.

We used this information to plan how the inspection should be conducted.

During the inspection we spoke with the area manager, registered manager, one nurse, four members of staff, one kitchen chef, two people who lived in the home and three relatives.

We looked at the care files of five people receiving support from Ascot Lodge, four staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the two days, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived at Ascot

Lodge, lounge and dining area.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Good

Is the service safe?

Our findings

At the last inspection which took place in September 2017, we found that the registered provider was in breach of regulation in relation to the provision of care people were receiving. The safe domain was rated as 'Requires Improvement.' During this inspection we looked to see if improvements had been made.

During this inspection we reviewed risk assessments within people's care files. Assessments which were in place included moving and handling, falls, behaviour, nutritional, continence, mental health and medication. We saw that risk assessments contained information for staff to follow in order to keep people safe. For example, we reviewed one person's nutritional risk assessments and found that the person was at risk of malnutrition. The appropriate referral had been made to the dietician, a specialist diet was being supported, weight was being monitored and diet and fluid intake was being managed.

Although the variety of risk assessments were detailed and provided staff with guidance on how risks should be managed, we identified that the monthly reviews which were taking place provided very basic information. Monthly reviews did not offer a great amount of detail in relation to the risk being managed and any change in circumstances. We discussed our findings with the registered manager who was responsive to our feedback and agreed that monthly reviews would contain a greater level of information.

Medicines were managed safely by staff who were trained and deemed competent in their administration. We observed part of a medicines' round which was undertaken by the registered manager. This was conducted in a safe manner. Staff received medicine training and had access to an up to date medication policy and procedure to support their practice.

We reviewed nine medication administration records (MARs) and found these were clearly completed and contained sufficient information to instruct staff on safe administration. Safe systems were in place to check stock balances including a continuous record of stock reduction. We conducted a number of random stock balance checks and found these to be correct. This included the stock balance for a controlled medication. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. Controlled drugs were stored appropriately along with other medicines which were stored in two medicine trolleys and locked cupboards in the medication room. Handwritten entries were signed by two people, which helped to reduce the risks of errors.

We reviewed MARs to track whether people had been administered topical preparations (creams). We saw completed MARs in people's bedrooms which care staff had signed. A body map showed where the cream was to be applied. This meant that there was a record which evidenced when the cream had been applied, how many times the cream and to what part of the body.

Some people were prescribed PRN medicines (medicines to be given 'as and when' needed). However, the protocols in place did not comply with the PRN policy and did not contain sufficient detail. The registered manager was responsive to our feedback and ensured that all protocols were reviewed and updated by the second day of the inspection.

There were no people managing their own medication at the time of the inspection however the registered manager was aware of the risk management of this practice and what protocols needed to be in place. Thickening agents (prescribed to people who were at risk of choking) were added to drinks accordingly, instructions were clearly recorded and staff had signed when these were added to fluids.

Medication audits were routinely taking place and were effectively assessing, monitoring and identifying areas of improvement which needed to be addressed. There was a medication policy available which included information about how medicines were ordered, stored, administered and disposed of. Medication was stored securely in locked trolleys and the temperatures were monitored and recorded. If medicines are not stored at the right temperature, it can affect how they work.

At the previous inspection we found that people's safety was being compromised and there was unnecessary exposure to risk. We found cleaning products and shaving blades were not securely locked away, people were able to gain entry into areas which could have been hazardous to health and a number of bedroom doors and a fire door were found wedged open. During this inspection we found the level of risk had been significantly reduced. Cleaning products and shaving blades were safely stored away, people could not gain access to dangerous areas and fire doors/bedroom doors were suitably closed over.

Health and safety processes and systems were reviewed to ensure the home was safe. We were provided with regular checks and audits such as portable appliance testing (PAT) water temperatures, window restrictors, nurse call systems and gas as well as the relevant regulatory certificates which needed to be in place for gas and electric compliance. Fire procedures and risk assessments were carried out and equipment for safely evacuating people was stored securely and safely in the home.

People had the relevant personal emergency evacuation plans (PEEPs) in place. PEEPs help staff to establish what support people need in the event of an emergency situation. PEEP information was found to be accurate and up to date. PEEP contained the correct room number, level of mobility, assistance required and how the person needed to be evacuated. This meant that all staff were familiar with the support each person required if an emergency evacuation was needed.

Accidents and incidents were reviewed during the inspection. We found that all necessary care plans and risk assessments were updated, an accident/incident folder had been created to monitor and assess all incidents and the registered provider ensured that a monthly review took which established trends and mitigated risk.

The registered provider was no longer in breach of regulation in relation to 'Safe care and Treatment'.

We reviewed recruitment processes to ensure the registered provider was compliant with regulations. All staff files contained appropriate references, photographic identification, application forms with detailed employment history and qualifications as well as a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. Such checks assist employers to make safer decisions about the recruitment of staff.

We reviewed staffing levels during the inspection to ensure people were receiving a safe level of care. People and relatives told us there were sufficient numbers of staff to meet people's support needs in a timely way. We were informed that less agency staff were being used and people were being supported by consistent staff. One member of staff said "Staffing levels are really good, levels of staff have increased and this has really helped."

People and relatives we spoke with told us they felt safe living at Ascot Lodge. One person said "Yes, I feel safe, they [staff] know me well" and one relative said "There really is a safe standard of care, yes. Staff keep [person] safe, there has been a real improvement in [persons] health since being here."

Staff were clearly able to explain their understanding of safeguarding and whistleblowing procedures and how they would report any concerns they had. An up to date safeguarding and whistleblowing policy was available and the contact details for local safeguarding teams were available. This meant that people were protected from harm and staff were familiar with the necessary reporting procedures.

The home was clean, well maintained and free from odours. Personal protective equipment (PPE) was available for all staff, gloves and aprons were available and there was an up to date infection control policy in place. Since the last inspection, improvements had been made to the interior of the home. New carpets had been fitted as well as improvements to the design and décor of the home. This meant that the registered provider was committed to improving the quality and standard of care people were receiving. People living in the home told us they had no concerns about the environment and felt it was always clean and tidy.

Good

Is the service effective?

Our findings

At the last inspection we found the registered provider was in breach of regulations in relation to 'need for consent' and 'staffing' and the effective domain was rated as 'Requires Improvement'. During this inspection we checked to see if improvements had been made.

In September, 2017 we found that the registered provider was not complying with the principles of the Mental Capacity Act (MCA), 2005. People were not being appropriately assessed, assessments were not decision specific and best interest decisions were unclear.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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 the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that an assessment tool was effectively used to assess people's capacity to make 'key' decisions such as, use of bed rails, care and treatment. Where appropriate, people had signed to indicate their consent. In other cases 'best interest' meetings were held and 'best interest' decisions were recorded or people with legal authority to make decisions had signed to evidence their consent. We saw consent had been sought in line with good practice and guidance. During the inspection we observed staff seeking people's consent before supporting them.

Records showed that the relevant Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the local authority. Information regarding DoLS was also clearly recorded within the necessary care plans. Care records contained people's consent in relation to photographs, care and treatment and when people were unable to provide consent, decisions were made in people's best interest in line with the principles of the MCA.

The registered provider was no longer in breach of regulation in relation to 'Consent'.

During the last inspection we found that the registered provider was not supporting staff with routine supervisions or annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

During this inspection we found that staff were provided with training, learning and development opportunities as well as receiving the necessary supervision and appraisals. Staff were receiving training around food safety, infection control, safeguarding adults, MCA and DoLS, first aid, person centred care,

equality and diversity and dignity and care. Staff were also supported with medication awareness training ensuring they were able to safely administer medicines to people who needed this provision of care.

The registered provider was no longer in breach of regulation in relation to 'Staffing'.

We found suitable adjustments had been made to support people with limited mobility, improvements had been made to the décor and furnishings and 'service action plans' indicated that further developments were planned to improve each of the bedrooms and the garden area.

People living at the home had access to support from external health professionals to support their health and wellbeing. We saw referrals were made appropriately and in a timely manner. For example, support for a person who had a pressure ulcer had been sought and staff were following the given advice. A wound risk assessment and care plan recorded information as to the progression of the affected area and current treatment plan. The person also had a more general plan of care of their skin; this needed to be updated to reflect the care plan for their pressure ulcer to highlight the on-going risks and safe management. The area manager said this would be responded to immediately.

People's nutritional support needs were routinely monitored and the necessary referrals to the dietician or speech and language therapist where taking place when required. Advice from external healthcare professionals had been included within care plans and staff were familiar with advice and support which had been provided. Weekly and monthly weight charts were completed accordingly and diet and fluid intake was effectively monitored.

For people who had a medical condition we saw records relating to the condition and also the checks needed to ensure their condition was carefully monitored. Any change had been reported and the care records updated accordingly. During the inspection a person needed hospital treatment. Staff responded promptly by seeking external medical assistance and the necessary arrangements were made to ensure their health and wellbeing.

During the inspection we observed the quality and standard of food people received. Meals were well-presented and people had a choice of what food they wished to eat. The chef who we spoke with during the inspection was familiar with all specialist diets which needed to be accommodated for and explained what products needed to be purchased for certain people who were living at Ascot Lodge. We also found that records contained up to date and relevant information. In one care record, it stated 'Substitutes which need to be purchased include sugar free ice-cream, fresh fruits, reduced fat cheese and skimmed milk.'

The area manager had introduced 'Meal feedback forms'. This had been created in order to establish the thoughts, views and opinions of people living at Ascot Lodge. The feedback form was an 'easy read' form which contained visual images which depicted 'good', 'bad' and 'neutral' faces but also encouraged people to share their views. There was evidence of one person who identified the food as 'bad'. The area manager discussed the feedback with the person and then informed the chef of the necessary changes which needed to be made. This meant that people were supported to share their preferences, likes and dislikes in relation to meal time experiences.

Good

Is the service caring?

Our findings

At the last inspection we found the registered provider was in breach of regulation and the caring domain was rated as 'Requires Improvement'. The breach was in relation to the lack of 'dignity and respect' people received whilst living at Ascot Lodge and the lack of 'good governance' which was in place to in relation to people's sensitive and confidential information.

In September, 2017 we found that the registered provider did not ensure people were receiving the level of dignity and respect they deserved. One bathroom window was found to be without a roller blind/curtain, this meant the people's dignity and privacy was not protected and another person was not able to watch televisions due to the position of their bed.

During this inspection we found that the improvements had been made. A roller blind had been placed on the bathroom window which meant that people's privacy and dignity was respected and people were appropriately positioned in their bedrooms so they could watch television when they chose to. There was also the introduction of a 'Dignity survey' which staff were requested to complete. The survey concentrated on different aspects of care which people should be receiving at Ascot Lodge. The survey focused on the approach of staff towards people being cared for, the support people received, familiarity with cultural backgrounds, respect and privacy, communication and identifying poor practice. This then allowed the area manager and registered manager to monitor, assess and improve the delivery and experience of care people received.

People living at Ascot Lodge told us that staff were kind, caring and they were familiar with their support needs. Their comments included, "It's good care, they treat me with respect. I get along with them all. One person expressed the best thing about Ascot Lodge was 'The staff.' Comments we received from relatives included, "The care is excellent, the staff are all great. The staff know [person] really well. I know [person] is being well looked after", "I've got peace of mind [person] is looked after" and "The care assistants are fabulous, I feel very relaxed when I go home."

During the inspection a SOFI tool was completed to observe interactions between staff and people who were living at Ascot Lodge. Interactions between staff and people were warm, kind, sincere and familiar. Staff engaged in meaningful conversations, supported people with their food but also encouraged independence, addressed people by their preferred names and offered 'choice' when offering food and drinks. People had the option to eat their lunch time meals in the TV room, dining room or in their bedrooms. One person said "I can choose to eat my food where I want to, I choose to eat mine in my bedroom a lot of the time, staff support me with that."

The registered provider was no longer in breach of regulation in relation to 'Dignity and Respect.

During the last inspection the registered provider did not ensure that sensitive and confidential information was securely stored and protected in line with The Data Protection Act, 1998. For example, Information in relation to a person's date of birth, GP, allergies and Do Not Attempt Resuscitation (DNAR) status was visible

on each bedroom door. We also found information in relation to people's nutritional support on the wall in the main dining room.

During this inspection we found that improvements had been made. All confidential and sensitive information was securely stored and protected. Records were secured in a locked office and confidential information was not unnecessarily being shared with others.

The registered provider was no longer in breach of regulation 17 in relation to 'Good Governance'

It was clear that staff knew the people they were caring for well. Staff could describe people's needs as well as their likes, dislikes and preferences. Care records were in the process of being reviewed and updated; however we did see evidence of new 'It's all about me' templates which were being introduced. The new 'It's all about me' template reflected people's preferences with regards to food and drink, clothing, activities, hobbies and times they liked to get up or go to bed as well as information about the persons family, friends and life history. This level of information enabled people to be supported by staff that knew them well and provide care based on their individual needs and preferences.

There was relevant information available about Ascot Lodge in the main foyer of the home. For example, there was information provided about fire evacuation and safety procedures, pictorial staff notice board, safeguarding information, a schedule of activities and a suggestions box for people express their feelings, opinions and thoughts about the home.

We reviewed the 'Service user guide' which was provided to people and relatives from the outset. This contained important information about Ascot Lodge. such as the aims and objectives of the service provided, activities provided, organisational structure, accommodation, facilities, quality and standard of care provided and what each person could expected when they moved into the home.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. The registered manager told us they would support people to access these services should it be required.

Good

Is the service responsive?

Our findings

At the last inspection, we found the registered provider was in breach of regulation in relation to 'Good Governance' and the responsive domain was rated as 'Requires Improvement'. We found that care records were not being consistently updated and staff were not being provided with the relevant amount of information required in relation to people's support needs.

During this inspection we found that most records contained up to date, consistent and relevant information that staff required in order to provide person centred care and support. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the home.

At the time of the inspection all care records were being updated and reviewed in order to improve the level of person centred care which was provided. However, some records only provided very basic information. Staff explained that the new paperwork would increase their level of knowledge and understanding of the person they were supporting and would enable them to provide the level of care which was expected.

Although not all care records had been updated the new paperwork we were provided with concentrated on the needs of the person and enabled staff to support people in a way which was individualised and person centred. For example, one person's care plan stated 'My preferred times of waking up is between 8am and 10am, I like to have my breakfast in bed and I like to stay in the lounge for most of the day. I like to socialise, I like to sleep with two pillows, I like my sensory blanket and curtains closed with the light off.' The area manager explained that all revised paperwork would be in place over the forth coming weeks and all records would contain the required level of person centred information required.

The registered provider was no longer in breach of regulation 17 in relation to 'Good Governance'.

The registered provider ensured that people were protected from discrimination, there was equality of opportunity and everyone was treated fairly regardless of age, gender, disability, religion/belief or race. The admission assessment form explored different protected characteristics (such as age, gender, religion and disabilities) there was an up to date equality and diversity policy in place and staff were being supported with equality and diversity training.

Care files showed that people were encouraged to remain as independent as possible, whilst remaining safe. For example, one person's nutrition care plan stated '[Persons] ability to eat independently has become variable, some days [person] is quite alert and will feed self.' However, risk assessments were in place which indicated that staff still needed to ensure that the person's risk of malnutrition didn't increase. Staff were encouraged to 'observe' the person at mealtimes, 'offer' drinks that they preferred, monitor diet and fluid intake and report any concerns which presented. This enabled the person to remain as independent as possible but for staff were encouraged to ensure the person was still safe in relation to their nutrition and hydration needs.

The registered provider had an up to date complaints policy and procedure in place. The complaints procedure was displayed in the home and available in the service user guide. At the time of the inspection there were no complaints being responded to. Previous complaints which had been received had been correctly responded to in accordance with the registered provider's policy. One relative expressed that they had some concerns when their relative arrived at Ascot Lodge but confirmed that their concerns were listened and responded to without delay. One relative said "I can honestly say if there was anything I wasn't happy about I could speak to staff; they're [staff] all really responsive."

At the time of the inspection there was no activities co-ordinator in post. We were informed that all staff supported with a range of different activities and the registered provider was in the process of recruiting an activities co-ordinator. We saw a weekly activities schedule on the notice board in the foyer, relatives and staff expressed that there had been improvements in the range and variety of activities provided, there was evidence of activities being discussed in team meetings and an activities survey and recently been devised and circulated to people living at Ascot Lodge and their relatives. One of the returned surveys we checked during the inspection said 'More choice of trips out and appropriate outdoor activities'. Following on from the survey, the area manager ensured that more external activities were arranged and people/relatives had the opportunity of visiting local cafés, garden BBQs were scheduled and trips to local restaurants were organised.

Relatives expressed "There are always things being arranged, we can join in too", "There are different things for them, we went for a meal the other day, I went along, they [staff] do try different things" and "Activities are getting better, they've [staff] just celebrated [persons] birthday, you can't fault the staff at all."

We asked the registered manager if 'End of life' care was provided to people who needed specific support at the end stages of their life. At the time of the inspection nobody was being supported with end of life care but a number of staff had been enrolled on to a 'Six Steps' training course. This is a locally recognised training course that aims to provide staff with the tools and knowledge to plan and provide the best possible person centred care to people at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, we found that the registered provider was in breach of regulation in relation to 'Good Governance'. We found that the systems to monitor the quality and safety of the service were not effective and risk was not effectively monitored or managed. The well-led domain was rated as 'Inadequate'.

During this inspection we looked to see if improvements had been made. The necessary audits and checks which were completed by the management team. Audits and checks were completed in areas such as health and safety, infection control, maintenance management, accident and incidents, medication and care records. We found however, that that further improvements could be made. For example, the medication audits did not identify some of the areas which were identified during the inspection in relation to PRN medication, risk assessments needed to be thoroughly reviewed each month and there needed to be a greater emphasis on a person centred approach to care. We discussed the areas of improvement which were required with the registered manager who was responsive to the feedback.

The registered provider was no longer in breach of regulation 17 in relation to 'Good Governance' however, we do recommend that the registered provider continues to improve areas of quality assurance as to ensure the standard and quality of care being delivered is that of a high standard.

We looked to see how the registered provider maintained oversight of the provision of care being provided. We saw evidence of staff meetings, resident/relative meetings, action plans and a number of different quality assurance surveys being conducted in a number of different areas. This meant that many different aspects of care were being assessed, monitored and improved upon and people, staff and relatives had the opportunity to express their thoughts, views and opinions about the provision of care being provided.

Communication processes were reviewed during the inspection. A daily communication book was in place and daily records were regularly updated by the staff team in relation to each person who was being supported. Staff we spoke with expressed that the level of communication had improved and staff felt involved in the care provided. One member of staff said "We have a really good team now, we all use the communication book, there is a handover every day and we discuss things with each other when we need to."

We received positive feedback from staff and relatives about the management of Ascot Lodge. One staff member said "It's very good now actually, [Manager] is very supportive and very understanding" and "[Manager] is very good." Relatives also expressed "I have peace of mind that [person] is looked after properly", "All the staff and managers are really approachable" and "Everyone is great here, the staff keep [person] safe."

Following the last inspection the registered provider created an action plan to address the areas of concern we raised. During this inspection we saw that the registered manager and area manager had worked through the action plan, clearly recorded what priority actions needed to be addressed and how all areas of improvements needed to be completed by a specified deadline date. We found that the necessary measures

had been taken, risk was being monitored and mitigated and most of the actions had been addressed. .

We reviewed the range of different policies and procedures the registered provider had in place. All policies had been updated and all contained the relevant guidance and information staff needed. Staff were familiar with different policies such as safeguarding of adults, whistleblowing, medication administration, and equality and diversity.

At the time of the inspection there was a registered manager in post. They had been registered with CQC since January, 2016. The registered manager was aware of their responsibilities and it was evident from this inspection visit that improvements had been made.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding Ascot Lodge.

Ratings from the last inspection were displayed throughout the home as well as being available on the registered provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.