

Leyton Healthcare (No 15) Limited

Ashbourne Lodge

Inspection report

The Green,
Billingham,
Cleveland,
TS23 1EW
Tel: 01642 553665
Website: N/A

Date of inspection visit: 1 and 2 March 2015
Date of publication: 20/04/2015

Is the service safe?

Good



Overall summary

We inspected Ashbourne Lodge on 1 and 2 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 we found the Ashbourne lodge was not meeting requirements of four regulations.

Ashbourne Lodge is a purpose built care home, which is registered to provide personal care only for up to 55 people. The lower floor Ash unit accommodates up to 25 people with residential care needs. The upper floor is split into two units, the Cedar and the Oak. The Cedar unit offers accommodation for up to 15 people with residential care needs. The Oak unit is a dedicated dementia care unit designed for older people living with a dementia and can accommodate up to 17 people.

The home has not had a registered manager in post since October 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. The acting manager in post told us they intend to submit an application to register with us by the end of March 2015.

In November 2014 we completed an inspection and issued a formal warning telling the provider that by 31 January 2015 they must improve the following areas.

- Regulation 10, (Outcome 16): Assessing and monitoring the quality of service provision The service was not protecting people against the risks of unsafe care and treatment by not effectively assessing and monitoring the quality of service provided.
- Regulation 12, (Outcome 8): Cleanliness and infection control, as the service was failing to ensure people were protected from the identifiable risks of acquiring a health care associated infection.
- Regulation 22, (Outcome 13): Staffing The service was not taking appropriate steps to ensure that there were sufficient numbers of suitably qualified staff on duty at all times to meet people's needs.

We reviewed the action the provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also checked what action had been taken to rectify the breach of regulation 20 (Records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summary of findings

We found that the provider had ensured improvements were made in these areas and these had led to the home meeting the above regulations.

During the inspection we found that the provider had commenced a range of processes designed to monitor and assess the ongoing performance of the home, such as audits. We found that this review had led to actions plans being developed. We saw that the processes that had been introduced would be effective in sustaining ongoing compliance with the regulations.

The manager and provider had reviewed and updated all of the records maintained at the home such as care records, audits, policies and training information. We found that where records such as care files had been reviewed these provided accurate information and were very informative.

We found that the building was very clean and well-maintained. Action had been taken to make sure the laundry was fit for purpose and did not present a fire risk.

A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

People and the staff we spoke with told us that there were now enough staff on duty to meet people's needs. They found the staff worked very hard and were always busy supporting people. We found that the provider had increased staffing levels to ensure there were sufficient staff. Two senior care staff and six care staff were on duty during the day and two senior care staff and four staff on duty overnight. We found information about people's needs had been used to determine that this number of staff could meet people's needs. We noted that the provider's calculation would allow for additional staff to be on duty at peak times and the manager undertook to provide additional staff during peak times.

The interactions between people and staff were jovial and supportive. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

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.'

An adult social care inspector completed this unannounced inspection of Ashbourne Lodge on 1 and 2 March 2015.

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. The provider supplied information about how they intended to ensure they achieved compliance and we reviewed this prior to visiting the home.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we spoke with the eight people who used the service and five relatives. We also spoke with the acting manager, two senior care staff, four care staff, the cook and housekeeper.

We undertook general observations of practices within the home and we also reviewed relevant records. We looked at nine people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), treatment rooms, all of the bathrooms and the communal areas.

Is the service safe?

Our findings

At our last inspection we found that the provider needed to take action to ensure there were sufficient staff to meet people's needs; the building was clean and risks of infection were reduced; the records were accurate: and the systems for overseeing the service were effective.

This was a breach of regulations 10, 12, 20 and 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 1 and 2 March 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements described above.

We asked people who used the service and visiting relatives what they thought about the home and staff. People told us that they found the staff kept them safe and were very caring. People discussed problems that had previously been evident and how they had seen significant improvements, particularly around the staffing levels and cleanliness.

People said, "I have always found the staff to be very caring and kind but were at times finding it hard as there wasn't enough of them. Over the last few months that has been so much better." And "The home, in general, had slumped and needed a good clean but the manager has sorted that out." And, "The staff are very attentive."

The staff we spoke with all discussed the improvements that had been made both to the numbers of staff on duty, the records and general cleanliness of the home. The manager told us how they had employed more cleaners; ensured the staffing levels met the needs of the people; and had taken action to ensure the quality assurance system and records were improved.

Through our observations and discussions with people as well as staff members, we found generally there were enough staff on duty to meet the needs of the people who used the service. The records we reviewed such as the rotas, dependency tools and training files confirmed this was the case. Two senior care staff and six care staff were on duty during the day and two senior care staff and four staff on duty overnight.

People we spoke with said, "The staff are there when you need a hand." And, "You don't have to wait too long before the staff come to help."

We heard from staff and people on the units this was enough staff but at peak times such as in the morning they would benefit from an additional staff member. We reviewed the tool the provider had for determining staffing levels and found on their calculations of staffing levels there was scope for this additional support. The manager confirmed the calculation and agreed to employ additional staff at peak times.

We saw records to confirm that regular checks of the cleanliness of the building were now conducted and a range of audits such as infection control were completed. This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We looked around the building and saw all areas were clean and that the laundry was now fit for purpose and spotlessly clean.

We reviewed six people's care records and saw that staff had assessed risks to each person's safety. Risk assessments had been personalised to each individual and covered areas such as falls, pressure care and mobilising. The accompanying support plans ensured staff had all the guidance they needed to help people to remain safe.