Veatreey Development Ltd

Ascot Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection took place on Monday 25 and Tuesday 26 September, 2017 and was unannounced.

Ascot Lodge Nursing Home is situated in a residential area of Southport. The home is close to local amenities and local public transport links. It provides accommodation and nursing care for up to18 people. Accommodation includes two lounges, 12 single bedrooms and two double bedrooms which can be found across four floors. The home has been adapted for people with limited mobility. There is an enclosed garden and patio at the rear of the building and a small car park at the front.

At the time of the inspection 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.

At the previous comprehensive inspection which took place in September 2016 the home was rated 'Good'. This inspection took place due to a number of concerns which had been reported in relation to the safety of care and treatment being provided at the service.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We are taking a number of appropriate actions to protect the people who are living in the home.

There were a number of identified concerns in relation to the environment and the health and safety standards within the home. The safety of people living within the home was being compromised and health and safety audit systems were not being effectively carried out.

Care records were not being reviewed to ensure that they were an accurate reflection of the support that a person required. This meant that there was a risk that staff, less familiar, with the person may not provide the right level of care and treatment.

During the inspection we found the area of 'staffing' to be a concern. Routine supervisions and appraisals were not taking place and were not being carried out in line with the provider's policy.

Audits were not being effectively completed and action plans were not being followed up on. This meant that people were exposed to unnecessary risk as the quality of service delivery was not being monitored. Accidents and incidents were being recorded however there was little evidence to suggest these were being investigated, analysed or lessons were being learnt.

Specific policies and procedures were available to guide staff practice. However, some of the policies and procedures which were in place did not reflect current legislation, policy or best practice guidance.

Staff were seen to be attentive and offered kind and compassionate care. However, people who used the service were not always treated with dignity and respect. People's privacy was not protected whilst personal care was being delivered. People were not always kept comfortable within their own bedrooms.

During the inspection we found that people's private and confidential information was not being securely stored away. We found sensitive information available throughout the home which should have been protected and not available for others to read.

The feedback we received about the range and level of activities was poor and observations supported this. There was no activities timetable in place and there was no activities co-ordinator in post.

There was evidence to suggest the home was not operating in line with the principles of the Mental Capacity Act, 2005 (MCA) When able, people must be involved with the decisions which are taken in relation to the care and treatment which is provided, records we reviewed suggested that the principles of the MCA were not being routinely followed.

The management of medicines was not always safe. We found that people did not always get their medicines as prescribed. Weekly and monthly audits were carried out but were not effective and did not identify areas of concern identified during the inspection.

Ascot Lodge was rated as 'Inadequate' in 2015 but following a period of sustainable change and positive improvements the previous inspection which took place in September 2016 found Ascot Lodge to be 'Good'. However, during this inspection we found that the standards and quality of care has deteriorated and the level and provision of safe care and treatment was not of a 'good' standard.

You can see what action we told the provider to take at the back of the full version of this report.

There was no dependency assessment scale in place at the time of the inspection. This meant there was no system in place to determine if the staffing levels were appropriate enough to support the people living in the care home. We have made a recommendation regarding staffing levels and the dependency needs of the people who are being support.

Staff received an induction package and training was offered as part of their on-going training. However, there was no evidence to suggest that staff had completed or had been enrolled on to the Care Certificate. We have made a recommendation regarding staff training and on-going development.

The day to day support needs of people living in the home was being met. External healthcare professionals were involved with the health and well-being of the people living in the home. Appropriate referrals were taking place when needed and records were being maintained in relation to external healthcare involvement.

There was a formal complaints policy in place and people knew how to make a complaint. There was evidence of how complaints were being responded to which were in accordance to the organisational policies.

Recruitment was safely and effectively managed within the home. Staff personnel files which were reviewed during the inspection demonstrated effective recruitment practices were in place. Staff who were working at the service had suitable and sufficient references and disclosure barring system checks (DBS) in place.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures. Ratings from the previous inspection were on display within the home and these were also available for the public to review on the provider website, as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were exposed to risks due to health and safety concerns within the building.

Improvements were required to ensure the safe management of medicines.

Safe recruitment practices were in place to ensure that people of suitable character were employed at the service.

Staff had an understanding of safeguarding and how to identify and report concerns of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

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Staff had not received regular supervision or appraisals in order to ensure that they were skilled and competent in their roles.

The principles of the Mental Capacity Act, 2005 were not being followed accordingly.

People were supported to have sufficient food and drink.

Is the service caring?

Requires Improvement

The service was not always caring.

People's privacy, dignity and respect was not always maintained.

People's private and confidential information was not safely secured away.

People were not always receiving the level of care which was required.

People we spoke with told us that staff were kind, polite and caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always contain up to date information about people's support needs.

Activities were not always stimulating, creative or meeting the needs of the people living in the home.

There was a complaints process In place which people were familiar with.

Is the service well-led?

Inadequate

The service was not well-led.

Multiple breaches of regulation were identified throughout the inspection.

Audits were not effectively being completed or identifying areas which needed to be addressed.

Internal health and safety checks and audits were not being routinely completed.

Ascot Lodge Nursing 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 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 Monday 25 and Tuesday 26 September, 2017 and was unannounced.

The inspection team consisted of two adult 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 visit we received information of concern in relation to the care and treatment at the service.

Prior to the inspection, we reviewed the information held on Ascot Lodge Care Home. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made.
We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, nominated individual, three care staff, one nursing staff, one person who lived at the home, one relative and the chef.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support

which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

During the inspection we also spent time reviewing records and documents. These included the care records of four people who used the service, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

We undertook general observations of the home over the course of the two days, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived in the home, lounge and dining area.

Requires Improvement

Is the service safe?

Our findings

During the inspection we identified breaches in regulation in relation to the safe care and treatment which people were receiving. These included a number of environmental issues which were identified during the first day of the inspection. For example, we witnessed a number of bedroom doors and a fire door being wedged open. Wedging or propping open such fire doors allow fire and smoke to spread throughout buildings, exposing people to unnecessary risk.

During routine observations of the home we found that people's safety was being compromised and there was unnecessary exposure to risk. Cleaning products were not securely locked away and some people used blades for shaving and these were left in bathrooms. This meant that there was risk that vulnerable people could be exposed to dangerous products and items which could cause unnecessary harm.

We found that people who used the service could gain access to the laundry room, boiler room and a cupboard which contained substances hazardous to health.. We discussed all of our concerns with the registered manager during the inspection and they were immediately rectified.

We identified some concern in regards to fire safety. A number of bedroom doors and a fire door being wedged open. Wedging or propping open such doors allows fire and smoke to spread throughout buildings, exposing people to unnecessary risk. People who used the service had a personal emergency evacuation plans (PEEPs) in place. PEEPs help staff to establish what support needs to be provided to each individual in the home in the event of an emergency situation. PEEP information was not always accurate. The information did not contain the correct names or support needs of the people living on a given floor. We discussed this with the registered manager at the time of the inspection and the information was immediately updated.

Internal health and safety audits and routine checks were reviewed during the inspection and we found that these were not being completed. For example, we found the monthly maintenance audits had not been completed since March, 2017, water temperature checks had not been completed since June, 2017 and weekly fire alarm tests had not been completed since August, 2017. This meant that there was a risk that people were not living in a safe environment as the required checks were not taking place. Following the inspection the registered provider has submitted evidence of the newly revised audit/check templates as to ensure that the health and safety of people living in the home was maintained.

Health and safety records confirmed that gas safety checks, electrical equipment and legionella testing all complied with statutory requirements as well as there being up to date fire risk assessment and evacuation procedures in place. The evacuation procedures were on display in the home so people could familiarise themselves with protocol in the event of an emergency evacuation and there was evidence of annual simulated fire evacuations taking place.

There were processes in place for the management of medicines but they were not always followed.

We identified that some of the medication practices needed to be improved upon. For example, during the inspection we found medication administration records (MARs) were not always completed in line with the organisational policies or procedures. We found several missing medication entries across two medication records which we reviewed. The medication counts were correct however, the MARs indicated that two people did not receive the medication which had been prescribed to them. When this was discussed with staff during the inspection, no explanation could be provided.

Topical MAR charts not being completed as they should have been. Topical creams were being applied; however topical MAR charts did not indicate when the creams had been applied, how many times the cream had been applied throughout the day or to which part of the body. This meant that people were at risk of harm due to poor medication practices and concerns which were identified in relation to recording practices.

All staff had received the relevant medication administration training, prescription medication were safely and securely locked away and there was regular medication reviews taking place between nursing staff and the dedicated GP.

People using the service had a care plan in place which indicated the medications prescribed including 'as and when' required medication (PRN). PRN medicines are those which are only administered when needed for example for pain relief. As part of this inspection we checked to see if the necessary PRN protocols were in place for all PRN medications.

Accidents and incidents were recorded in an 'accident and incident' log book but there was no evidence of any analysis or monitoring of such events for themes and trends. For example, an accident occurred whereby a person who used the service was found on the bedroom floor. The person was immobile but there was no evidence of this incident being recorded in the care records, communication book or daily record sheets. There was no investigation into the incident, no on-going risk assessment or management plan to avoid such occurrences in the future. This meant that there was no analysis or monitoring of such events lessons were not learnt and no remedial actions taken to mitigate further risk.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Typical staffing levels included one nurse and four carers through the week, one nurse and one carer overnight and over the weekend one nurse and three carers during the day. At the time of the inspection the registered provider was recruiting for one day and one night carer and one day and one night nurse. During the inspection we observed call bells being answered promptly by staff and people were being routinely observed throughout the day. However, we did identify that there was no dependency tool in place. Dependency tools are used to monitor and analyse staffing levels in relation to the people's support needs. At the time of the inspection there was 17 people living at Ascot Lodge, people were accommodated across four floors, they were all assessed as requiring nursing care and 15 of those people needed the support of two staff members.

We recommend that the registered provider consults reputable sources to analyse staffing levels in conjunction with the support which need to be provided.

We reviewed four staff records to ensure the staff who were recruited were suitable to work with vulnerable people. The registered manager retained records relating to each staff member; adequate pre-employment checks were carried out prior to a member of staff commencing work and personnel records were well

maintained. Each person had two references on file prior to commencing their post. The appropriate employment checks had been completed before staff began working at the service. Application forms had been submitted, confirmation of identification was evidenced in files and Disclosure and Barring Service (DBS) checks had been suitably carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. Such checks assist employers to make safer decisions about the recruitment of staff.

During the inspection we spoke with staff about their knowledge and understanding of different policies and procedures which were in place at Ascot Lodge. Staff were able to explain their understanding of safeguarding and whistleblowing policies and how to report concerns accordingly.

Records confirmed that appropriate safeguarding referrals had been made to the local authority when required. This meant that people who lived at Ascot Lodge were protected from the risk of abuse. Staff had received the necessary training in relation to adult safeguarding and there was an available safeguarding policy in place.

Requires Improvement

Is the service effective?

Our findings

During the inspection we found evidence that consent was not gained in line with the principles of the Mental Capacity Act, 2005. We found that when people were unable to provide consent, mental capacity assessments were not being thoroughly conducted and best interest processes were not detailed enough.

The Mental Capacity Act (MCA) 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 make 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the registered provider was not complying with the principles of the MCA. We found evidence that consent was not gained in line with the principles of the Mental Capacity Act, 2005. People living in the home were not being appropriately assessed, assessments were not decision specific and 'best interest' processes were unclear. This meant that people were potentially being deprived of their liberty in an unlawful way.

For example, in one care record we found that a person had given consent for bed rails to be placed on their bed. This meant that the person was being restricted from moving independently in and out bed as a way of mitigating risk. However, when we reviewed the mental capacity assessment which had been completed it stated that the person did not have ability to express their needs and could not consent to decisions being made.

We also found that mental capacity assessments were not decision specific and did not outline the decisions which needed to be made in the best interest of the person. 'Best interest' records did not evidence what decisions had been made and by whom. Another 'best interest' form stated 'staff to act in best interest', but it did not state how they would do this or what care and support they would need to be providing.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff expressed that they felt supported in their role but they had not been receiving regular supervision or annual appraisals. One staff member who had been employed for a number of months had not received any supervision since starting their role. There was an up to date supervision policy in place, which indicated that all staff should be receiving supervision three to four times a year. However, due to the time constraints which had been placed upon the registered manager, supervision was not taking place. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

When we discussed this with the registered manager, we were informed that this was a priority over the coming months.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed staff training which was available for all staff at Ascot Lodge. Our observations across the course of the inspection as well as speaking with staff on a one to one basis indicated that people had the necessary skills and knowledge to care for people effectively. There was an induction training programme in place for all new staff. New staff were expected to complete a number of 'shadow shifts' as part of their induction which included working alongside experienced and qualified members of staff. One member of staff expressed "There has been a lot of training which I have been expected to complete." Other training courses which staff had completed as part of their roles included moving and handling, fire safety, dementia awareness, safeguarding adults, infection control and Mental Capacity Act and Deprivation of Liberty training.

However, at the time of the inspection we were not provided with any evidence to suggest that staff had completed or had been enrolled on to the Care Certificate. The Care Certificate is 'an identified set of standards that health and social care workers adhere to in their daily working life'. The Care Certificate requires new staff to be trained, observed and their competency assessed within 12 weeks of starting.

We recommend that the registered provider consults current guidance in relation to the Care Certificate.

It was identified throughout the inspection that food and fluid charts were in place and being filled in throughout the day however, charts were not always being completed with the total amount of food and fluids which had been consumed. This meant that people were at risk of not receiving the required amount of nutrition and hydration support. When this was discussed with a member of staff, they did confirm that was an on-going training need for staff but it was an area which was being focused on.

During this inspection we reviewed the variety and choices of food which was provided. At the time of the inspection there was a four week rolling menu in place. One person said "They [Staff] give me veg and meat and stuff which I do eat as it's building me up. They give me extra portions if I want and are very attentive and polite." There was a variety of meal choices over a four week rolling rota. We discussed how meal choices were agreed with the dedicated chef and it was confirmed that the manager and the chef would regularly involve people who lived at Ascot Lodge in the creation of the menus. It was also evident that the chef was familiar with the different dietary needs of people who needed to be supported with specialist diets.

People's specialist dietary needs were known by the chef and staff. Although we identified that some care records had not been updated with the relevant information in relation to specialist dietary needs, it was evident that staff were familiar with the support which needed to be provided.

Lunch was served in the main lounge area on individual tables as well as in the dining room. The dining room table was prepared for meal times and staff offered a number of different condiments and sauces which were available. Different choices of refreshments were also available and staff regularly asked people if they needed any assistance of support.

We saw evidence of people being supported by external healthcare professionals. There was evidence of GP appointments, dietician visits, SALT team visits, community psychiatric nurse (CPN) visits and palliative care

team visits, as well as the appropriate referrals taking place. This meant that people's health and well-being was being supported by external healthcare professionals in a way that was effective, holistic and safe.

Requires Improvement

Is the service caring?

Our findings

During the inspection we observed staff provided care and support to people in a manner which was kind and compassionate. One person expressed "I have been here since last June after an accident…..I couldn't do anything for myself. I used to get hoisted in and out of bed, but I do most things for myself now, but it's thanks to the staff here. I am hoping to go home soon. The girls [Staff] are always around to help me, but I am keen to try and do as much as I can and they just monitor me if I feel a bit wobbly."

During the inspection we highlighted observed a number of concerns which were immediately discussed with the registered manager.

For example, a large bathroom window on the ground floor had no blind or curtain in place as a means of preserving people's dignity, this meant that people's dignity and privacy was not being protected when personal care was being provided. Another person could not watch the television in their bedroom as this was positioned behind the bed whilst maintenance work took place. When this was discussed with the registered manager, it was assumed that the person was not able to watch the television but instead could only hear when the television was on.

The concerns we identified meant that people were not always supported in a dignified or respectful manner.

This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that confidential information was not stored securely and sensitive information was not being protected. For example. Information in relation to a person's date of birth, GP, allergies and Do Not Attempt Resuscitation (DNAR) status was visible on each bedroom door. We also found Information which was visible in relation to nutritional support in the main dining room. For example, there was a document placed on the wall in the dining room which identified four residents who were being support by the speech and language therapy (SALT) team and the instructions staff needed to follow. This meant that people's private and confidential information was not being securely maintained at Ascot Lodge.

These is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff offered and provided support as appropriate. Staff were attentive, responsive to any requests and engaged in positive, friendly and warm manner. Staff were observed having friendly conversations with people during the lunch time period and offering assistance.

Staff conducted random observations of people who were sat in the dining room and lounge area as well as ensuring that observations were completed on the people who remained in their bedrooms. Observations were carried out to ensure that people throughout the course of the day and night were safe at all times.

One relative we spoke with was positive about the care which was being provided. The relative stated "[Relative] has never been so well looked after since [Relative] came here. I like the staff here and I am very happy with the care. [Relative] has been in bed for around three years now and they [staff] have kept [relative] well. I didn't think [Relative] would still be here."

The atmosphere throughout the course of the inspection was warm and friendly. Staff engaged well with people who lived in the home as well as any relatives or professional visitors who visited the home throughout the course of the inspection. Staff appeared to be familiar with the care needs of people they were supporting and were able describe different levels of support which needed to be provided to different people living at Ascot Lodge.

At the time of the inspection there was information available about Ascot Lodge in the main foyer of the home. For example, there was information provided about fire evacuation, prevention and safety procedures, there was up to date complaints information and a suggestions box for people express their feelings, opinions and thoughts about the home. The registered manager explained that this is checked on a monthly basis.

For people who had no family or friends to represent them, a local advocacy service was available to provide support. At the time of the inspection there was nobody receiving support from an advocate.

Across the course of the inspection we observed how staff were able to respond to the different levels of support needs within Ascot Lodge. Staff were able to communicate with people using non-verbal techniques. For example, over the lunch time period staff would take different sauce bottles over to people who were eating their lunch. Staff would encourage people to choose what sauce they wished to have with their meals by pointing to the bottle of their choice. This demonstrated how staff were able to be creative with the non-verbal techniques used and be responsive to the needs of the people they were caring for.

Requires Improvement

Is the service responsive?

Our findings

The care records reviewed contained pre-admission information in relation to a person's care needs prior to living at Ascot Lodge. Care plans were then formulated for each different aspect of care such as continence support, nutrition, eating and drinking, dressing and grooming, washing and bathing, mobility, skin and pressure areas and medication. Although there were care plans in place, it was identified that these needed to be updated with the relevant information as and when a person's circumstances changed.

Care plans were not always being updated accordingly, which meant that there was a risk that people may not receive the correct care and support. There was also a risk that staff were less likely to be responsive to individual need. For example, we reviewed a falls risk assessment for one person; this stated that the person was at high risk of falls due to their balance. However, upon further review we established that the person was no longer mobile but the level of risk had not been updated and the management plan was not reviewed.

Another example included the lack of information documented in relation to a person's behaviour. A risk assessment indicated that the person would become increasingly 'aggressive' when receiving personal care. Upon further review it was established that there was no specific care plan in place as a means to monitor and manage behaviours that challenged. Such updated information is an important way of informing all staff of the change in any health care or support needs and is a way to inform staff of how to manage specific areas of risk which may present.

This is breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no activities co-ordinator in post at the time of the inspection and we did receive negative comments in relation to the level of stimulation which was provided at Ascot Lodge. One person expressed "There isn't much going on here" and staff members stated "it's the one thing that's missing here" and "There's no activities timetable, we just go along with what's suggested on the day." There was an activities folder in the dining room which suggested that the only activities which were taking place for people who lived at Ascot Lodge was listening to music or watching television. Information which was located in the foyer in relation to activities was out of date and did not provide any information in relation to activities which had taken place or due to take place in 2017. This meant that there was no stimulation or availability of different activities which people could participate in.

There was a 'one page profile' in place which provided staff with information in relation to the person's childhood, adolescence, adulthood, middle age, employment, family and hobbies and interests. This level of person centred information did allow staff to develop an understanding and an appreciation for the person they were supporting. Although it was highlighted that care records need to be improved, it was evident throughout the course of the inspection that staff were familiar with the people they were supporting.

The registered provider had a formal complaints policy and sufficient processes in place. The procedure for making a complaint was clear and people knew how to complain if they needed to. We reviewed how complaints were recorded, how they should have been investigated and how they should've been responded to. At the time of the inspection there were no formal complaints being investigated.

Inadequate

Is the service well-led?

Our findings

During the inspection we found that the service was not well-led. There was a failure to monitor and assess the quality and standard of care being provided, the governance of the service was not being assessed and people were exposed to unsafe care.

Local audit systems were not effective in identifying areas of the service which needed to be improved. The systems which were in place did not effectively identify areas of concern and were not being used as a measure of improving quality or standards

We found that care records were not being regularly updated and the level of risk was not being managed accordingly. For example, the registered provider required staff to complete specific monitoring tools as a measure to monitor and assess risk but there was a failure to complete the required documentations. For example, we found one person should have been re-positioned every two hours but records indicated that these were taking place every three hours. This meant that the systems and processes which were in place to manage the quality and delivery of care were not being completed as they should have been; meaning people were exposed to risk.

We saw evidence that weight management tools which were in place were not being effectively used. For example, one person's nutritional risk assessment indicated that there had been a 0-3 kg weight loss in past three months; however the person's weight was not being recorded. When this was discussed with the registered manager they confirmed that the person's weight was not being monitored and weight loss was gauged by sight. This meant that there were no effective measures in place to establish risk of malnutrition when people were not being appropriately monitored or assessed.

Medication audits were carried out but they failed to identify areas where practice needed to be improved upon. For example, medication audits did not identify missing entries on the MAR or that staff did not complete the relevant topical MAR charts to evidence the administration of medicated creams. This meant that there was no robust oversight of medication administration to ensure that people were getting their medications as prescribed. The processes and procedures in place were not robust enough to highlight concerns and to ensure that improvements were made.

The registered provider had recently requested the support of an external consultant to help assess and improve the standard and quality of care which was being provided. An action plan was formulated and it was identified that the registered provider needed to complete a business continuity plan (BCP). A BCP should contain relevant information in relation to the management of emergency situations should they occur. The audit action plan also made recommendations around the assessment and provision of suitable and stimulation activities for people using the service.

At the time of the inspection the registered provider had failed to complete the relevant actions by the date which had been stipulated. This meant that the registered provider did not have systems or processes in place to continually assess, monitor or improve the provisions of care which was being delivered.

A range of different policies were reviewed during the inspection which included safeguarding, administration of medication, whistleblowing and safeguarding. It was identified that some of the policies were out of date and did not contain reference to current legal or policy requirements. For example one policy made reference to The Care Standards Act, 2001 but this was updated to the Health and Social Care Act in, 2008.

Other policies which were not being followed or adhered to included 'The Assessment and care planning' policy. This indicated that the manager, senior staff and care staff should all be involved in the assessment and care planning process. However, during the inspection we were informed that only the managers and nursing staff were involved in such processes and care staff were not familiar with such care records. Policies and processes were discussed with the registered manager and we were informed that there would be a systematic review of all policies and procedures.

Accidents and incidents were not being routinely monitored or analysed. This meant that the registered manager was not identifying when lessons needed to be learnt or if any actions needed to be taken to mitigate any risks.

Daily records and communication books were not being regularly updated and did not contain the most relevant information in order for staff to respond to any specific needs or familiarise themselves with any significant events. One member of staff expressed "There is very little communication happening here" and another stated "The communication needs to improve and records need to be updated." When staff were asked about how information was discussed as a staff team, staff expressed that team meetings used to take place on a regular basis but these had not taken place for some time.

Health and Safety records and audit checks we reviewed during the inspection were not up to date. We found that systems and processes which were in place were not being effectively completed and people were being exposed to unnecessary risks. This meant that people who were living at Ascot Lodge were not being protected by the registered provider, routine health and safety checks were not being completed and overall governance of the health and safety provision was not being regulated or monitored.

It was evident throughout the course of the inspection that the overall governance of Ascot Lodge had deteriorated. Ascot Lodge has previously been rated 'inadequate' by the Care Quality Commission. During the most recent inspection the standards and quality of care being provided had significantly improved, as the service was rated 'Good'. However, during this inspection it has been identified that there has been a failure to ensure the standards of safe care and treatment was being maintained.

These are multiple breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager how they involved people and their relatives in the provisions of care and treatment which was being provided. The registered manager informed us that they did conduct resident and relative meetings as often as they could as well as circulating relative and resident questionnaires. We saw evidence of one resident/relative meeting which had taken place in February 2017 as well as a questionnaire which had been circulated in June 2017. The questionnaires which had been returned all indicated that relatives were satisfied with the care being provided, one comment which was reviewed included "[Relative] has never been so well looked after; It is a very caring home and all the staff are good." We were also informed that small notepads had been placed in each bedroom to encourage feedback from people and their relatives. Staff expressed that the notepads were a creative way to encourage suggestions and a way to try and improve the provision and delivery of care that people were receiving.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see within the home as well as the rating also being displayed on the website. The registered manager was aware of their responsibilities in submitting statutory notifications. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and well-being of people who are living in care homes. Statutory notifications need to be submitted in accordance with their regulatory requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People who lived at Ascot Lodge did not always have their dignity and respect preserved. People's privacy was not always maintained and care was not always provided in a dignified way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments were not completed in accordance with the Mental Capacity Act, 2005 and there was no effective systems in place to ensure best interest decisions were clearly recorded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were exposed to unnecessary environmental risks and safe, care and delivery of treatment was not always safely managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving the relevant supervisions or appraisals as part of their professional and on-going development.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes that were in place were not effectively being used to monitor, assess or improve the provision or quality of care being delivered.

The enforcement action we took:

We have issued a warning notice to the registered provider in relation to the breaches identified for Regulation 17 (Good Governance).