

Ash Lodge Care Home

Ash Lodge Care 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?

Good 

Overall summary

This unannounced inspection took place on 5 and 11 June 2015. At the last inspection on 28 August 2013, the registered provider was compliant with all the regulations we assessed.

Ash Lodge Care Home consists of two adjoining three storey buildings situated on a main road into Hull city centre. It is close to local amenities including shops,

pubs, library, swimming baths and a park. The home is owned by a partnership and is registered with the Care Quality Commission to provide care and accommodation for 22 adults who have mental health needs.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an induction. Staff received training and support to equip them with the skills and knowledge required to support the people who used the service. There was sufficient staff on duty to meet the needs of people's health and welfare needs.

People were able to discuss their health needs with staff and had contact with their GP, attended routine health checks and accessed other health professionals as required. The service made appropriate and timely referrals to healthcare professionals and their recommendations were followed.

We found the nutritional and dietary needs of people had been assessed and the people we spoke with told us the choice and quality of food available was very good.

We looked at how the service used the mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with legislation.

People lived in a safe environment. Staff knew how to protect people from abuse and they ensured equipment

used in the service was regularly checked and maintained. Risk assessments were carried out and staff took steps to minimise risks without taking away people's rights to make decisions.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse and for the safe handling of medicines. Medicines were ordered, stored administered and disposed of safely. Only members of staff who had received training in the safe handling of medicines were involved in the administration of medicines.

Care plans had been developed to provide guidance for staff to support the positive management of behaviours that may challenge the service and others. This guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

We observed staff treated people with dignity and respect and it was clear they knew people's needs well.

People who used the service spoke positively about the care they received. They told us, comments and complaints were responded to appropriately and there were systems in place to seek feedback from them and their relatives about the service provided. A complaints policy was in place and we saw that when complaints had been made, appropriate action had been taken to resolve these.

A quality monitoring system was in place that consisted of stakeholder surveys, reviews, assessments and audits.

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. Staff were recruited in a safe way and there were sufficient staff on duty to meet people's needs.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise abuse and keep people safe from harm.

Risk assessments were in place and were reviewed regularly so that people were kept safe.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Good



Is the service effective?

The service was effective. Staff received appropriate up to date training and support.

Systems were in place to ensure people who lacked capacity were protected under the Mental Capacity Act 2005.

People's nutritional needs were assessed and met and people told us they were happy with the meals provided.

People had access to healthcare professionals when required.

Good



Is the service caring?

The service was caring. People told us they felt supported and well cared for.

We observed positive interactions between people who used the service and staff on both days of the inspection.

People were encouraged to be as independent as possible, with support from staff.

Staff had developed positive relationships with people who used the service. People had their privacy and dignity respected.

Good



Is the service responsive?

The service was responsive. There were a range of planned activities available to people who used the service.

People's care plans recorded information about their previous lifestyles and the people who were important to them. People's preferences and wishes for their care were recorded and known by staff.

People were supported to visit their families and visitors were made welcome.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service was well organised which enabled staff to respond to people's needs in a planned and proactive way.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

Ash Lodge Care 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. The inspection was planned to check whether the registered 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.

The inspection took place on 5 and 11 June 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding and local authority contracts and commissioning team about their views of the service. They told us they had no current issues about the service.

During the inspection we observed how staff interacted with people who used the service. We looked at all areas of the premises including bedrooms [with people's permission] and office accommodation. The care records of three people who used the service were reviewed in order to track their care. We also spent time looking at records, which included handover records, the accident book, supervision and training records, staff rotas and quality assurance audits and action plans. Ten people who used the service were spoken with, a visiting professional, two relatives, the registered manager, the senior carer, two care staff and a domestic.

Is the service safe?

Our findings

The ten people we spoke with told us they felt safe. One person told us, “It’s nice to live here, I have good friends here, and I help people. I feel safe.” Another person told us “I feel safe here; there are enough staff to look after me.” and “It’s alright here, I always feel safe and there are plenty of staff about if you need them.” Other people told us “I think I am very lucky living here it is really nice, the best place I have ever been. You are not restricted I come and go as I want.” People’s relatives told us they thought people were safe at the service.

We found the service had policies and procedures in place to guide staff in safeguarding people from abuse. When we spoke with staff about how they safeguarded people from the risk of abuse and harm. Staff confirmed they had received safeguarding training and in discussions they were able to describe the different types of abuse and the action to take to report concerns. The registered manager had received safeguarding training and we saw they had followed policies and procedures when reporting incidents to the local authority safeguarding team.

We saw risk assessments were completed to minimise risks whilst supporting people to maintain their independence. Staff spoken with were able to describe the risk assessments and the measures in place to guide them when supporting people. For example, for one person staff needed to ensure they had a fully charged mobile phone with credit each time they left the building.

Risk assessments clearly identified what action staff were expected to take in each situation and were based on least restrictive practice and positive and proactive care reducing the need for restrictive interventions. These were seen to have been updated monthly to ensure they reflected any changes in people’s needs. We saw that when risk assessments had been changed amendments had been made to the care plans also. The risk assessments in place covered areas such as nutrition, behaviour that challenged the service and others and going out independently.

Staff we spoke with told us they had time to read the care files and changes in information were passed onto them during handovers. It was important for staff to have up to date information about people’s needs to ensure their

safety and welfare. We saw that some people had additional health conditions that put them at greater risk. Staff were aware of people’s individual risks and what was required of them to manage these risks.

There were enough staff on duty to meet people’s individual needs. Duty rotas for the previous month showed the required number of staff had been available within the service. Staff spoken with told us the staffing levels were sufficient.

The registered provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed, the registered provider requested criminal records checks through the Government Disclosure and Barring Service [DBS] as part of the recruitment process. These checks are to assist employers in making their recruitment decisions. We looked at the recruitment files for three staff. The files showed all relevant police checks and references had been obtained prior to staff employment and were satisfactory.

Records showed people’s medicines were reviewed regularly by either their GP or a specialist doctor, such as a psychiatrist, to make sure they remained effective for the person.

We found people received their medicines as prescribed. Medicines were obtained, stored administered and recorded in line with good practice. Protocols were in place to guide staff when people had been prescribed medicines on an ‘as and when required basis’. Staff confirmed, for any person who required an ‘as and when required’ medicine, an individual protocol was in place for them to follow, with detailed guidance on steps to be taken prior to a decision being made to administer the medicine. We observed the senior staff administering medicines and saw they followed safe practice and did so in line with the person’s wishes. A person who used the service told us “Medicines are always on time. I go to get them myself; sometimes I need a reminder though.”

We saw the environment was safe for people who used the service. Large gates had been erected to the back of the service to improve security, following an incident of an intruder accessing the building through a rear door.

Is the service safe?

Equipment used was maintained and serviced in line with manufacturer's instructions. Each person who used the service had evacuation plans in place to guide staff and emergency services in their evacuation in the event of a fire or other emergency situation.

Is the service effective?

Our findings

People who used the service told us they thought the staff were well trained to carry out their roles. Comments included, “The staff are very good and they know what they are doing.” Another person told us “I know the staff and they know me, they know how to help me.” and “I can get worried about things quite easily, but the staff are always there for me and reassure me when this happens.” People who used the service told us they were happy with the food and there was plenty of choice available. Comments included, “The food is very good. My favourites are spaghetti bolognaise and good quality pork sausages and mash.” And “We are always asked what we would like to eat and there is a menu so we can see what has been planned for each meal.” Another person told us, “There is plenty of everything for us and anything we ask for we can have. There is also plenty fresh fruit we can have. I have no complaints about the food.”

People’s relatives told us, “The staff work very hard and are very good with my relative. They are much more settled here than they have been previously.” And “My relative rings me daily to tell me what they have been doing, but staff also keep me well informed.”

A visiting professional told us, “I have been coming into the service since 2001 and some of the people who have been placed here have failed in other placements. Ash lodge has been a safe haven for these people, they have a high level of need and the staff work hard to meet people’s needs” and “It is a very sought after placement.”

Since our last inspection visit the service has undergone extensive refurbishment. During our visit we saw that the work had been completed in part of the service but newly plastered walls were still awaiting redecoration and old floor coverings still needed replacing. People who used the service told us they had been involved in this process, in choosing colours for their bedrooms and furnishings for communal areas. When we spoke to the registered provider about the timescales involved, they told us the decorators were due in the following week and carpet fitters were scheduled to follow them, in order to complete the refurbishment. We spoke to the people who used the service who were delighted with the changes. They told us, “The changes are great, but I didn’t think there was anything wrong before, sometimes you need to see what changes are like before you can really understand them.”

We observed the lunch time experience of people who used the service and saw people had been given a choice of food, which had been pre ordered and served to them. People who took longer to eat than others were afforded the time to do so. Where people had changed their minds about what they wanted to eat alternatives were offered and provided. Lunch was seen to be a relaxed and sociable experience. Tables were set out with cloths for lunch and the room was spacious and bright following the recent refurbishment. Throughout the day hot and cold drinks and snacks were set out in the dining area for people to help themselves.

The registered manager told us the service was in the process of recruiting a cook after the previous one had recently left. They told us meals were being prepared by staff during the recruitment process. When we spoke to staff about this they told us they had enough staff and time to fulfil this additional task and described how they had involved some of the people who used the service in baking and theme nights. They gave examples of a Mexican night they had planned in order to encourage people to try to experience new foods they may not have the opportunity to try previously. Records showed all staff had received food hygiene training.

When we spoke with people who used the service, they told us they were regularly consulted about menus and food provided in residents meetings. People’s likes, dislikes and dietary needs were identified within their care plans and the staff were fully aware of their individual preferences and needs. We saw that where required, people had been referred to a dietician and had input from these in relation to their diet and nutrition.

We saw staff had access to a range of training relevant to their roles to help them to feel confident when supporting people who used the service. This included training considered essential by the registered provider such as safeguarding, fire safety, first aid, infection control, the deprivation of liberty, diabetes, mental health awareness and challenging behaviours. Training consisted of e-learning, practical instruction and face to face training. The training records were held electronically and there was a system in place to alert the registered manager when refresher courses were due. Records seen confirmed that some staff had completed and others were in the process of undertaking a nationally recognised qualification in health and social care.

Is the service effective?

Newly recruited members of staff told us they had undertaken the skills for care common induction standards and were required to complete this within three months of their appointment. They told us their induction covered safeguarding and whistleblowing. Staff spoken with told us they had the opportunity to work in a supernumerary capacity with experienced staff before being asked to work as part of the allocated staffing hours.

When we asked staff about training they told us, “I have never been asked to do anything I haven’t been trained to do.” and “If someone’s needs change or a need arises for further training, it will be put in place quickly.” This showed people were protected from the risk of receiving care from untrained staff.

Staff told us they received regular supervision from their line manager and an annual review of their personal development.

People’s care plans were reviewed monthly. This allowed the service to identify changes in people’s needs effectively. Referrals were seen to have been made to external health professionals and social care professionals when necessary. We saw referrals had been made to GP’s, dieticians, occupational therapists and psychiatrists. Records showed people had been supported to attend outpatient hospital appointments, GP’s dentists and opticians. We observed a clinic being held in the service by a psychiatrist on the second day of our inspection visit for some of the people who used the service.

The three care plans we looked at contained assessments of people’s capacity to make decisions for themselves.

When people had been assessed as being unable to make complex decisions there were records of meetings with the person’s family, external health and social work professionals and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interests.

In discussions with staff it was clear they knew and understood people’s health care needs and described the professionals involved in their care. They told us some people accessed appointments independently while others requested staff to attend with them. Comments included,

“We understand people’s needs well and when they need support from us. People choose their own GP’s and dentists and they all have annual health check-ups.”

The Care Quality Commission [CQC] is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. At the time of our inspection none of the people who used the service were subject to a DoLS authorisation. Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act 2005 [MCA] and DoLS and confirmed they had received training in this area. The registered manager told us they worked closely with the local authority to identify any potential deprivation of people’s liberty.

We saw evidence of records of assessments and best interest meetings having taken place when people were assessed as lacking capacity to make important decisions.

Is the service caring?

Our findings

People who used the service told us they kept in touch with their relatives. One person told us they were visited by their relatives each week and another told us they spoke to their sister regularly. They said, “The staff will ring for me and I get to talk to my sister.” Some of the people who used the service had their own mobile phones which they used to call family and friends. One person told us staff had helped them to top up their phone that morning.

Each of the ten people we spoke with who used the service told us they thought the staff were caring and would be able to help them and answer questions if needed. One person told us, “The staff speak nicely to me, they are never bossy and they are very patient with me.” Another person told us, “The staff are all very good and kind. I have a key worker who helps me, but any of the staff would do anything for me.” People’s relatives told us, “Staff understand people and their needs and respond to them well. They are always respectful.”

Another person told us, “The staff are alright, they never get angry. If I did something wrong they would talk to me about it but never shout at me” and “The staff are very caring, they do their job well. They are very patient.”

Everyone we spoke with told us they felt the staff treated them with respect, never spoke down to them and spoke to them in a calm manner. All of the interactions we observed between staff and people who used the service supported this. Staff were seen to manage different scenarios and approach each individual in a manner that was responsive to their individual needs. For example, one person who used the service became anxious when another person

crossed their path as they had just got themselves a drink. The member of staff diffused the situation immediately supporting both parties to calm down. They were seen later chatting to both parties and offering further reassurance.

Throughout the two days of our inspection there was a calm and comfortable atmosphere within the service. We observed staff interacted positively with the people who used the service showing a genuine interest in what they had to say and responding to their queries and questions patiently, providing them with the appropriate information or explanation. We saw people who used the service approach staff with confidence; they indicated when they wanted their company and when they wanted to be on their own and staff respected these choices.

Records showed annual reviews were held with commissioners, social workers, named nurses, keyworkers and in most cases the individual. Where people had declined to attend their review we saw that records were in place to show why they had declined. Meetings were held following the review with the person to explain what discussions had taken place.

People who used the service were encouraged to express their views about the care they received. People we spoke with told us they would not hesitate in talking to someone if they felt unhappy about anything and gave examples of the registered manager, their keyworkers or people they would go to for support.

Records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

Is the service responsive?

Our findings

We asked people who used the service about complaints and concerns. They told us they had no reason to complain about things currently, but would talk to the staff if they were worried or concerned about anything. People we spoke with gave us examples of situations they had found difficult where they had been supported by staff. Other people told us, “I don’t need much just help cleaning my room, if I need to speak to someone it would be [Name] she is the one I would talk to [keyworker].” And, “If I need to see the doctor I just ask and the staff will sort it for me.”

Relatives told us, “We are always invited to reviews and asked for our input. We are kept well informed about everything and involved in decision making when needed.”

People we spoke with were aware of the content of their care plan and told us they had been involved in discussions about this. They told us, “The staff are very good I work with them around my drinking habits. I like a beer but we have agreed a plan as to how often and how many I can have.”

A visiting professional told us, “The staff are very welcoming and very good at letting us know if there is an issue. My client has been without incident since they came to Ash Lodge, this is credit to the staff. The staff are very good at supporting people with their aspirations for example; if someone wants to move on they will be supported to do so. When you come here there are always people about, I think this is a good indicator that people are happy to be here.”

People described to us how they had been supported with recent health interventions and how staff had prepared and supported them throughout these. The registered manager told us of the arrangements that had been made to ensure these people were supported by their preferred staff during their appointments and procedures.

Individual assessments were seen to have been carried out to identify people’s support needs and care plans were developed following this, outlining how these needs were to be met.

We saw assessments had been used to identify the person’s level of risk; These included, mobility and nutrition. Where risks had been identified, risk assessments

had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

We looked at the care files of three people who used the service. We found these to be well organised, easy to follow and person centred. People’s care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were to be supported within the service and the broader community. They also included what was important to people such as their likes and dislikes. For example, their preferred daily routines and what they enjoyed doing. We saw each care record contained a photograph of the person and we saw that the care plans had been signed by the individual.

Records showed people’s care was discussed in detail so that all staff had up to date information about people’s needs

Within the care records sampled we looked at those for the people we had observed as not being as well presented in their personal hygiene as others. We saw from the information included that they were both very reluctant to accept direction in this area and required an identified approach in the support of this. We saw from records maintained within the care plan that this approach had been implemented and was being followed as directed. Staff we spoke with also confirmed the process was in place to support these people and at what point further action would be considered.

Records showed people had visits from health professionals such as GP’s, dieticians, psychiatrists and CPN’s.

We saw that where there had been changes to the person’s needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. People’s care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the person.

When we spoke to staff we found they were able to provide a thorough account of people’s individual needs and knew about people’s likes and dislikes and the level of support they required whilst they were in the service and the

Is the service responsive?

community. Staff members told us they felt there was more than enough detailed information in people's care records to describe their care needs and how they wished to be supported.

During the two days of our inspection we observed a number of activities in progress both within the service and the local community. We observed individual people being supported with laundry and others with bingo, shopping, makeup sessions, and a trip out to Cottingham market and for lunch. People told us about trips they had been on, holidays and day trips; they had also participated in planning forthcoming events including trips to the coast.

Other activities described to us included; food theme nights, going to church and art and crafts. While other people preferred to do their own thing or engage in other activities available to them in the local community.

We looked at the complaints system for the service and saw the complaints recorded had all been investigated in accordance with the service's complaints policy and followed up with appropriate actions and responses and acknowledgements to the complainants. Records showed the service had received one complaint since our last inspection.

Is the service well-led?

Our findings

People who used the service knew the registered manager's name and told us they had the opportunity to speak to them each day. People told us, "Carol is about all the time, she comes around every day and chats to us to see if everything is okay." During our inspection we observed the registered manager's interactions with people who used the service. They knew people's names and stopped and spoke with them about their plans for the day and forthcoming events.

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since May 2011. The service was well organised and enabled staff to respond to people's needs in a planned and proactive way.

We spoke with the registered manager about the culture of the organisation and how they ensured people who used the service and staff were able to discuss issues openly. They told us there were regular residents meetings and keyworkers in place for people who used the service. They explained that while some people were quite happy to contribute in a larger meeting, others were more reserved and preferred a less formal, one to one setting in order to express their views and opinions. Examples were also given where advocates had been obtained for people to support them with decision making.

Records of 'residents meetings' were seen and showed people were consulted about the service for example; changes within the service, menu planning and activities. Minutes showed where people had made suggestions for example activities these had been considered and introduced.

In addition to this people's views were obtained through regular surveys about the service. Feedback from surveys completed by people who used the service indicated that at the last survey two people had requested more drinks be made accessible throughout the day. We saw that drinks were set up in the dining area for people to help themselves and when we spoke to people about this they told us it had come about following their suggestions.

There was a quality monitoring system in place that consisted of an annual care and quality audit programme. This included monthly audit tasks, meetings, questionnaires and an analysis of the information, action plans were produced to address any areas identified as requiring improvement.

We looked at the quality audits completed and these covered areas including care plans, medication, training supervision and environment. We saw that action was taken when issues were identified and were closed by the area manager once they were satisfied the actions had been completed.

We saw records which showed accidents and incidents were recorded and appropriate and immediate actions were taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

Records of meetings showed staff were given the opportunity to share and discuss any concerns they may have. Staff told us there were meetings for care staff each month and we observed one of these meetings on the first day of our inspection. Records showed monthly meetings were held for staff and the registered manager openly discussed issues and concerns. We saw further meetings were held with qualified staff.

Staff we spoke with told us the registered manager was approachable, they described them as 'very hands on' and they had an open door policy. Staff also said they could go to the registered manager or the senior staff and would be able to raise any concerns if required. Comments included, "The management are very approachable, they are always around the home so they know what is going on, on a day to day basis." and "Residents are always in and out of the office chatting to her." During our inspection we observed a number of people who used the service come into the office and have a chat with the registered manager.