James Hudson(Builders)Limited

Ashbourne Lodge

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

An unannounced inspection took place on 18 May 2015. There had not been a previous inspection as the home was first registered in August 2014.

Ashbourne Lodge provides care and support for up to fifty four people who require a range of needs, including nursing care. All rooms have en suites containing toilets and wash basins. People have access to a resident's pub, cinema room, reminiscence room and sensory gardens.

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

People and their relatives were satisfied with the care and support that was provided and felt that their needs were met. We saw that people were treated with dignity and respect and treated as individuals. People were well

Summary of findings

supported by staff who understood their individual needs and we saw that people were involved in the planning and delivery of their care. They were also supported to take part in activities that interested them.

Staff were aware of how to protect people from avoidable harm and of safeguarding procedures to ensure that any allegations of abuse were reported and referred to the appropriate authority.

Staff had a good understanding of people's needs and had taken the time to form positive and caring relationships with those living in the home. Staff received training to help them provide effective care to people and were positive about their role and the organisation.

Medicines were stored safely though there were some out of date medicines that should have been returned to the pharmacist.

People received the care and support they required and their health needs were monitored and responded to. Assessments and care plans were in place to manage risks to people and provide guidance for staff to follow.

There were sufficient staffing levels to ensure the welfare and safety of people. People were responded to promptly and effectively by the staff team.

People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

Requirements of the Mental Capacity Act (MCA) and Deprivations of Liberty Safeguards (DoLS) were known and understood.

The home was well maintained and offered a pleasant environment for the people living there. The accommodation was spacious and offered different areas for sitting and relaxing as well as a television lounge. A sensory garden was in the process of being built which the residents had been involved in planning. There was a cinema and films were chosen by the people living in the home.

People were confident about the management of the service and the registered manager was keen to develop and improve the home. There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of the service provided. There was an effective complaints system in place.

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.

Sufficient staffing levels were in place and people were protected from the risk of abuse and avoidable harm.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Principles of the Mental Capacity Act (MCA) 2005 and Deprivations of Liberty Safeguards (DoLS) 2008 had been adhered to.

Staff received induction and training which enabled them to meet people's individual needs.

People's health and wellbeing was monitored and responded to and staff encouraged and supported people's dietary needs.

Good

Is the service caring?
The service was caring.

People were treated with patience, dignity and respect by staff.

People were able to express their views about their care and support needs and staff respected their wishes.

Good

Is the service responsive?
The service was responsive.

People and relatives were involved in the planning of the person's care.

People were encouraged and supported to spend their time as they wished and take part in activities that were important to them.

There was an effective complaints system in place.

Good

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

There were effective systems and processes in place to monitor the quality of the care provided in the home.

People had confidence in the provider and staff were clear about their roles and responsibilities. Staff said they felt supported and listened to by management.

Good

Ashbourne Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 May 2015 and was unannounced.

The inspection team consisted of two 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 checked information and notifications received about this service that had been reported to us. We spoke with six people who used the service, one relative and two friends of one person about their views of the service. We also spoke to one visiting professional. We spoke with the registered manager, one senior carer, two care assistants, one nurse and one member of the domestic staff.

We reviewed six people's care plans and records in relation to the management of the service. We also looked at staff records, call bell logs and policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe in the home. There was a whistleblowing policy in the home and staff were aware of this. We found that staff knew what to do in the event that they had any concerns about how the people who lived in the home were being treated and if they were at risk from abuse or harm. Staff we spoke with told us that they had safeguarding training and they could describe different types of abuse and knew how to report this. They told us that they would report any cases of abuse if they witnessed, or were aware, of it. People were protected from the risk of avoidable harm or abuse.

We saw that staff gave people as much independence and freedom as possible, but were aware when people were at risk and knew how to ensure they were safe. For example, we saw that one person had forgotten their stick and were walking without it. A staff member followed them, gave them their stick and reminded them that it was safer to walk with it. When we checked the records we saw that there were policies and procedures in place for managing risk. Staff understood these and followed them to protect people from risks associated with their care and support needs.

One person told us when they first arrived in the home a shortage of staff meant that they had been left waiting for assistance on several occasions. However, they told us the registered manager was quick to address the problem by recruiting more staff. A relative told us that staffing levels had improved but they believed the home needed to "stabilise" before taking any additional people.

Staff told us that when the home first opened they had quite a few agency staff and it was hard to cover shifts but told us "we're getting well now and we probably only use agency staff every other week", also, "I think the night staff are okay now as we have increased from two to three and with one nurse". On the day we visited we saw that there were sufficient staff to meet people's needs in a safe and efficient way.

We looked at staffing rotas which showed that there was always a qualified nurse on duty, day and night. We also saw that the nurses who worked in the home were registered nurses which meant that when people required the assistance of a qualified nurse to keep them safe this was available. A 'dependency levels and staffing' tool was used to ensure that there were sufficient numbers of staff on duty at any time.

People medicines were managed safely and given as prescribed. One person had been self-medicating for a number of years and the staff were supporting them in their daily regime, thereby helping to maintain their independence. We also saw that one person did not always want to take all of their medicines and that staff ensured they gave the most important medicine first. This meant that the medicine that was the most import to the person's health and wellbeing was always administered.

Staff responsible for the administration of medicines had received training to enable them to do this safely and in accordance with best practice. One staff member told us, "I do medication; I've had the training and a competency check. If I made or saw an error I would record it and report it to the manager". Staff told us they would seek medical advice in the event of a medicines error.

There were risk assessments in place regarding the administration of people's medicines. The majority of these were accurate and up to data. However, one person's record contained inaccurate information about who was responsible for administering a particular medicine. We spoke with the registered manager about this and they confirmed the medicine had been given as prescribed by the relevant health professional and agreed to update the risk assessment?

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Good

Is the service effective?

Our findings

We saw that the care staff were skilled in caring for people. One relative we spoke with told us that staff were very effective and patient when caring for their family member who was suffering from advanced dementia, especially when they were refusing care. They told us that their relative would not go to sleep the night before and one of the care staff had sat up with them all night. They said that the staff were 'kind' and 'patient 'and "knows what (relative) likes".

The staff told us that there was a "really good" induction process in place and they told us that they initially shadowed a more experienced member of staff. They also undertook training and looked at people's care plans to understand what people's needs were. We saw that staff had a week long induction and training which included safeguarding, fire, first aid, moving and handling, health and safety and infection control. This variety of topics covered in the induction showed that staff were helped to gain the skills they needed to meet people's needs. Staff also told us that they received regular supervision and that there was an appraisal process in place, when we looked at the records we saw this confirmed. We saw that staff were supported to deliver effective care that met people's individual needs.

People we spoke with said they felt that they were consulted with about the way in which they wanted to be cared for and staff told us they acted in accordance with people's wishes.

The registered manager and staff team had a good understanding of the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Where people lacked capacity to make their own decision, records showed that decisions had been made in accordance with the MCA.

The Deprivation of Liberty Safeguards (DoLS) were known and understood by the provider. The DoLS are legal protections which require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and had liaised with the supervisory body when it was appropriate to do so.

People told us that the food was very good and they liked the variety on offer. Breakfast time was flexible and people could have this at any time they wished. One person was unclear what they wanted for lunch and staff supported them to try all three different options before they made up their mind. We saw people using adapted cutlery and people being helped to eat their meals. One person walked away from the dining room before they had received their dessert and a member of staff called them back to remind them. During the day we saw that people were given drinks and snacks. The previous week staff had arranged for one person to have a takeaway meal with their friends in their room. There was a bar available if anyone wished to have an alcoholic beverage.

Staff provided guidance and encouragement to ensure people were supported with their individual diets. They were aware of people's dietary needs, including special diets, allergies and people's individual preferences. One person told us that the chef had been helpful in talking with them about their specific dietary needs and that they were due to have a meeting with the chef and dietitian later that week. This was to ensure that their nutritional risks were identified and they were eating the appropriate food to keep them well.

However, the display board that listed what the available options were for lunch was not clear or easy to read. It was hand written and the letters were small which meant that it was not easy for people to make their meal choice.

People we spoke with felt their health needs were being met and they were satisfied with the care they received. Relatives also confirmed this. One relative told us that their family member had good access to GP services and that a local GP had attended their relative three times.

Another relative told us that their family member had to be admitted to hospital for treatment and lost weight during their stay. On their return the provider recognised this and took action to ensure they received fortified foods. This demonstrates that the care staff were aware of the change in the person, monitored their health and took action when required.

Good

Is the service effective?

A visiting health professional told us that the staff were very helpful in assisting people with their health needs. People were supported to maintain good health and had access to medical care when required.

Good

Is the service caring?

Our findings

All of the people, and their relatives, that we spoke to told us that the staff were kind and caring. A relative told us that the staff treated their family member very kindly and, though they couldn't communicate well, staff knew what they liked. The relative also said that when staff were helping their relative with their personal care they ensured this was done in a way that was caring. Another person told us that the staff were very helpful and that they were particularly impressed with the kindness of some of the new staff.

Staff were familiar with people's individual needs and had taken time to get to know the people living in the home. There were friendly interactions between staff and the people who lived there and staff took the time to ensure they spoke with people and communicated effectively. During our inspection we saw two people, both living with dementia, become distressed by each other and were becoming anxious. A member of staff stepped in promptly and gently calmed down the situation in a caring and kind way.

We also saw one member of staff was very reassuring to a distressed person. They got down to the person's level and chatted with them. The member of staff offered appropriate touch to the person. This demonstrated that staff were aware of how to reassure people who were distressed and had formed positive and caring relationships with the people that they cared for.

We saw one person being assisted to eat by a member of staff who had to continually encourage the person to eat, even though they were very slow the member of staff continued to show patience and positive support.

We saw that people and staff had a good rapport and that people were supported in a caring way when support was required.

People were supported to make individual choices regarding what they ate and drank. We saw that staff assisted people with meals in a dignified and encouraging way. They had a good understanding of how they were able to promote people's independence. Staff communicated effectively with people, including those living with dementia.

We saw that people were listened to and staff helped in an appropriate way to encourage their independence. A visiting professional told us that they were very impressed with the way that care staff talked to people who lived in the home.

Relatives and friends were able to visit and we saw that visitors were welcomed into the home. One visitor told us that when they come to see their relative at lunch time they were also offered a meal so that they could sit down and share the meal time with their family member This meant they were able to maintain a closer family relationship with them and the provider had ensured people were encouraged to maintain relationships that were important to them.

We saw that people's privacy and dignity were promoted and protected. This included staff always knocking on people's bedroom doors before entering and being respectful in the way they spoke to them.

Good

Is the service responsive?

Our findings

During our inspection we saw that people were supported to be in control of their lives. One of the relatives we spoke to at the home was very impressed and said that their relative was going downhill at home but is much better now". The relative also said that they had been involved in care planning and also plans for end of life care. Another relative told us that their family member had been encouraged to partake in activities they enjoyed. In this way we saw that the home was responding to the needs of individual people regarding social interaction.

Two members of staff told us about a person who had been admitted to the home with the information that this person had pressure ulcers on their legs that would not heal and that the person would never again be mobile. The staff told us that they worked closely and individually with this person to support them in their treatment. This person was now mobile around the home. This showed that the staff were aware of how to respond to people's individual needs.

We saw a number of people reading daily newspapers which were made available for them and one member of staff provided regular exercise sessions which, we were told, people liked. We saw that there were some friendship groups which had formed in the home and one person told us they enjoyed a glass of sherry occasionally. People were allowed and encouraged to bring in personal items from home, including items of furniture for their bedrooms, this showed that the home were responding to people's needs and requests.

During our inspection we saw how people spent their time and found that there were varied and regular activities available. One member of staff told us, "I think there are enough activities, the new co-ordinator is very good". They told us that they had a VE day party for the people in the home and that a staff member's' relative had come in their soldiers uniform. This showed that the staff were fully interacting with the people in the home and were stimulating old memories for some of them. This also had the effect of introducing people from the local community. We saw that staff were thinking about how they could make the lives of the people who lived in the home more interesting.

Staff told us that they were pro-active in communicating with people and our observations confirmed this. One person living at the home needed care and support in bed and we were told they did not have many visitors. Staff had recognised they may have felt lonely or isolated and ensured they spent time interacting with the person on a daily basis. We saw that people's needs were met quickly by the staff team.

There was a call bell system in place which was answered promptly and the efficiency of the response of care staff to the call bell was monitored and checked by the registered manager. They told us they constantly monitored the information on the length of call times to the people in the home. This was so that they could ensure that people's needs were met in a safe and efficient way.

In order to ensure that people received care in the way that they wanted to receive it, staff said that they recorded any changes to people's needs in their care plans, daily communication sheets and handover sheets. This meant that any changes that people wanted in the way their care was met were handed over to the next staff on duty and they were responding to their needs at all times. However, when we looked at people's care plans we could see no evidence that individuals had inputted into them in a meaningful way.

Staff were clear about what to do if someone made a complaint to them and told us they would report this to the registered manager. We saw that there was a comments and complaints book kept in reception which was easy for people who lived in the home and visitors to have access to this. It showed how complaints had been responded to and acted upon.

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Good

Is the service well-led?

Our findings

People who lived in the home told us that the registered manager was capable, approachable and responsive. One person said that they were a good manager and that they "were laid back but dealt with issues quickly".

We saw that the registered manager promoted a personalised culture and we saw people receiving care that was individual to their needs while we were on inspection. This was evident in the way that the staff interacted with the people who lived there. We saw that the registered manager was familiar with the home and the people who lived there; they interacted with several individuals while walking around the home and stopped to listen to what they wanted to say. This showed they had a visible presence in the home and people were aware of who to approach if they had concerns.

The registered manager of the home was open to suggestions and new ideas on how to improve the quality of experience for the people who lived there. They regularly sought feedback and acted on it. For example, people who lived in the home said they didn't like the food coming out of the kitchen already 'plated up', so now the food was served from hot plates in the bar area.

Staff confirmed that they were comfortable to raise concerns with the registered manager and told us that their concerns were always addressed. Staff also said they felt supported and listened to.

Comments from staff demonstrated how the registered manager was involved in the day to day running of the home, for example, "The manager is very involved and tends to be involved in staff handovers". They also said, "The company is very fair and open, they make it clear that when you are working with people mistakes do happen, but we need to learn from them". This showed that the home had a transparent and open culture.

The registered manager told us that when they were planning the staffing rota they did this three weeks in advance. This was so that they could request any agency staff who had already worked in the home before. This showed us that the provider were concerned about the continuity of care for the people who lived in the home.

There were weekly meetings between the registered manager and the care staff and this provided an open forum for improvement of the quality of care that people received in the home. Surveys were undertaken in the home so that the management and staff team could see what the people who lived there liked and what they did not like. As a result of the surveys things were changed demonstrating that people who lived in the home could be drivers of high quality care.

We saw that there were good management systems in place for ensuring the quality of the care that was provided to people.