Care Quality Commission

Enable Care & Home Support Limited

Ash Lodge (Meadowview)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Ash Lodge (Meadowview) is a residential and nursing home which provides care and support for up to twenty people with a learning disability. The home provides support in three bungalows which are connected by internal corridors.

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 of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives were happy with the care and support provided and all felt their needs were being met. People were treated with kindness and respect and told us they felt safe using the service. Relatives we spoke with confirmed this. People were involved in the planning and delivery of their care and had opportunities to be

Summary of findings

involved in choices about their everyday living arrangements. Care plans were updated regularly so, as people's needs changed, they were still being cared for in an appropriate way.

We saw people were well supported by a staff team who understood their individual needs. We observed that staff were friendly, kind and treated people with respect. Staff we spoke with had a good understanding of people's needs.

Staff received a thorough induction and felt they had received appropriate training. There were sufficient staff on duty to prevent avoidable harm to people and provide the care needs they required on a day to day basis. However, people told us they felt there were insufficient staff on duty to take people on trips outside the home as often as they would wish.

Safeguarding procedures to ensure any allegations of abuse were reported and referred to the appropriate authority. The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008 had been met. Medicines were safely stored and administered and people received their medicines as prescribed.

The home had a warm and friendly atmosphere and there were effective systems in place to assess and monitor the quality of the service provided to people. This included gathering the views of people who used the service, their relatives and staff.

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 always safe

People were not always protected from the ingestion of substances that could be dangerous to health.

People were not always protected from the unsafe use of bed rails.

Staff were aware of how to protect people from bullying and harassment.

There were sufficient numbers of staff on duty to keep people safe.

Requires improvement

Is the service effective?
The service was effective.

Staff had the knowledge and skills to care for people in an effective way.

Consent to care and treatment was sought and staff were aware of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had sufficient to eat and drink and a balanced and varied diet was provided.

People had access to health care when this was required.

Good

Is the service caring?
The service was caring.

Positive and caring relationships had been built up between staff and people who used the service.

People were encouraged to be independent where this was possible.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People and relatives were involved in the planning of care on a regular basis.

People were aware of how to make complaints and these were responded to in a timely manner.

Good

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

People were involved in the way that caring was delivered and the philosophy in the home was person centred.

The registered manager was known to the staff and people who used the service and people said they were approachable.

Good

Summary of findings

Quality assurance was embedded into the routine of the home.	

Ash Lodge (Meadowview)

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 was 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 was unannounced and took place on 7 December 2015. The inspection team included an inspector and a specialist adviser, who was a nurse.

Before our inspection we reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We also contacted the local authority and Healthwatch.

We spoke with three people who used the service and three relatives of people who used the service. We spoke with six members of staff, including the registered manager. We looked at three people's care plans and reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality of service delivered and training undertaken by staff.

Requires improvement

Is the service safe?

Our findings

People were not always protected from harm due to risks in the environment. The home had kitchens located in all three bungalows, these were domestic in design and in keeping with a homely environment. However, bungalows 1 and 2 did not have any restrictions on accessing the kitchens and they contained cleaning materials in unlocked cupboards. Chemicals were also stored in the laundry rooms, which remained unlocked during our inspection. The chemicals could be accessed freely by people who lived in the home if they were able to mobilise independently. As some people were unable to distinguish between what is safe to put in their mouths and what is not this constituted a significant risk to them. In addition two of the three laundry rooms did not have separate containers for separating out heavily soiled laundry which could be a cause of cross contamination.

We also saw there were cracks in the flooring of some of the bathrooms which would have made them very difficult to keep clean, especially around the area of the toilet. The toilet seat in bathroom two was held together with toilet paper. This was not only an infection control hazard but could also have caused someone to fall off the toilet onto the floor.

We were not able to establish whether people were protected from the unsafe use of hoists and slings as the home were unable to produce all the relevant documentation relating to the maintenance of this equipment under the regulations. The registered manager told us this equipment was checked on a daily basis by staff, but again, there was no record kept of this. Lack of maintenance of hoists can lead to risks for people who are supported by them.

People were not protected from the use of unsafe bedrails. Bumpers were in place to prevent entrapment and prevent injury, however, there was no information in care records regarding any risk assessments, or evidence that other, lesser, methods of providing this support, had been tried. The registered manager was unfamiliar with the required height differential in terms of the top of the mattress and the bed rail to ensure that people remained safe. Also, there were no records to show that the use of bed rails was reviewed on a regular basis. Where bedrails are used, they must be used in pairs and we saw, in one person's room, that one rail had been raised while the other remained retracted. When we discussed this with the registered manager they told us that they would ensure the bedrails were either removed or 'locked down' to prevent accidental use and risk to the individual. The use of bed rails without the appropriate safety measures in place could place people at risk.

People told us they felt safe in the home and were supported to undertake their day to day activities, one person said "Yes" they felt very safe in the home, another person told us they felt safe and that the staff were always "Nice". When we spoke with family members they told us they had no concerns about the safety of relatives in the home.

We saw that staff were skilled in managing risk to the people who lived in the home. For example, we saw a person exhibiting anxious behaviour and a member of staff used appropriate skills so they, and other people in the room, were kept safe from harm. We saw the registered manager responded to any concerns and was actively involved in the day to day running of the home.

Staff had received training in safeguarding and were aware of what action to take if they had any concerns in this area, for example reporting to a more senior member of staff. The home had a safeguarding policy which was freely available to staff and staff were aware of the whistleblowing policy in the home. This meant people were protected from the risk of abuse because effective systems were in place in the home and the staff understood their responsibilities.

People told us there were enough staff on duty if they needed someone and when we spoke with relatives they confirmed this. We saw there were enough staff on duty in the home to meet people's immediate needs. The staff ratio throughout the day was managed so there were never less than five members of staff on duty in each of the three bungalows, each day, plus two nurses. We saw that there were enough staff to maintain a safe environment in the home.

When we looked at recruitment files we saw that appropriate recruitment checks had been undertaken on the staff who worked in the home. The registered manager told us the number of staff on duty was calculated by head office, based on the level of need of people living in the home at any one time, they also told us funding for extra staff was available, through head office, should they be

Requires improvement

Is the service safe?

required. However, staff told us they felt there were insufficient staff available to take people on visits outside of the home when people wanted this and one relative we spoke with supported this view. We looked at staff recruitment files but references and DBS checks were held by head office so these were unavailable to us. However, when we discussed this with the registered manager they told us these were all undertaken.

We saw that people were given their medicines appropriately and medicines were noted and stored appropriately. There was a medicines audit regime in the home and these were effective in maintaining adequate records, this was due to the fact that the person conducting the audit only did so when someone else had been administering medicines. This meant that individual staff members were not auditing their own work. Medication administration records (MAR) charts were completed in full and photographs of people were noted in the MAR charts, together with a note of any allergies people had. This helped to ensure medicines were managed, stored and administered in a safe way.

Good

Is the service effective?

Our findings

Due to their complex needs some of the people who used the service were not able to tell us their views about the skills of the care staff that support them; however, those who were able to do so said they were supported well. Family members told us they were happy with the care their relatives received and one relative said they were "More than highly satisfied with the way [relative] was looked after".

Staff told us they received supervision every six weeks and appraisals on an annual basis and this enabled them to deliver effective care for people. They also said they received informal supervision more regularly than this and could raise any questions regarding caring through their colleagues, line manager or registered manager. They told us they had received an induction when they began working for the home and this included being introduced to the people that lived there so they could get to know them before they began to provide care for them. It also involved health and safety matters, reporting of accidents and incidents and understanding risk assessments. The registered manager used an 'Induction Policy Checklist' to ensure that staff had a through induction. This checklist helped to ensure staff were fully prepared and had the appropriate skills to undertake their caring responsibilities.

Staff training was undertaken on a regular basis and when we looked at records we saw training was up to date. The registered manager explained that when any member of staff required a training update they were informed of this by head office, this was to ensure staff training was never out of date, we could see from the documentation this happened. Staff told us they felt well supported by the training they received to undertake their caring responsibilities which included training in end of life care, dementia and sensory impairment. Staff told us training was available for all elements of their job and someone had visited from the university to help staff work with and "Help improve the quality of life for people with autism". The wide range of training available to, and undertaken by, staff helped to ensure the workforce had the knowledge and skills they required to undertake their caring responsibilities and we saw that staff supported people in a knowledgeable and skilled way.

When we talked with staff they showed a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and found that appropriate procedures had been followed.

People told us they enjoyed the food at meal times and we saw that they appeared to be enjoying their lunch. Fresh ingredients and a variety of foods were available for the preparation of meals and these were used. All meals were cooked in a small kitchen which was in bungalow two; these meals were then plated up and distributed amongst the people living in bungalows one and two. Bungalow three prepared and served their meals separately. Menus in the home were decided by the people who lived there and the chef told us they talked to people most days to see what they wanted to eat. If anyone did not like what the meal on offer was that day, alternatives were available. More long term planning of meals also involved the likes and dislikes of people who lived in the home and the chef showed a good knowledge of the residents likes, preferences and dietary requirements. People and staff were involved in the planning of meals to ensure people could eat what they enjoyed but also that they were nutritionally balanced. We saw drinks and snacks were freely available throughout the day. People were weighed on a monthly basis to ensure that their weight was appropriately maintained.

Staff told us they supported people to maintain good health by contacting health professionals when this was required. They told us there was easy and quick access to local general practitioners, speech and language therapists and other areas of health care, we saw this was well documented in care files. This meant that the home had links in place with other professionals to ensure the health needs of people were met.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were always happy to help them if they needed help with anything. One person told us that staff were kind and looked after them, another person said "[Staff member] was very nice and helped them with things". One person told us they weren't "Scared now" since moving into the home. When we spoke with relatives of people living in the home they expressed the view they were happy with the caring relationships between their relatives and the staff. One person said they felt staff tried to make the atmosphere as homely as they could, another person said the staff are "So dedicated" and the "Staff are all wonderful". Another person told us "[Relative] is so happy there".

We saw people were confident in approaching staff to ask for things, for example we saw people asking for hot drinks and these were provided. We saw staff were polite and kind to people. We also saw they were patient and took the time to answer people's queries or explain things to them. Staff demonstrated a genuine rapport with the people who lived in the home and were calm and caring in their interactions. They had a good knowledge of the needs, wants and likes of people they cared for. Staff we spoke with were very positive about their caring responsibilities within the home. One member of staff described the home as having a "Nice atmosphere" and it "Doesn't feel like a care home" but like a home. Another member of staff told us "They're like my own family" and "I care for them like I treat my own family". One member of staff told us "It's such a lovely job". Another member of staff told us "You can't fault it for that, service users always come first", another that it was a "very nice home, with a nice homely feel".

We saw that staff spent time chatting with people and when one person became upset and demonstrated that they wanted comforting a member of staff put their arms around them and gave them a hug. This was done in a warm, compassionate and appropriate way and we could see from observations throughout the day that people were cared for in a way that was kind and compassionate. One visiting professional told us they always noted the staff were "warm and friendly" towards the people living in the home.

We saw that people were asked their views on their caring needs where this was possible. Where people were unable to verbalise their wants and needs staff were skilled in ensuring people's views were acted upon and we saw people were involved in decisions about how they received their care and support. For example, what kind of games and interactions they wished to partake in. Staff told us that there was information provided in care folders about what people liked and disliked and they used this information to help inform their caring responsibilities.

People had their dignity and respect maintained. We saw staff talking in a low soft voice when offering to support people with their personal care needs. We saw they always knocked on bedroom doors before entering, even if the bedroom door was open. Staff we spoke with gave us appropriate examples of how they maintained people's privacy, for example by not discussing any aspect of anyone's care in an open forum. When one person threw their lunch on the floor we saw staff respond in a way that did not cause the person distress or embarrassment.

Although there had been no complaint made we noted that the bathrooms in each bungalow required some refurbishment. We felt this compromised the dignity of people who lived in the home and when we addressed this with the registered manager they told us that they had reported the need for refurbishment of the bathrooms to head office. However, this had been some time ago and they said they would do so again to ensure that appropriate maintenance was undertaken.

Good

Is the service responsive?

Our findings

People's views about how they liked to live their lives were respected and they told us they liked living there. One person said "[Relative] seems really settled" and "I'd hate [relative] to go anywhere else". Staff were aware of people's preferences and interests and activities were promoted. We saw one person came from a different bungalow to join the activities in one particular bungalow as there was an activity taking place on this day that they particularly enjoyed. We saw staff engaging with people while they were undertaking activities to make them as meaningful as possible. Staff were talking to people and discussing with them how to progress the things they were making. We saw people and staff laughing together. Even when staff were clearing the tables away so that lunch could be served they continued to talk and interact with people in a meaningful way. For example discussing what they had been doing or inviting comment on the music that was playing.

When we discussed with staff how they got to know people when they came into the home they told us they did this by talking to them but also by watching body language. They told us they took time to get to know people but also spoke with relatives of people who were new to the home to try and understand their likes and dislikes. One member of staff explained how they knew what people enjoyed doing due to "Things we've learnt and built up over time". They also told us, where people had been resident in different homes before coming to Ash Lodge, they asked for as much information as was available from their previous home. Following the inspection we spoke with professionals involved with the service and one person told us "They do make referrals when people need them", they also told us that staff in the home carried out advice that was given by them in ways of caring for people. This feedback supported the fact that the health needs of people living in the home were being responded to.

To help people communicate staff used "My communication" books, which had been designed around each person individually, these contained photographs so staff could point to them and look for verbal or physical prompts from people to explain what they wanted or liked. These books contained photographs of people who were important to them so that conversations could be initiative between people and staff about family members.

We saw that there was a sensory room available for people to use and staff were knowledgeable about which people enjoyed the activities in this room. It contained a 'ball pool' lighting and music, though we did notice there was very little in the way of different textures for people to feel. When we passed by the room in the afternoon one person was in the room enjoying the 'ball pool'. However, we saw that people were not always supported on activities outside of the home as often as they wished. One person attended a day centre regularly but on the day we visited to undertake the inspection they could not attend as there was no member of staff available to support them. Also, one relative we spoke with told us they felt there were insufficient activities for people to do.

Care plans were comprehensive and all the required information regarding residents was available in sufficient detail so staff could understand the individual needs of people who lived in the home. There was also evidence in the care plans of ongoing contact with families of people who lived in the home and their involvement in the care of their relatives. When we spoke with relatives they confirmed they were regularly invited to take part in meetings where the future care of their relatives was discussed.

We saw staff promote people's independence during lunch time and where people could eat lunch without assistance this was encouraged. However, where people needed assistance to eat their lunch this was done in an unhurried way which maintained people's comfort and dignity. During lunch staff remained alert and provided assistance where it was required. This showed that staff were responding to the individual needs of people.

We discussed complaints with relatives and they said, mostly, there was nothing to complain about, however, one relative had made a complaint about a new piece of domestic equipment that was required and this was quickly resolved

The registered manager told us that all complaints were responded to by the head office but, since their employment as manager earlier this year, there had been no complaints made to the home. They told us that sometimes there were concerns raised by relatives but these had not been made in writing and they had been

Good

Is the service responsive?

satisfactorily dealt with on an informal basis. By doing this the registered manager was dealing with minor complaints before they escalated. The registered manager told us the complaints policy was currently being reviewed.

Good

Is the service well-led?

Our findings

We found the home had a welcoming atmosphere and the registered manager was well known to people who lived there, one member of staff told us that the registered manager had a good rapport with people who used the service. Staff were confident in approaching the manager if they required assistance or advice, or if they had any concerns. We saw on frequent occasions staff were seen to refer to registered manager during the day and they always checked staffs' understanding of their advice or instructions. One member of staff told us "The staff team pull together" and that included the registered manager, they went on to say the registered manager would help with practical things if it was required. The registered manager also told us they were well supported by their line manager.

Staff told us that the home positively encouraged person centred care and valued training. They said that the care plans were person centred and one of the philosophies in the home was about giving individuals choice about how they wanted to live their lives.

The registered manager was keen to further develop the services at the home and had made links with outside agencies, one example was a medicines newsletter from the local NHS Trust which was posted in the medicines rooms. Staff told us that the home has forged links with the local community centre and that the local community do fund raising to raise "Nice homely things" for the home.

When we talked to the registered manager they demonstrated a good understanding of the people who lived in the home and what their responsibilities towards them. They also demonstrated they wanted to offer a supportive environment for staff to approach them about any questions or queries they had. Handover records from one shift to the next were available and we could see that the handover sheets were clear and precise so that nursing staff could pass on information to support workers in a clear way. The registered manager also said they wanted to take the learning from the good practise in bungalow three and ensure this was incorporated into the practise in the other two bungalows, showing they wanted to continue to develop good practise in the home.

Quality audits were undertaken and the provider gathered people's opinions to check they were happy with the quality of care, these included people and staff. The result of these audits were being analysed by head office and the registered manager expected to receive information on what things they needed to undertake following this. The registered manager explained they were intending on undertaking their own quality audits, over and above, what head office implemented so they could ensure a good quality of care for people who lived in the home. The registered manager also told us they were in the process of developing activity logs for each of the people who lived in the home so they could monitor and check that people were undertaking adequate activities.

Three monthly health and safety audits identified that fire certificates, electrical certificates and emergency lighting certificates were out of date and this was being rectified, showing the audits were effective in what they set out to achieve. The registered manager showed us that audits in training, cleanliness, equipment checks, kitchen and food, risk assessments and medicines had all been completed since September 2015 and demonstrated satisfactory results. Policies and procedures were available for staff to read, some examples of these were medication, bullying and harassment and equity and diversity.

We saw staff meeting minutes from May and September 2015, the registered manager also undertakes meetings with the qualified nurses separately, we saw meetings were held every two months. Incident reports were stored in care files but a separate copy was also stored in the incident folder for ease of access. That way the registered manager could monitor and see if there was a pattern of events which required action.

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.