

## Nationwide Healthcare Limited

# Ashwood Lodge Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



### Overall summary

We inspected Ashwood Lodge Care Home on 12 & 16 March 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

At the last inspection in June 2014 we found the home did not meet the regulations related to cleanliness and infection control, safety and suitability of premises and assessing and monitoring the quality of service provision. The provider sent us an action plan that detailed how they intended to take action to ensure compliance with these three regulations.

Ashwood Lodge is an older building that has been converted for use as a care home and is located in a residential area of Billingham. It provides residential care and accommodation for up to 27 older people, some of whom may have a dementia. The service does not provide nursing care. Accommodation and communal areas for people who use the service are all provided on the ground floor. Office space for the use of staff and management was provided on the first floor.

The registered provider is Nationwide Healthcare Limited. The service has a registered manager, who has been

# Summary of findings

registered with us since 14 March 2014. 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.

Staff had received training in safeguarding and were able to demonstrate an awareness of abuse and how concerns should be reported. However, we found that local safeguarding reporting procedures had not been followed recently, when concerns about possible neglect had been raised with the service's registered manager and provider. We also found that the service's safeguarding policy did not provide appropriate information.

Maintenance work identified as needed during our visit in June 2014 had not been completed when we revisited on 12 March 2015. Additional maintenance work was also identified as needed during our visit. Robust processes to ensure good standards of infection control and hygiene were still not in place, particularly around the use of bin liners and in the laundry and sluice areas.

Medicines were being administered, stored and managed safely, although some improvements to medicine records could be made.

People who used the service and relatives felt that staff were sometimes too busy and not available when needed. People were also concerned that staff had to cover other roles, such as care staff working in the kitchen and the registered manager covering care shifts. Staffing records and discussions with staff showed that minimum staffing levels were maintained, but we also saw that staff were not always present in communal areas and at times appeared to need more direction.

The required information relating to staff employed at the home had not always been obtained when staff were recruited. Staff received training and support, although some improvements could be made to the training provided and the frequency of formal support, such as one to one supervision sessions.

Staff had been trained on the Mental Capacity Act (MCA), but could not explain the fundamental principles of the MCA when asked and care records did not demonstrate

that the MCA was being implemented correctly. The manager was familiar with the Deprivation of Liberty Safeguards and one person at the home was subject to them at the time of our visit.

People's nutritional needs were being assessed and monitored, with a choice of regular meals provided. Staff confirmed that food was always available if people were hungry between meals and regular drinks were offered. People had access to health and social care professionals, and those we spoke with were complimentary about the care provided at the home. However, we found examples where the service had not always been proactive in taking action to address difficulties and delays when working with other professionals, to ensure that people received timely care and treatment.

Staff were observed to be caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind. However, improvements could be made to the level of interaction between staff and people who used the service while care was being provided. The health and social care professionals we spoke with told us that people were supported to take risks and that in their experience staff had been "really good" when providing end of life care.

People's needs were assessed and their care planned, but the care records we saw were disorganised, confusing and did not always contain up to date daily care records that were accessible to care staff, because these were stored on the computer and not printed out very often.

People who used the service and relatives told us that there wasn't enough going on at the home, with people saying they were "bored" and "frustrated." We found that people didn't have access to opportunities for social stimulation or activities that met their individual needs and wishes. A complaints process was in place, but three people told us this had not worked effectively for them and there was no record of how informal complaints or concerns were dealt with.

The registered manager and provider did not effectively identify areas that needed improvement or take appropriate action to put them right. Issues we had identified during our last visit in June 2014 still needed to

# Summary of findings

be put right when we revisited on 12 March 2015. The local authority commissioners told us that they also had concerns that the improvements they had asked for had not been made.

Notifications about incidents and events that the service is required to make to us had not always been made when required. When we asked the registered manager about this they knew about some notification requirements, but were not clear about others.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not safe.

Local safeguarding reporting procedures had not been followed when concerns about possible neglect had recently been made to the service's manager and provider. The required information relating to staff employed at the home had not always been obtained.

Maintenance work identified as needed during our visit in June 2014 had not been completed when we revisited on 12 March 2015 and additional maintenance work was identified as needed during our visit. Robust processes to ensure good standards of infection control and hygiene were still not in place.

Medicines were being stored and managed safely, although some improvements to medicine records should be made.

Inadequate



### Is the service effective?

The service was not always effective.

Staff received training and support, although some improvements should be made to the training provided and the frequency of formal support.

Staff had been trained, but could not explain the fundamental principles of the Mental Capacity Act (MCA) when asked and care records did not demonstrate that the MCA was being implemented correctly.

People's nutritional needs were assessed and monitored, with a choice of regular meals provided.

People had access to health and social care professionals, but the service had not always been proactive in taking action to address difficulties and delays when working with other professionals.

Requires Improvement



### Is the service caring?

The service was caring.

Staff were generally caring and respected people's privacy and dignity and people who used the service said that staff were caring and kind. However, improvements could be made to the level of interaction between staff and people who used the service while care was being provided.

The health and social care professionals we spoke with told us that people were supported to take risks and that staff had been "really good" when providing end of life care.

Good



### Is the service responsive?

The service was not always responsive.

Requires Improvement



# Summary of findings

People's needs were assessed and their care planned, but the care records we saw were disorganised and confusing.

People didn't have access to opportunities for social stimulation or activities that met their individual needs and wishes.

A complaints process was in place, but three people told us this had not worked effectively for them and there was no record of how informal complaints or concerns were dealt with.

## **Is the service well-led?**

The service was not well led.

The registered manager and provider did not effectively identify areas that needed improvement or take appropriate action to put them right. Issues we had identified during our last visit in June 2014 still needed to be put right when we revisited on 12 March 2015.

Notifications had not always been made when required. Records kept by the service were not always accurate or complete.

**Inadequate**



# Ashwood 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. This inspection checked 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.

We last visited Ashwood Lodge Care Home on 11 June 2014 to carry out a routine inspection. We found the service did not meet the regulations related to cleanliness and infection control, safety and suitability of premises and assessing and monitoring the quality of service provision. We required the provider to take action to meet the regulations and the provider sent us an action plan, telling us how they intended to take action to ensure compliance with these three regulations. In the action plan the registered manager told us that the service would achieve compliance with the regulations by 31 August 2014.

This inspection took place over two days, on 12 and 16 February 2015, and was unannounced. The inspection team consisted of two social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to complaints and safeguarding concerns. We spoke with the responsible commissioning officer from the local authority commissioning team about the service. We also looked for

any notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale.

The provider was not asked to complete 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.

At the time of our inspection visit the service was occupied by twenty people who received residential care and support. The inspection team spent time talking with 10 people who used the service and eight relatives. We also used the Short Observational Framework for Inspection (SOFI) during this inspection and also periods of more general observation. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our visit we spoke with three health and social care professionals who visited the home while we were inspecting. We also spoke with eight staff members, including a care assistant, a senior carer, the deputy manager and registered manager.

We spent time in and viewed all communal areas of the home and looked around other areas, including the kitchen, bathrooms and a selection of bedrooms.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at 6 staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered manager.

# Is the service safe?

## Our findings

Most of the residents and relatives we spoke with felt that the home was a safe place to live. One person told us “I feel very safe here and well looked after.”

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The staff we spoke with was aware of the different types and symptoms of abuse. They were aware of reporting procedures within their organisation, including whistle blowing (telling someone) procedures, and how to refer concerns to external agencies if they needed to. Staff told us that they had received training on safeguarding adults and training records confirmed this. The staff we spoke with told us that they felt that the registered manager listened to them and dealt with issues properly. Staff told us that they felt able to raise concerns with the manager and also knew that they could contact CQC or the Local Authority if they felt that appropriate action had not been taken.

CQC had recently made a safeguarding alert to the local authority safeguarding team, following information shared with us by the relatives of a person using the service. This alert was investigated and the allegations of neglect substantiated by the local authority safeguarding team. Before the relatives contacted CQC they had raised their concerns with both the registered manager and the service provider, but a safeguarding alert had not been made by the service in line with local safeguarding procedures. We asked the registered manager to show us the service’s policy and procedure regarding abuse and safeguarding vulnerable people. We were provided with a copy of a policy titled “Safeguarding service users from significant abuse or harm,” which had been reviewed by the registered manager on 16 February 2015. We noted that this policy did not contain any information about the different types of abuse, signs and symptoms, potential abusers or the actions staff should take if they suspected abuse or an allegation of abuse was disclosed to them. It was not a fit for purpose safeguarding vulnerable adults policy.

We found that the registered person had not protected people against the risk of abuse and improper treatment. This was in breach of regulation 11 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements that were in place for risk assessment and safety. A fire risk assessment had been completed in 2010, with risk assessments for specific fire hazards and yearly reviews recorded by the registered manager. We saw that personal emergency evacuation plans (PEEPS) were in place for the people who used the service. PEEPS provide staff with information about how they can ensure individuals safe evacuation from premises in the event of an emergency. Six fire drills had been completed during 2014, with records showing which staff had been involved and what the drill had consisted of. No fire drills during 2015 were recorded when we checked the records on 12 March, but we were told that a fire drill had been scheduled for 14 March 2015 and took place as planned. However, the last recorded night shift drill had taken place in October 2013.

We looked at the arrangements that were in place to ensure the safety of the premises and equipment. At our last inspection in June 2014 we identified a breach of the regulation relating to safety and suitability of premises. We told the provider to take action to ensure that the service met the requirements of the regulation and the registered manager told us in their action plan that they would achieve compliance with the regulation by 31 August 2014.

Comments made to us by relatives during this visit included “I do think the home needs some refurbishment” and “Staff do decorating at the weekends, the handyman has done a bit but he’s not here much.” A healthcare professional said “I find the building old and dilapidated, could do with some modernisation.” We looked at the home’s maintenance records. The home’s fire equipment, electrical installations, manual handling equipment and portable appliances had all been serviced and inspected appropriately. Regular tests of the emergency lighting and fire equipment were recorded by the services maintenance personnel. This showed that routine servicing and inspection of the home’s premises and equipment was taking place to help maintain people’s safety.

We saw that some maintenance work had been completed since our last visit. For example, staff told us how they had helped to decorate the reception area, which looked bright and cheerful. We also saw that some corridors had been

## Is the service safe?

decorated and that the tiles at the entrance to the conservatory and in the shower room had been replaced to make them safe. However, we found that a number of the issues identified in our June 2014 report had not been rectified. For example, we saw that in one bathroom the bath panel was still broken and hanging loose, the mirror was still broken and an old commode frame was still being used as a makeshift toilet seat. We also found other problems relating to the maintenance and safety of the premises when we looked around the building. For example, the cold tap handle was broken in one bathroom, wood work and paint work was damaged, there was damage to walls and ceiling in one corridor from damp, a shower chair was rusty and broken. A number of doors that should have been kept locked for safety reasons were open. For example, the lock on the medicines storage room was not working, the boiler room doors were not locked and hanging open, the staff room door was left standing open and the door into the ironing room (the stairwell) was propped open using the Hoover, with the ironing board and iron (plugged in but not switched on) within easy reach of the doorway. The flooring in the laundry and sluice areas was lifting in places and had gaps where the bare concrete floor was exposed. Paint on the laundry walls was cracked and peeling, revealing bare plaster in places. The floor under the sluice waste pipe was wet, with the waste pipe leaking and a washing up bowl placed under it to catch the water. When we asked staff how long the pipe had been leaking and no one could tell us. The stand aid (a piece of equipment to help people stand up and transfer safely from one chair to another) was not in full working order. The fault had been identified during the equipment's formal inspection on 11 February 2015. Two care staff we spoke with told us that it had been broken for a "couple of months." The weigh scales that were used to weigh people who used the service had not been calibrated since 2007. We asked the registered manager why these maintenance issues had not been picked up and addressed. They told us that it was sometimes difficult to arrange for some work to be done, due to having no access to a maintenance budget or petty cash and the need to obtain agreement and funding for maintenance works through the provider.

When we carried out the second day of our inspection on 16 March 2015 we found that a number of maintenance issues described above had been addressed over the last few days. For example, the bath panel had been temporarily repaired and made safe, the broken shower

chair had been removed from the building, the ironing room had been moved from the stairwell to a spare bedroom, and a new lock had also been put on the medicines storage room, which was secure when we checked. Since our inspection the registered manager has also told us that additional maintenance works have been completed or were now planned, including replacement of the broken mirror, fixing the broken tap, replacement of two bedroom carpets and assessing the damaged wood work for repair over the next few weeks. However, we have not observed that this work has been completed for ourselves and there remain outstanding issues of maintenance that require attention, such as the problems identified in the sluice and laundry areas.

We found that the registered person had not protected people against the risk of improperly maintained premises and equipment. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements that were in place for ensuring cleanliness and infection control. At our last inspection in June 2014 we identified a breach of the regulation relating to cleanliness and infection control. We told the provider to take action to ensure that the service met the requirements of the regulation and the registered manager told us in their action plan that they would achieve compliance with the regulation by 31 August 2014. We found that the main communal areas of the home were clean and free from unpleasant smells. The bathrooms and toilets we looked in had a supply of hand wash and paper towels, dispensed from wall mounted containers. This meant that appropriate hand washing facilities were readily available. We saw that gloves and aprons were available throughout the home and staff we spoke with confirmed that they had access to these items when needed. We also saw staff using gloves and aprons throughout our visits. The home had received a food hygiene inspection from the environmental health officer during November 2014 and had achieved a five star rating. The home had also been visited by an independent infection control and prevention nurse in January 2015, who had carried out an audit and provided advice. The outcome of this audit had been positive.



## Is the service safe?

However, on 12 March 2015 we found that a number of the issues identified in our June 2014 report had not been rectified. For example, we found the bumpers in use on two people's bedrails had perished and badly torn covers, meaning that the internal fabric was exposed and the bumpers could not be cleaned effectively. There was a pressure relieving cushion that was dirty and smelt unpleasant. Domestic waste bins did not have bin liners, most had broken pedal mechanisms and some were in need of cleaning. We also found other issues relating to infection control. For example, there was a partially filled sharps container in the staffroom, with the label not completed. This was not an appropriate place to store the sharps box and meant there was no record of when the container had started to be used or when it should be disposed of. During our visit we saw that clean wet clothes were left in a basket on the floor waiting to go into the dryer. Dirty clothes in laundry bags were stored in the sluice room on the floor. The laundry room did not have designated dirty or clean areas and when staff accessed the sluice facility to clean commode pots they had to walk through the laundry, carrying dirty pots past clean laundry. This created a risk of cross contamination. A mop was being stored in a bucket of dirty water in the sluice, rather than being stored clean and dry. There was a cleaning schedule displayed in the laundry room, with the last recorded cleaning dated 16 February 2015. The laundry shelving and behind the machines was dusty and in need of cleaning. There was no evidence of any effective internal infection control audits or checks taking place at the service on a regular basis, or any resulting action plan to help the registered manager and provider ensure that any identified issues were corrected and dealt with. When we carried out the second day of our inspection on 16 March 2015 we found that the torn and damaged bumpers and the damaged crash mat had been replaced, and equipment around the home was also cleaner when we checked. However, the sluice and laundry rooms remained in a poor state of repair and there were still no bin liners in the pedal bins we checked. When we asked the registered manager about this they confirmed that they had none, because they had not been delivered by their supplier. The registered manager confirmed that they had no petty cash to obtain additional supplies in such circumstances.

We found that the registered person had not protected people against the risk of inadequate hygiene and infection control. This was in breach of regulation 12 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of recurrence. The manager was able to show us how accidents and incidents were recorded and monitored. Accident records were available and the manager had completed monthly audits and analysis, to make sure that paperwork had been completed and appropriate actions taken, and to identify any trends or patterns that might emerge and need further action. No trends had been identified at the time of our visit.

We looked at the arrangements that were in place to ensure safe staffing levels. Some people who used the service and relatives told us that they felt that there was not enough staff on duty at times. For example, some people told us that staff were hurried when assisting them and there were long periods when staff did not supervise the communal lounge. One person told us "Staff are sometimes slow in responding to my call bell, but they always apologise and say they were dealing with someone else. I think it is because they are short staffed." We received some feedback about staff having to cover different roles, such as care staff doing kitchen and cleaning work and the registered manager covering shifts as a senior carer. When we asked about this the registered manager assured us that staff had the necessary training to cover different roles and showed us training records to confirm this. For example, evidence that care staff who also worked in the kitchen had appropriate food hygiene training. Two people also told us that they had experienced staff taking breaks together or sitting together in the office, rather than spending time with people who used the service. During our visit we observed the care and supervision provided and saw that at times staff did not check on the people who were sitting in the lounge very often. For example, during the afternoon we saw that staff only checked the lounge approximately every fifteen minutes and that there was no staff presence in the lounge between those checks. We also observed that staff seemed to lack direction at times and be unsure what to do with themselves. For example, at times we observed staff walking around in groups, as if they were unsure where to go or what to do.

## Is the service safe?

We discussed how staffing levels were determined with the registered manager. They confirmed that they had looked at staffing tools, but had not found one they felt worked for the service. The registered manager told us that they felt that current staffing levels were appropriate to the needs of the people using the service. At the time of our visit 20 people lived at the home. The registered manager and two staff we spoke with confirmed that the usual staffing levels on week days were a senior carer and two carers between 8am and 4pm, with a senior carer and three carers between 4pm and 8pm, with the registered manager on duty during office hours and the activities worker on duty between 10:30am and 3pm. At weekends one senior carer and three carers were on duty all day, to reflect the lack of management and reduced ancillary staff on duty at weekends. Night time staffing levels were one senior carer and one carer. We requested copies of the staffing rotas for the two weeks prior to the inspection, but these were not provided. However, the provider did send us staff timesheets instead, which showed us what hours staff had worked over that time period. These records showed that the staffing levels described had been provided, with some occasions when more staff than described had been on duty. Staff we spoke with told us that they had no serious concerns about staffing levels, but could be busy, with comments including “It depends what the day goes like, sometimes we are rushed off our feet, other times it’s quiet” and “I think it depends, you can’t predict your day can you?”

We looked at the arrangements that were in place to ensure that staff were recruited safely and people who used the service were protected from unsuitable staff. We looked at the recruitment files and records for four care staff. Two staff did not have files, their records were held together with a paper clip. We found that the files did not contain all of the information required and did not evidence that safe recruitment procedures were being followed. For example, there were no application forms available for three staff. Only one staff record contained interview records. There were no references available in one staff record. The references provided by another staff member were ‘to whom it may concern’ references, with no record of the references being verified or new references being sought by the service at the time of employment. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This

helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. Only one staff record contained evidence of a DBS check completed by the service at the time of employment. There was no record of up to date DBS checks completed by the service at the time of employment for three staff, although DBS checks from previous employers or education providers were available in two of the records. No employment contracts were available in any of the staff records we looked at.

We found that the registered person had not protected people by ensuring that the information required in relation to each person employed was available. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. We observed the senior carer administering people’s morning medicines. The senior carer did this safely, using the “dot and pop” method to ensure that medicines were given in accordance with prescription and not signed for until they had been successfully administered. We noticed that the senior was disturbed and interrupted often during the medicines round, which can increase the risk of errors or mistakes being made. We looked at the storage arrangements for medicines. The medicines storage fridge and room temperatures were monitored, to ensure that medicines were stored within safe temperature ranges. We found that the medicine’s fridge had three urine samples stored in it, when it should only be used to store medicines. We also found a cream stored in one person’s bedroom, when the manufacturer’s instructions said that it should be kept refrigerated. Each person’s medicine administration record (MAR) included a photograph and important information, such as the person’s name, allergies and doctor. The records were up to date and showed that medicines had been administered in accordance with people’s prescriptions. However, we found that some aspects of recording related to medicines and the MARS could be improved. For example, there were some unexplained gaps on the MARs, handwritten prescription instructions were not being checked and countersigned by a second staff member as recommended by National Institute Clinical Excellence (NICE) guidelines

## Is the service safe?

on medicines, and the quantities of medicines received or carried over were not being recorded, meaning that a full audit of stock against the MARs was not possible. Some people at the home were prescribed medicines on an 'as

required' (PRN) basis. However, there was no information in the care plans or medicine records we looked at to guide staff on what the medicines were for or how decisions about their use should be made.

# Is the service effective?

## Our findings

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. Staff told us that they were provided with the training they needed for their jobs. One staff member told us “I think its fine, almost too much”. During our inspection visit on 16 March we asked to see an up to date training record, showing what training the home’s staff had completed. The registered manager told us that the training record wasn’t up to date, but agreed to update and send it to us. We received the updated training record on 31 March, two weeks after it was requested. The registered manager told us that the delay was due to the original training record becoming corrupted and not recoverable. The training records showed that staff had completed training in safeguarding, Mental Capacity Act, food hygiene, infection control, dementia, first aid, fire safety and manual handling. However, full dates were not recorded for all of the training. The registered manager also informed us that “most” staff had completed a National Vocational Qualification, but the training record provided did not include this information. The fire training DVD currently being used to provide fire safety training to staff was dated 2002 and we discussed the need to provide more up to date training with the registered manager. Overall there was evidence that staff received relevant training, although some updates were needed and training records could be improved.

We looked at the arrangements that were in place to ensure that staff were adequately supported, through effective supervision and appraisal systems. Staff told us that they felt supported by the registered manager and could go to them at any time they needed help or support. Staff also told us that they had staff meetings to share information and discuss issues relevant to the home. We saw evidence of individual and group staff supervisions taking place, but noted that not all staff had received the six yearly supervision sessions and annual appraisals stipulated by the homes policies. At our last inspection in June 2014 we found that the registered manager didn’t receive any formal supervision from the provider or other appropriate person. During this visit staff told us that they felt the registered manager didn’t get enough support, with comments including “I feel like we inundate Tracey (the registered manager) sometimes and, “Tracey doesn’t get support”. The registered manager told us that they had

received one formal supervision session since our last visit, but did not have records of this. We asked the provider to send us the registered manager’s supervision records for the last six months and were provided with one supervision record dated 5 February 2015. It is important that the registered manager receives regular and appropriate support and supervision to enable them to fulfil their role.

We looked to see if appropriate arrangements were in place to ensure that people’s legal rights were protected by proper implementation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA protects people who lack capacity to make a decision for themselves, because of permanent or temporary problems such as mental illness, impairment of the brain or a learning disability. If a person lacks the capacity to make a decision for themselves, best interest’s guidelines should be followed. The DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. These safeguards are designed to protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed and is lawful. At the time of our visit one person living at the home was subject to the DoLS and another person was being assessed to see if the DOLS were needed. Training records showed that staff had received training on the MCA during 2014. However, when we asked two staff to describe the fundamental principles of the MCA they were unable to do so. We saw in people’s care records that the manager had completed a mental capacity assessment. However, the assessments we saw were general assessments covering a wide range of issues relating to the persons care, rather than decision specific assessments in accordance with the MCA’s principles. We discussed this with the registered manager during our visit and sign posted them to the Social Care Institute for Excellence (SCIE) report on the MCA and care planning for guidance.

We found that the registered person had not protected people from the risk of their legal rights relating to capacity, consent and decision making not being protected. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

We looked at the arrangements that were in place to ensure that people received a balanced diet and received the help they needed with eating and drinking. People who used the service told us that they ordered their choice of meal the day before. During our visit we observed a carer going round asking people what they would like for their meals the following day. One person who used the service told us “The food is okay and there is plenty.” Another said “There is a good choice and I can ask for something different if necessary.” We also observed staff arranging an alternative meal for someone who did not want the main menu options. Staff told us that there was enough food available, including snacks between meals if people were hungry. One staff member said “I have my dinners here, I think it’s alright.” Another said “It’s repetitive, like always mashed potato” and “The quality could be better, it’s cheap food.”

We observed that the two week menu was displayed on the wall outside the dining room, but was above head height and in small print making it very difficult to read. There were no menus available in the dining area or in accessible formats, such as large print or pictures, to help people understand them. We observed the lunch time meal and saw that the dining room was bright and airy and the tables nicely set. People were given a choice of hot or cold drinks before their meal. The main meal was served hot and with ample portion sizes. However, one relative told us that sometimes food served to people in their rooms was cold. We observed that meals were not covered when staff took them to people in their rooms on trays. We also found that the desert, ginger sponge and custard, was only lukewarm when we sampled the food. During lunchtime we saw that not everyone ate all of their lunch and that staff did not always provide the levels of encouragement that we would expect..

We saw that the drinks trolley was brought round at 11am and again during the afternoon, so that everyone was provided with a drink. We also saw that jugs of juice were available in the communal areas. During our visit we did see people being provided with drinks and assisted to drink. However, we also received some feedback from relatives that they felt that staff did not always give people the juice that was available in communal areas or encourage them to drink enough.

We looked at the arrangements that were in place to ensure that people were able to maintain their health,

including access to specialist health and social care practitioners when needed. During our visit we spoke with three health care professionals who were visiting people who lived at the home. They told us that they did not have any serious concerns about people’s care and wellbeing or the way the service worked with them as health professionals. For example, one professional confirmed that they felt they were called to see people appropriately and that their advice was listened too. They also told us that they had never found anyone looking neglected or uncared for when visiting people. Another health care professional told us that the home supported their patient with unusual medication and helped them to take positive risks around going out into the community. One health care professional told us “they seem to know their clients really well” and “They manage (their patient) really well.”

Three relatives we spoke with during our visit expressed concern about a perceived frequency of urinary tract infections (UTIs) among people using the service. One relative stated “It is a worry and we are told by staff the GP does not always respond to requests for antibiotics.” There had also been a recent safeguarding investigation regarding a delay in identification and treatment of a UTI at the service, which had been substantiated. During our visit on 12 March we found three urine samples dated 10 March in the medicines fridge. We asked staff what these were for and tried to find out why they were still in the fridge two days after being obtained and if the people concerned had received appropriate medical attention. We received several different explanations from staff when we asked why the samples were still in the fridge. For example, staff initially said that the samples were just for the home’s use, had been tested and should then have been disposed of. However, staff later said that the samples were waiting to see if the doctor required a sample to be sent to the surgery and the samples were awaiting the doctor’s visit that day. The home’s diary included a note to staff to chase up the surgery about the three samples on 11 March, but we could see no record of this taking place. Staff then said that the doctor visited each Thursday so they had waited for that visit to take place on 12 March. Overall the picture was confusing and suggested that potential UTIs identified by the home’s staff on 10 March had not received medical attention until the doctor’s routine visit on 12 March. The registered manager confirmed that they felt there were some delays and difficulties around working with one particular surgery and getting treatment for UTIs, but when

## Is the service effective?

we asked if they had taken any proactive action to try to resolve these issues with the surgery concerned we found that they had not. We were also told by staff that they sometimes could not get a urine sample to the surgery on the day it was requested, because no drivers were on duty to take them to the surgery. When we asked the registered manager about this we found that alternative methods of transporting urine samples to the surgery, to ensure that people receive prompt medical care, had not been considered or put into place.

We found that the registered person had not protected people from the risks of untimely care and treatment when working with other professionals. This was in breach of regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service caring?

## Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service.

The people we spoke with were complementary about the staff. They felt that staff would speak to them in passing and would get something for them if requested. Comments made to us by people who used the service included “I love it here, the staff are understanding, pleasant and respectful” and “I am treated with dignity and respect.” One relative told us “These are caring people and I am happy with the care in the home.” Another relative said “My mother is always clean and tidy and her hair is combed.” During our visits we observed that people generally looked clean and cared for.

During our visit we observed staff knocking on doors before entering and quietly asking if people would like to go to the toilet. This helped to protect people’s privacy. We also saw staff responding to people’s requests appropriately and helpfully. The expert by experience commented that based on their observations there seemed to be a good relationship between staff and people who used the service. However, sometimes we observed that there was not a lot of interaction between people and staff. For example, we did not observe staff sitting and talking with people who used the service and during the lunch time meal there was not a lot of talking once the meal was served or while some staff assisted people with their meal.

In a corridor we saw that information about maintaining dignity in care was displayed. This showed that the registered manager and staff were working to raise awareness and ensure that people’s dignity was respected. However, we also observed that this information was displayed high up on the corridor wall and not in an easily accessible position for people who used the service to see.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day

lives and provided with appropriate information, explanations and advocacy to enable their involvement. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices. People’s care records included consent forms which had been signed.

We looked at the arrangements in place to support people with maintaining independence and positive risk taking. The registered manager told us about their ‘policy of the month’ strategy. This was a way of making sure that staff were aware of the home’s policies by focusing on a particular policy each month. We saw that the current policy of the month was ‘assessing and managing risk and choice.’ A copy was displayed on the staff room notice board for staff to read. The policy aimed to ensure that people were involved in decisions about their care and enabled to take positive risks where they wished. A health care professional we spoke with during our visit told us how well the service supported a person they worked with, enabling them to go out alone and access the local community while also keeping them safe. The health care professional told us “They manage (name of person) really well.”

We looked at the arrangements in place to support people with their end of life care. At the time of our visit the registered manager told us that no one living at the home was currently on an end of life care pathway. However, they also confirmed that where people wished to remain at the home for end of life care they would work with the person, their relatives and other professionals to support this if possible. A health care professional we spoke with told us “We’ve had a few people (on end of life care) in here and the staff have been really good.” Training records showed that 13 of the homes 23 staff had received training on end of life care, with two other staff booked to complete this training during April 2015.

# Is the service responsive?

## Our findings

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. We looked at the care records relating to five people who used the service. Each person had a file containing assessments, care plans and reviews of their care. Generally the records contained information about each person and their care needs and had been reviewed regularly. However, we found that the care records were confusing and untidy. For example, staff had not updated care plans when changes had been noted in reviews and evaluations. This meant that unless you read the original care plan and all of the following reviews and evaluations you could not be sure that you had all of the up to date information about the person's care. The daily records that were kept about each person's care were recorded electronically on the office computer. Staff told us that these were printed off regularly and put in people's files, so that staff could monitor them. However, in the records we looked at the daily records had not been printed out and made available to care staff recently. For example, one person's records had last been printed out and put on file in October 2014. Records were further confused by staff not using the paperwork and forms correctly. For example, rather than starting a new form when the old one was full, staff would record new information on the back or sides of the old form. This had resulted in a number of assessment forms and care records becoming very confused, with dates missing or not running concurrently. The standard of the care records meant that there was a risk of people's needs not being identified or monitored accurately by staff. For example, one person's record around their catheter care needs was confused and unclear, making it very difficult to evidence from the records if the person had received the care they needed or not.

We found that the registered person had not protected people from the risk of unsafe or unsuitable care by maintaining an accurate, complete and contemporaneous record in respect of each service user. This was in breach of

regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to help people take part in activities, maintain their interests, encourage participation in the local community and prevent social isolation. At our last inspection in June 2014 we had received feedback from people who used the service and relatives about a lack of meaningful activities and social stimulation at Ashwood Lodge. Since that inspection the manager informed us that they had recruited an activity coordinator, who worked 10:30 to 15:00 on weekdays. However, during our visits we continued to receive consistent feedback from people who used the service and relatives about the lack of appropriate and meaningful stimulation being provided by the home. For example, one person who used the service said "There are not many activities. I like bingo but it is not on much." Another told us "There is no point getting involved in activities as they are pointless and no one comes to do anything in my room, I am bored silly." One relative told us "She (relative) has good care, but does get bored." Another said "(Name of person) gets frustrated and bored as there is poor stimulation."

During our visit we saw that there was an activities programme displayed, showing a very basic programme of activities that would take place during the week. On the morning of our visit on 12 March the activities programme showed that a 'pamper session' would take place, but we saw no evidence of this happening. In the afternoon we saw that a DVD film with wine and crisps was due to take place, with the activity organiser telling us this would start at 13:30. However, it was 13:55 before the activities organiser appeared with a trolley and drinks, offering people snacks and refreshments. The activities organiser asked if people wanted a DVD or music, and when there was no response put music on. The television was already on, but the organiser did not turn it off or reduce the volume, before leaving the room with both the TV on and music playing. In the end a relative turned down the television, in the absence of the activity organiser and staff, commenting "This is ridiculous" as they did so. Feedback from staff and relatives indicated that the activity organiser had only been in post for a short time and did not have any previous experience or relevant training to help them fulfil



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their role. Overall, opportunities for activities and social stimulation that were suitably tailored to the individual needs of the people living at Ashwood Lodge were not being provided.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. In the reception area a notice was displayed providing information about the home's complaints procedure. This sign posted people to the full complaints procedure that was available in the office and asked that all complaints and concerns be initially brought to the registered manager's attention, to give the service provider the opportunity to deal with them initially. We looked at the complaints policy, which was dated 30 July 2014. The policy stated that the service was open to complaints and saw them as a learning experience and opportunity to improve. The policy also provided details of other parties that complainants could contact if they were dissatisfied with the service's initial response, such as the local authority funding their care or the ombudsman. We had received some concerns from three relatives in the lead up

to our inspection, about the service's response when they had raised concerns or complaints. This included people telling us that they did not feel their concerns had resulted in sustained improvements or that they had not received an appropriate explanation from the management or providers following raising their concerns. One person also told us that they felt they had been labelled a 'troublemaker' for raising concerns at the service. We looked at the records the service kept on concerns and complaints and the actions they had taken to resolve them. The records showed that seven formal complaints had been received since May 2014 and that these had been investigated appropriately. However, the registered manager confirmed that they did not currently record less formal complaints and concerns that were raised outside of the formal complaints procedure or the actions taken to resolve these. This meant that the service could not provide evidence that all concerns and complaints brought to their attention had been dealt with appropriately and where possible to everyone's satisfaction.

# Is the service well-led?

## Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with us since 17 March 2014. The service provider is Nationwide Healthcare Limited.

People who used the service and relatives told us that they saw the registered manager regularly about the home and that she talked to them. However, people who used the service, relatives and staff we spoke with consistently told us that they did not know the providers or see them very often at the service. When we asked staff if they thought the service was well led people were reasonably positive about the registered manager, but less so about the provider's input. Comments included "By who? No, well led to a degree by Tracey (registered manager), not well led from the provider point of view." Other comments made to us were "They (the providers) don't tend to talk to many people when they visit, it's a quick hello and good bye, and they don't come regular" and "They (the providers) can be quite reluctant. Tracey has to make quite a few phone calls or replace things herself and claim the money back."

During our inspection in June 2014 we found that the registered manager was covering care shifts and was not working as a supernumerary manager. At that time they told us that this was having a negative impact on their ability to successfully manage, monitor and improve the service. The staff timesheets we looked at for the two weeks preceding this inspection showed that the registered manager had worked four 12 hour shifts (48 hours) as a senior carer during this time period. They were still not working full time supernumerary management hours, despite the concerns that were raised at the last inspection.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. At our last inspection in June 2014 we identified a breach of the regulation relating to assessing and monitoring the quality of service provision. We told the provider take action to

ensure that the service met the requirements of the regulation and the registered manager told us in their action plan that they would achieve compliance with the regulation by 31 August 2014.

Our visit on 16 March 2015 highlighted a number of issues that had been clearly identified in our previous inspection report, but had not been put right by the registered manager and provider. For example, badly torn bedrail bumpers, a lack of bin liners and broken fixtures and fittings. We also found other issues relating to infection control and the maintenance of the premises and equipment that had not been identified and acted on effectively. We asked why the registered manager or provider had not picked up on the maintenance and infection control issues during their routine quality and maintenance checks and ensured that they were put right. The registered manager told us they were so used to the way things were that they just didn't see it anymore. They also told us that they had to prioritise improvements, so areas like the laundry and sluice area were not seen as a priority because people who used the service did not access them. There were still no effective systems in place to allow the registered manager access to petty cash or control over a maintenance budget.

We found that the registered person and provider had not implemented good governance systems relating to infection control and the maintenance of equipment and premises. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the standard of records kept by the service. One the first day of our inspection we were unable to access records relating to staff, such as recruitment and supervision records. This was because the administrator had the only key and was not at work. This meant that the manager could not access staff records when needed or make them available for inspection on the first day of our visit. We found that improvements were needed in a number of areas related to the service's record keeping. For example, the standard of the care records and medicines records, the staff training records and the staff recruitment records we viewed and requested during this inspection. There was no evidence of any audits of the care plans or recruitment records taking place, to identify these issues or

## Is the service well-led?

make sure that improvements would be made. The training record provided by the registered manager showed that all staff had received manual handling training during 2014. However, the registered manager informed us during our visit that they had not been qualified to provide manual handling training since their 'train the trainer' certificate expired in 2012, but that they had now arranged for suitable alternative training for staff starting in April 2015. We asked the registered manager and provider to clarify this and provide appropriate supporting evidence that staff had actually received manual handling training from a suitably qualified trainer in 2014 as suggested by the training record, but at the time of writing this report we had still not received the requested explanation and confirmation.

We found that the registered person and provider had not implemented good governance systems relating to record keeping and were not maintaining the records required by regulation. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) and (2) (a), (c) and (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service worked with other agencies, such as the local authority, commissioning groups and other stakeholders. As part of our inspection we spoke with the local authority commissioners. We received feedback that the local authority had been working with the service to make improvements following the findings of the local authority's quality services framework process (QSF) in 2014. The local authority told us that they continued to have concerns about the service and their relationship with the proprietors. This included concerns that the proprietors were not adequately supporting the registered manager, and did not seem to be making suitable progress implementing the local authority's action plan or see the importance of implementing such improvements. We also

found that requirements and improvements identified in our previous inspection report had not been used by the registered person and provider for the purposes of evaluating and improving the service.

We found that the registered person and provider did not act on feedback received from relevant persons to continually evaluate and improve the service. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The law requires that providers send notifications of certain changes, events or incidents to the Care Quality Commission (CQC). According to CQC records the last notification was received from the service on 04 December 2013. Although the registered manager was aware that certain notifications needed to be made to CQC they did not have a full understanding of the notification requirements. For example, they did not know that they needed to notify us of all allegations or suspicions of abuse at the service and had not notified us of the recent safeguarding investigation regarding the care provided by the service. During our visit we discussed notification requirements with the registered manager and signposted them to the guidance available on our website.

The findings of this inspection have raised concerns about the management and leadership of this service, particularly the lack of effective governance systems. We found that many issues we had raised in our last inspection report had not been addressed by the registered person or providers and that effective systems for identifying problems and taking appropriate action to make the necessary improvements were not in place. Because of this we are taking enforcement action to ensure that the required improvements are made.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**We found that the registered person had not protected people against the risk of abuse and improper treatment.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**We found that the registered person had not protected people against the risk of improperly maintained premises and equipment.**

### Regulated activity

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**We found that the registered person had not protected people by ensuring that the information required in relation to each person employed was available.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**We found that the registered person had not protected people from the risk of their legal rights relating to capacity, consent and decision making not being protected.**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the registered person had not adequately protected people from the risks of untimely care and treatment when working with other professionals.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered person and provider had not implemented good governance systems relating to infection control and the maintenance of equipment and premises.

We found that the registered person and provider had not implemented good governance systems relating to record keeping.

We found that the registered person and provider did not act on feedback received from relevant persons to continually evaluate and improve the service.

### The enforcement action we took:

Warning Notice