Coate Water Care Company Limited

Ashbury Lodge Residential Home

Inspection report

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Date of inspection visit:
22 June 2022
28 June 2022

Date of publication:
28 July 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Ashbury Lodge Residential Home accommodates up to 44 people in one adapted building. At the time of our inspection 34 people were residing at the home. Accommodation is arranged over two floors which are accessed via a lift or stairs. There is a small garden to the front of the building and a car park available to visitors.

People's experience of using this service and what we found
People received a high level of care which met their needs. However, systems in place to monitor the quality and safety of people's care were inconsistent. Further improvement was needed to ensure governance was organised and evidenced decisions were made to follow other professionals' advice. It also proved that changes in the care planning records system were necessary.

People felt safe and secure living in the home. People and their relatives were happy with the service and had good relationships with staff members. Risk associated with people's care had been identified and assessed. People received their medicines safely. There were enough staff deployed to meet people's needs. The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

Where incidents or accidents occurred, there was evidence of analysis being completed to determine what measures could be put in place to improve people's safety. Relevant action was taken to reduce the risk of incidents while systems were put in place to keep people safe.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People's needs were assessed prior to them using the service. There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible; the policies and systems in the service promoted this practice.

Staff treated people with kindness and respect, and spent time getting to know them and their specific needs and wishes. We observed positive interactions between staff and people who lived in the home. Staff were responsive to people's needs. People and their relatives knew how to raise concerns. There was a range of activities for people to enjoy.

The registered manager and staff had worked hard to address the shortfalls identified at the last inspection. The registered manager carried out a series of audits to check and monitor the quality of the service and ensure records were completed accurately. The registered manager provided clear leadership and considered the views of people, their relatives and staff in respect to the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 10 June 2021).

Why we inspected
The inspection was prompted in part due to concerns received from other healthcare professionals about people's safety and lack of communication with the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of Safe, Effective, Responsive and Well-led only. For those key questions that were not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Ashbury Lodge Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of four 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.

Service and service type
Ashbury Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashbury Lodge Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
During the inspection we spoke with six staff members including healthcare assistants, unit leaders, a chef and a domestic member of staff. We also spoke to eight people using the service and three relatives of people. We reviewed three care records, two medicine administration records (MARs) and observed a medication round. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service.

After the inspection
We continued to seek clarification from the registered manager after the inspection visit to validate evidence found.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service and their relatives confirmed this. One person told us, "We are very happy and the staff are very good. Yes, feel safe because things are alright." Another person's relative told us, "It is safe, I can't fault the care [person] is receiving. The care is very good, very mindful."
- Systems were in place to protect people from the risk of abuse and harm. Staff had received safeguarding training and understood their responsibilities to keep people safe.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified, assessed and measures were in place to reduce the risk of harm to people. Some information regarding input of other healthcare professionals was not always included in care plans. However, we saw this had no impact on people's wellbeing.
- Some people were at an increased risk of pressure sores. Specialist equipment was in place to prevent their skin from becoming damaged. In addition, guidance was available to staff on how they could support people to reduce the risk of skin damage.
- Emergency plans were in place outlining the support people would need in order to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- There were enough staff deployed in the service to meet people's needs. Relatives of people told us staff were always around when needed and people told us that if they called for help, staff responded in a timely way.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work.
- Staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences.

Using medicines safely

- People received their medicines as prescribed. Medicines were ordered, stored and disposed of safely and securely.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines, there were protocols in place detailing the circumstances in which these medicines should be used.

● We saw that people received their medication and were offered appropriate support. People with limited capacity were still asked if it was alright to give them their medication and had it explained to them. One person told us, "They do have pills, they bring them to me and help me to take them. They always check to see I've swallowed them."

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● Visitations took place as per government guidance.

Learning lessons when things go wrong
● The service shared lesson learned after an inspection of a sister service. This helped to improve provision of care for people with diabetes.
● Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed using a variety of tools. These tools were used to determine what level of support people needed. They included Malnutrition Universal Screening Tools (MUST) to assess people at risk of malnutrition and Waterlow assessments which measure risks to people's skin integrity.
- People's care plans detailed their medical histories, health conditions and how these affected the person. Care plans also included signs and symptoms to look for relating to these conditions and specified what staff should do if the person showed any of these.
- People's needs were reviewed on a regular basis and whenever their condition changed. Where appropriate, relevant professionals had been involved in the reviews of people's needs assessments. However, information about changes in people's care was not always reflected in their care plans. We saw this had no impact on the quality of care received by people.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well-trained. One person told us, "They are very well trained, they don't miss nothing and fill in anything [recording]." Another person told us, "I think the staff have been very well trained."
- Staff received a thorough induction before working with people at the service. Staff received a mix of training and shadow shifts before supporting people on their own.
- Staff told us they felt supported and had regular supervisions where they could discuss their performance and any identified training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficiently and were provided with specialised diets where needed. Staff were aware of people's nutritional needs.
- People told us they enjoyed the quality and choice of meals they were offered at the care home. One person said, "Food is not bad here, we have a reasonable choice. Food is very good, roast dinners, breakfasts, choice of things to eat."
- The atmosphere in all the dining areas during mealtimes remained relaxed and congenial throughout our inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records showed they had regular access to healthcare support, including GPs and specialist

health professionals where required.
● Staff effectively monitored people's daily needs and well-being to ensure they were supported appropriately. Where needed, staff promptly contacted healthcare professionals such as district nurses, diabetic nurses or an occupational therapist.
● People told us and their relatives confirmed that people were supported to live healthier lives through regular access to health care professionals such as their GP, a dentist or an optician. One person told us, "I can see the GP. I know the GP comes in regularly. I do get my feet checked, as a chiropodist also comes in."

Adapting service, design, decoration to meet people's needs
● The corridors and doorways were spacious enough to accommodate mobility equipment and walking aids. There was a large conservatory which was used to accommodate visits of people's friends and relatives.
● People's rooms were personalised and reflected what was important to them.
● We saw the premises were kept free of obstacles and hazards, which enabled people to move safely around the care home.

Ensuring consent to care and treatment in line with law and guidance
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 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, staff understood who lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
● People were asked their consent for the support they received. Where people did not have capacity to make decisions, this was done in their best interests after discussion with relevant parties. Best-interest decisions were always recorded.
● The registered manager kept a log of people's mental capacity assessments, best interest decisions and DoLS applications to monitor changes and whether applications had been approved.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager completed care assessments for people to ensure staff could meet each person's needs before they moved into the home.
- People received care and support from staff according to their individual assessed needs and preferences. People told us staff provided them with all the care and support they needed. One person's relative told us, "I like the way staff got to know my mum, encourage her a lot, try to enlarge my mum's world."
- People's care plans were not always up-to-date. For example, the main page of one person's care plan said that the person had a catheter and a leg bag. However, other sections of the care plan stated this had been removed a year ago. Some sections of people's care plans were not always updated following professionals' advice or intervention. For example, one person's care plan stated they would like to be referred to an NHS community chiropodist, or home's foot health assistant. Although there was no mention of the service acting upon this wish in the person's care plan, we saw the evidence that the person was regularly visited by a chiropodist.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plains contained clear guidance on how they would like staff to communicate with them.
- The provider was aware of their responsibility to meet the Accessible Information Standard. They told us they were ready to provide information in large print, Braille or any other format if required.
- People told us staff communicated clearly with them which enabled them to understand what people meant and were saying.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity schedule in place to inform people of what was happening in the home each day. There was a designated activity worker for the home as well as external entertainers coming in.
- People were happy with the range of social activities provided. Activities were varied and planned based on people's interests. One person told us, "I go to things, quizzes, puzzles and all sorts of activities."
- Where people did not want to participate in group activities, staff spent one to one time with them on an activity of their choice. One person told us, "I do things occasionally. You can do this and that, singing,

games but I am a knitter. I love knitting."

Improving care quality in response to complaints or concerns

● There was a complaints policy in place, and a copy of this was available at the entrance to the home. Staff recorded complaints and concerns received and documented actions taken in response to these.

● People and their relatives knew how to complaint. One person told us, "I know how to complain, but I haven't complained. I don't need to." Another person told us, "There is no needed to complain about anything. Not an ounce of complaint about the carers, they do their job very well."

● Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

● People had plans in place for how they wished to be supported at the end of their lives. Staff had spent time discussing people's wishes with them and, where appropriate, with their families.

● Staff were supported to deliver good end of life care by external specialists. Some information regarding end of life care was not recorded in the care plans but in separate folders. Although it meant some staff relying on the electronic care plans could not be aware of this, this had no impact on the care received. We saw that staff followed the district nurses' advice with regards to different aspects of end of life care such as oral care, pain management or skin integrity.

● People's relatives told us that people were supported to have dignified death. One person's relative told us, "[Person] has a pain patch. He is not able to take the [condition specified] medication now. Medicines are managed very well, looking after [name] too well. He lasted longer because of good care. They reviewed meds to reflect the changing status of where [name] is with the illness."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Improvement was needed in relation to keeping some records to ensure staff were always provided with up-to-date information. There was no effective system to ensure that staff coming back after longer absence would be informed about changes in people's needs, and care plans were sometimes not up to date or did not include important information. For example, there were two people receiving end of life care at the time of our inspection. When questioned, one member of staff told us there was only one person receiving end of life care. All information regarding end of life care for one person, including professionals' advice, was noted in a separate folder. Staff using the PCS (electronic care record) system had no access to this information and it was not clear if agency staff would be aware of where to look for this information.

We recommend the provider introduces an effective system to record and share information about changes in people's needs.

● The service promoted an inclusive culture for people. People were given opportunities to express their views through meetings and discussions. People had given feedback at resident's meetings and were able to contribute to the running of the service.

● Management and staff worked together to help promote good outcomes for people. One relative commented, "Communication between me and [registered manager] is very good. I am grateful for her honesty and openness. They kept me in the loop. They ask me if I am happy with things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the need to report incidents to the local authority where appropriate. They described the importance of being open and honest when things go wrong.

● The registered manager understood the importance of notifying CQC about significant incidents and events at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There were systems in place to monitor the quality of support provided to people. People's support records were regularly reviewed. A range of regular monitoring activities took place. This included and audit

of the whole service conducted by an external consultancy service. We saw the latest 'whole home audit' which identified issues relating to care planning and risk assessments. The provider told us that appropriate action plan is going to be produced to address the issues raised by external consultants.

● Staff were clear about their roles and knew when and how to raise any concerns. The registered manager provided good leadership to the team. Staff were well supported and held to account for their performance when required.

● People knew who the registered manager was and told us they were very pleased with the management of the service. One person told us, "I talk to [registered manager], she always has a solution." Another person told us, "She is a very good manager. All running well here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their relatives were given an opportunity to provide feedback on the service through surveys. The results of the surveys were mostly positive; where people raised any concerns, meetings with staff were held in order to address the issue.

● Staff could attend regular meetings to share their views about the service. A member of staff told us, "We have staff meetings every few months or so, we are kept informed of any changes. We have supervisions every 3-6 months or so where we get feedback and given the opportunity to give feedback."

● We observed the registered manager engaging with people and staff in a relaxed and knowledgeable way. They demonstrated they were aware of people's needs and the support they required.

Continuous learning and improving care; Working in partnership with others

● There had been significant improvement in the service since our last inspection. Without exception, people, staff and relatives said there had been considerable improvement since the current registered manager had taken up the post. One person's relative told us, "The atmosphere is good, it is a happier place than it was." A member of staff told us, "Since [registered manager] has been here, everything has improved. The environment is nicer, and she is very supportive."

● The registered manager and staff worked in partnership with external care professionals to ensure that people received joined up care.