Ashley Lodge RH Limited

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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

Overall summary

We inspected this home on the 19 and 20 October 2015. This was an unannounced inspection. Ashley Lodge provides accommodation for a maximum of 26 older people, some of whom have dementia and who require personal care. There were 23 people living at the home when we visited although two were in hospital. The home is set out over two floors with a lift providing access to all floors. All of the bedrooms were single en-suite bedrooms apart from one shared bedroom.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People that we spoke with felt safe living at the home. Staff knew how to recognise when people may be at risk of harm and felt confident to raise any concerns they may have. We saw there were sufficient staff available to meet people's requests for support.

Summary of findings

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the rights of people using services who may lack the capacity to make decisions for themselves. We found that although staff had received training on the MCA understanding of this legislation varied amongst staff. There was no evidence of how it had been determined that people lacked capacity and what it meant in respect of making decisions about aspects of their day to day lives.

We observed positive interactions between staff and people living at the service and it was evident that staff knew people well. Staff that we spoke with knew people's likes and dislikes and could tell us how they followed people's care plans to provide care in the way the person wished. People and their relatives described the staff and registered manager as kind and approachable.

Medicines were stored safely and only staff who had received training were allowed to administer medication.

We saw that people were supported to receive their medications in a dignified way. Whilst most prescribed medicines were given safely we found that some systems around medication administration were not always effective and audit systems in place had not identified the issues found.

We found that whilst people were supported to express their views about the care they received, not all people were routinely involved in commenting on the quality of the service or in making suggestions of how the service could improve. We saw that the provider had systems in place for people to report concerns and complaints.

Systems were in place to ensure that people were protected from risks and the associated records were regularly reviewed and appropriate action taken. Although there were some systems in place to monitor aspects of the quality and safety of the service they were not always robust.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Prescribed medicines were given safely.

Staff were aware of the signs of abuse and the correct procedure to follow should they be concerned.

Risks that people could encounter were generally well managed by staff.

There were sufficient staff available to support people promptly. Safe recruitment processes were in place.

Good

Is the service effective?
The service was not always effective.

Staff had received training to enable them to support people effectively.

Although staff had received training about the Mental Capacity Act (2005) we found that people's rights were not always supported in line with this act.

People were supported to maintain good health and healthcare professionals were contacted when people's needs changed.

Requires improvement

Is the service caring?
The service was caring.

People told us that the staff were caring and we saw staff display kindness and compassion when supporting people.

People had been involved in decisions about how they wanted their care delivered.

Good

Is the service responsive?
The service was responsive.

People told us they were involved in reviewing their care.

People and their relatives knew how to raise concerns should they need to.

Good

Is the service well-led?
The service was well-led

People gave positive feedback about the management of the service.

Some quality assurance systems were not consistently robust and had failed to identify some gaps and omissions in records.

Good

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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 unannounced inspection took place on the 19 and 20 October and was undertaken by one inspector.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. Before the inspection, the provider completed 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. We also contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with five people who lived at the home, five members of staff and the registered manager. We also spoke with eight relatives. After the inspection we spoke with one healthcare professional who supported people who used the service. We conducted observations throughout the inspection.

We looked at records including three people's care plans and medication administration records. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, residents meetings, staff meetings, incident and accident reports and quality assurance records to see how the provider assessed and monitored the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home and comments included, 'Oh yes, I feel safe here' and 'I pull a cord and staff will come and help me.' Relatives that we spoke with felt their relative was safe and comments included, "She is safe and well looked after."

Staff we spoke with told us they had received safeguarding training and were able to explain the provider's safeguarding procedure including describing the action they would take to keep people safe. Staff were confident in being able to inform the registered manager if they had any concerns and were aware of other agencies to contact if they felt the registered manager had not taken appropriate action. The registered manager was aware of her responsibilities for safeguarding people from harm. Records confirmed that staff had received safeguarding training to ensure they were knowledgeable of current safeguarding practices.

We looked at the ways in which the service managed risks to the people living there. Each person had their individual risks assessed and identified through their care plans which were reviewed monthly. We found that where risks had been identified to people action had been taken to reduce the likelihood of these risks occurring. Accident records were completed accurately and records were reviewed monthly to ensure that immediate action had been taken to check on the person's well- being. However, this review did not analyse the cause or frequency of accidents occurring which put people at risk of reoccurring accidents. We saw that one person was experiencing a number of on-going falls and had experienced three falls in one month but there were no records of what had been put in place to reduce the risk for this person. We spoke to the registered manager who was aware of this and told us that some action had been taken to reduce the risk of falls but it had not been wholly successful.

People who used the service and their relatives told us there were enough staff available to meet people's needs.

We saw that staff were available to meet people's requests promptly. The registered manager told us that the service did not use agency staff as the current staff were able to cover staff absences to maintain designated staffing levels.

We saw that there were processes in place for safe staff recruitment which had been followed. These processes included obtaining Disclosure and Barring Service (DBS) checks to ensure that people employed were safe to be working to support people. We found that further steps, such as obtaining references from previous employers, had been taken to ensure staff were suitable to support people who used the service.

People were supported to receive medication in a dignified and sensitive way. We saw staff explaining to people what medication they were taking and staff asked people if they needed their 'as required' pain relief medication. People's care records contained information for staff about people's medications, what the medication was taken for and possible side effects of the medicine. We saw that medication was stored safely.

The service had ensured that only staff who had received training around medication were able to administer medication. Although medication audits were completed monthly they had failed to identify the following concerns. We saw that one person had not received two different medications they needed to manage their healthcare needs on two occasions within the space of a week. We asked staff about this but they were unable to explain why the medication had not been given as prescribed. We saw that there were discrepancies between what had been prescribed and what was recorded on the medication record in three different instances. Although the staff informed us that the doctor had been consulted on all these occasions, and advised us that they had followed the doctors' instructions, there were no records to state the correct dose to be given or why the dose had been altered. We were unable to ascertain if as required medication had been given correctly in three instances as the total amount of medicine available did not correspond with the amounts signed for on the medication record. Internal audit and checking systems had not identified these gaps in records of medication administration.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (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 take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We were told that some people lacked capacity but there were no detailed assessments or common understanding amongst staff to indicate in what aspect had it been determined that the person lacked capacity. This meant that some people's rights had not been protected. 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) We looked at whether the provider was applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) appropriately. Staff we spoke with told us they had received training on MCA although understanding of this legislation varied amongst staff. Some people's care plans showed that consent had been given by relatives for people's care without checking that the correct authorisation was in place.

People and relatives that we spoke with felt that staff were knowledgeable about people's care needs. One relative told us that "Staff understand her needs."

Staff we spoke with felt supported within their role and informed us that they received regular training in people's specific needs to enable them to support people effectively. The registered manager informed us that new staff were being supported to complete the care certificate, which is a key part of the induction process for new staff. The care certificate is a nationally recognised induction course which aims to provide care staff with a general understanding of how to meet the basic needs of people who use social care services. One new member of staff that we spoke with explained how she had worked alongside a more experienced staff member for a period of time to enable her to learn how to carry out her role effectively. We saw that there were systems in place to schedule training to ensure staff were kept up to date with the knowledge they needed to support people.

Staff informed us that they received supervisions and appraisals to help improve their knowledge. Staff told us that this happened on an informal and formal basis. We saw that staff meetings occurred regularly and staff we spoke with told us they felt able to feedback suggestions at these meetings.

People told us that staff offered them daily choices. We saw staff seeking people's consent when they were receiving their medication, around meal times and when staff were supporting people with their mobility. Staff told us about how they would support people to make choices and described the different communication methods they would use depending on the person's individual communication style.

We saw that meal times were generally a pleasant experience for people. People were offered choices in all courses of their meal. People told us that they liked the food and comments included, "The food is great, I can make a choice." One person told us of a request she had made for a specific food and that staff had purchased this for her. One person who required support to eat had their staff support changed three times during the course of their meal as the person kept getting up and wanted to leave the dining room. Staff followed the person into other parts of the building with their meal. The presentation of the food served to one person on a blended diet did not respect their rights of choosing what they would like to eat. The registered manager informed us that food was not normally presented in this manner and told us that the chef would be reminded of this. The chef was aware of people's specific dietary needs and informed us about the systems in place to gather information about people's food preferences which was then used to plan menus.

We saw that the service had recorded each person's physical activities so that they could ensure people remained as active as possible. People saw healthcare professionals regularly to monitor and maintain their health and told us, "I can get to see a G.P." Relatives told us that the service always informed them, where appropriate, of any concerns they had regarding their relatives changing healthcare needs and that the service sought advice from healthcare professionals if they were concerned. One

Requires improvement

Is the service effective?

healthcare professional that we spoke with told us the service were proactive in monitoring people's healthcare needs which reduced the need to call healthcare professionals. They also commented that the service was quick to alert them when people's healthcare needs changed and any advice given was acted on promptly.

Good

Is the service caring?

Our findings

People told us that they felt cared for and we saw that staff interacted with people in a kind way. People talked positively about the staff and comments included, "Staff are always nice to me", and "All the staff are very nice ladies." All of the relatives we spoke with were very complimentary of the staff and comments included, "All the staff treat her with kindness", and "The staff are great." Relatives informed us that they saw consistent staff who knew people well. One relative told us how the home had helped their relative settle into the home and described the action they took as "They've gone the extra mile to help her settle quickly."

Staff we spoke with knew people's likes and dislikes and their family background. However, staff knew little about people's life histories and when asked the staff said they would look in people's care plans. We saw that people's life histories had not been documented in their care plans to provide better care. The registered manager informed us that she was planning on introducing information about people's life histories in care plans so that staff would know more about people who they were supporting.

Care plans were largely developed with the person and their relatives to find out the person's likes, dislikes and preferred routines. Staff were able to tell us how they used this information to provide people with care in the way they wished. Although care plans detailed information about people's diagnoses they did not contain specific information about how this affected the person.

People told us that visitors were welcomed into the service and were able to visit anytime. One person told us, "My visitors can come when they want." There were private areas of the home where people could meet with their visitors. Relatives told us that they were able to have dinner with their family member in a separate dining area. We saw that when relatives did visit they were welcomed into the home.

We saw staff treating people with dignity and respect when giving people explanations of what was happening or explaining what meals were on offer. We observed that when information was handed over between staff it was done so in a respectful manner and confidentiality was generally respected. However, sensitive information was not handed over confidentially as the office door was left open whilst information was been shared and one person living at the home walked past whilst this information was shared. The registered manager advised us that this practice routinely happened due to the size of the office and no alternative arrangements had been considered.

One relative, we spoke with, gave an example of how the home had worked really hard to support their relative to become more independent with their mobility following an operation. We saw that people were encouraged to use their walking aids to promote their independence and adaptive cutlery was available for people to retain the ability of eating their meal without additional support.

Good

Is the service responsive?

Our findings

People that we spoke with told us that they were involved in their care. We saw that staff acted promptly to people's requests for support.

People told us about the activities that they took part in which included weekly activities such as a musician who came to lead sing-along sessions and another person who visited to lead on mobility activities to music. The provider had arranged for a minister from a local church to visit the home on a weekly basis to meet some people's religious needs. The home had a pet cockatiel and fish and we saw people enjoyed interacting with these pets. One relative informed us that the service offered her relative a choice in activities and that she could take part if she wished or could have the peace and quiet of her bedroom. The service had been responsive to people's requests to keep in touch with people important to them. The registered manager informed us of how they had supported one person's request to meet with his friends on a regular basis and also how they arranged to take one person to see their spouse who lived in another home twice a week.

People we spoke with gave us examples of how the service had responded to their needs. One person told us "They've organised for me to have a newspaper every day." Relatives that we spoke with gave us positive examples of how the provider had been responsive to their relative's changing needs. Another relative explained how the service had supported their relative with a change in their behaviour and how the night staff had accommodated this change of needs.

Care reviews were carried out with the person and their family. One person told us, "Oh yes they ask me about my care". We saw that care records were reviewed monthly by the registered manager. Although there were no recordings of care reviews with people, the registered manager informed us that she reviewed people's care informally with people and their relatives but did not record these reviews.

People and relatives told us that if they had any concerns they would speak to the registered manager who would try to resolve the issue straight away. One person told us "They've helped me sort things out", when describing a concern the person had. All the people we spoke with told us that the staff and registered manager were approachable and people were comfortable to express their views of the service.

We saw that the complaints procedure was available in people's bedrooms and the home had a complaints, concerns and compliments book situated in the entrance hall of the home. Although there had been no formal complaints in the last twelve months we saw that the registered manager had acted when concerns were raised. One relative informed us of how the service had been quick to respond when she had raised a concern.

Good

Is the service well-led?

Our findings

People that we spoke with were happy with how the home was managed. People's comments about the registered manager included, "[name] is very positive and very helpful", and "The manager is very nice, very understanding." Relatives knew who the registered manager was and commented that she was always available should they wish to discuss anything.

The registered manager followed requirements to inform the Care Quality Commission of specific events that had occurred in the home. The registered manager was aware that there had been changes to regulations, but was not fully aware of what this meant for the service.

The service had a clear leadership structure in place to ensure continuity of leadership should the registered manager be unavailable to offer support and guidance. The registered manager was supported by a deputy manager and also received support from the managers of the providers other services.

People, their relatives and staff told us they felt involved in the running of the home. There was a suggestions box situated in the entrance hall of the home where relatives could make suggestions for improvements to the service.

We saw that residents meetings took place regularly to seek feedback from people living at the home. Not all people chose to take part in these meetings. We saw that a questionnaire had recently been issued and completed by some people who lived at the home. There was some evidence that action had been taken to resolve some of the issues raised although written evidence was not available in all instances. The registered manager informed us that she had spoken individually to each person who had completed the questionnaire and following the inspection assured us that responses had been recorded. Only a small number of people were routinely issued with a questionnaire and there were limited other systems in place to actively seek out the views of the majority of people who used the service.

Staff we spoke with told us they felt able to make suggestions for improvement and told us that these suggestions were often taken on board. We saw that a staff survey had taken place where half of the staff had responded. Analysis of the survey had not been completed at the time of the inspection.

The provider had systems in place to monitor the quality and safety of the service. We found that the systems in place were not always fully effective. The monitoring systems available had failed to identify that records of accidents had not been analysed to identify trends to prevent re-occurrence and medication audits had failed to identify gaps in records of administration or in balances of medication held.