

A Carnachan

Ashford 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashford Lodge Nursing Home is a residential care home providing personal and nursing care to 17 people at the time of inspection. The service can support up to 20 older people, some of whom are living with dementia. The home stands in its own grounds with an enclosed garden.

People's experience of using this service and what we found

Improvements were needed to the management of people's medicines to ensure they were safe. Risk assessments were in place, but people did not always have a personal emergency evacuation plan to keep them safe in the event of a fire. Staff simulation fire evacuations were not routinely carried out.

People felt safe. People and their relatives were positive about the service and the care provided. A relative told us, "I'd recommend it here. It's warm and comfortable. People are looked after."

There were enough staff to meet people's needs. Staff were trained and had the required skills to meet people's needs. Staff told us they felt well supported, however there was no evidence staff received supervision. Recruitment processes ensured staff were suitable to work in the care service. Staff understood safeguarding procedures.

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

People's nutritional and healthcare needs were met. People and relatives praised the staff for being kind and caring. People had access to healthcare professionals and support. We saw staff treated people with respect. Procedures were in place to manage complaints.

Feedback about the service from both people, relatives and staff was positive. The registered manager had continued to make improvements to the service, but we identified systems of governance were not sufficiently robust or effective to ensure the service was fully compliant with all the regulations.

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 good (published 10 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashford Lodge Nursing 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 Care Act 2014.

Inspection team

The inspection team consisted of an inspector 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. Day two of the inspection was carried out by an inspector.

Service and service type

Ashford Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

Day one of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives. We spoke with the provider who is also the owner, the registered manager and seven members of staff including a nurse, care assistants, cook and domestic. We also spoke to a visiting healthcare professional.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included two people's care plans in detail, three people's care plans in a specific area and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive their medicines as prescribed. We saw one person's prescribed thick and easy medicine was used for themselves and two other people who had also been prescribed the same medicine. Staff we spoke with were aware of each person's individual prescribed requirements. We raised our concerns with the registered manager who immediately rectified the issue. This is discussed further in the well-led section.
- People had individual medication administration records. Body maps were in place for external medicines such as creams and ointments.
- Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.
- Room and fridge temperatures were recorded daily, and we found these were all within range.
- Training records confirmed staff had received training in the administration of medicines and had their competency regularly assessed.

Assessing risk, safety monitoring and management

- Personal emergency evacuation plans (PEEPs) were not always in place to ensure people were supported in the event of a fire. We found four people did not have a PEEP in place. We raised our concerns with the provider and registered manager and saw this was immediately rectified. This is discussed further in the well-led domain.
- Staff fire evacuation simulation drills were not routinely carried out. Staff we spoke with were aware of the provider's fire evacuation procedures and what to do in the event of a fire.
- People had a number of individual risk assessments which were relevant to their specific physical and psychological needs, including, where appropriate the use of assistive equipment. These covered areas such as nutrition, falls, bedrails and were reviewed on a monthly basis.
- Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible.

Preventing and controlling infection

- Good infection control practices were observed by staff by wearing personal protective equipment such as gloves and aprons when assisting people. Staff told us they had access to adequate supplies. A person told us, "It's kept clean and tidy here."
- Food was stored and prepared safely. The home had received a five-star food hygiene rating. Five is the highest score available.

- People were not routinely provided with hand wipes to clean their hands before and after mealtimes. However, the provider told us hand wipes were readily available to use on trolleys and in the dining room and they would remind staff to use these.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "I feel safe knowing that I am being looked after." Another person said, "Yes, I feel safe here."
- Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.
- The registered manager reported any concerns in accordance with requirements.

Staffing and recruitment

- Sufficient numbers of staff were available to support people. The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required, were deployed appropriately. We asked people and their relatives whether there were enough staff and received mainly positive responses. Comments included, "There's just about enough staff," "If you need help you just call out, you don't have to wait," "They're [staff] are a bit rushed in the mornings because they're trying to get everyone up."
- People were supported by staff who were familiar to them. Staff said they covered for colleagues if needed but were never under pressure to do so. The home rarely used agency staff which helped to provide consistent service delivery for people living in the home.
- Recruitment practices were of good quality and suitable people were employed.

Learning lessons when things go wrong

- The registered manager was keen to develop and learn from events. We saw accidents and incidents were appropriately recorded. These were reviewed and monitored for any themes or patterns to take preventative action.
- The registered manager shared lessons learnt with staff to ensure best practice was maintained.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received annual appraisals. Staff told us they received regular supervision reviews to support them to develop in their roles. On the second day of the inspection the registered manager was unable to locate this evidence. Therefore, we were unable to check whether staff received regular supervision. This is discussed further in the well-led domain.
- Staff were positive about the training provided. Individual staff training records showed staff completed a range of training the provider considered mandatory. However, the training matrix kept by the registered manager was not reflective of staffs current training as it was not up to date.
- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. We observed staff support one person to move safely and saw this was done slowly and kindly and was not rushed. A person told us, "Staff definitely know what they're doing. They know you can't lift people under the arms." A relative said, "I've seen staff use the hoist and they are trained in how to do it."

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

- Care plans included a detailed pre-admission assessment. This included information about peoples wishes, choices and the support they needed. This helped ensure the home met people's needs. These assessments were used to develop care plans and risk assessments.
- People's care and support needs were reviewed monthly or when people's needs changed.
- Staff knew people well. They had access to up to date care plans and got to know people's changing needs through good communication within the staff team and through daily handover meetings.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent was sought for people to receive care and treatment; however, some people's documentation was stored electronically and not kept with their care plan. We provided feedback to the registered manager regarding this.
- Staff showed understanding about the legislation and guidance around consent and they supported people to make choices and decisions about their care.
- Care records were developed with people and where appropriate, their authorised representative.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

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

- Most people told us the meals were good. We saw the food looked appetising and smelt nice. A person said, "The food is nice."
- People's nutritional needs were met. Food was stored and prepared safely. We asked people if they received choice of what they wished to eat, and we received a mixed response. Comments included, "The cook comes around in the morning and asks us if there's anything we need or want to just let them know," "No choices at lunch or tea."
- Regular hot and cold drinks were served throughout the day.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised and contained pictures and photographs of things that were important to them.
- The design and layout of the building was appropriate for the needs of the people who lived there and the communal areas had a homely feel.
- Secure outdoor space was accessible for people to use if they so wished.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals. We saw this had included GP's, district nurses, chiropodists, dentists, and speech and language therapists. People received scheduled non-urgent GP visits on a fortnightly basis. A visiting healthcare professional said, "Staff have a nice welcoming approach; staff follow our advice."
- Oral care plans were in place for people. The registered manager told us everyone was registered at a local dentist for routine dental care. We found some people's toothbrushes had been not cleaned appropriately after use. We raised this with the provider who immediately replaced all toothbrushes.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared with other agencies if people needed to access other services such as hospitals. For example, the home used a 'hospital resident transfer form' which provides hospital staff with up-to-date information about a person's health and medicine needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff shared spontaneous hugs and affection. People told us, "They're [staff] very nice here," "I'd recommend it here, they're all very nice, all the staff look after you here if you want anything you just ask." A relative said, "They're [staff] good here, very friendly."
- People were comfortable and relaxed with the staff. We saw staff spoke with people using appropriate language and gestures.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service and that the service had a positive approach to supporting people as individuals.
- People received general faith religious visits two to three times a year. The registered manager told us no one currently had a specific religious need.
- People were able to maintain contact with those important to them. We observed visitors were greeted in a friendly manner and it was clear staff knew them well. A relative said, "Staff talk to me straightaway."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were involved in decisions about people's care. A relative told us they were fully involved in all decisions. They said, "Communication's good here. They tell me about [Person]."
- Staff told us they always gave people choices around their care and support delivery. We observed some people being offered choices throughout the inspection. However, we saw lunch time aprons were put on some people without being offered the choice of wearing one. We provided feedback to the registered manager regarding this.
- People who required it, had been supported to access advocacy services. Advocacy services are independent of the provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the importance of maintaining people's privacy and dignity when supporting with personal care and gave examples of how they would implement this. A member of staff said, "I always make sure I get a towel around people to maintain their dignity."
- We observed staff respected people's privacy by knocking on bedroom doors before entering the room.

- People's private and confidential information was securely stored.
- People were supported to remain independent. A person told us, "I shower myself but there's assistance if you need it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Activity provision was provided on an additional hour's basis by a member of care staff supported by other care staff. Scheduled daily activities were displayed on the two activities boards, however we found these were not always up to date to reflect the current day's activities.
- Some people were supported to follow their interests, for example trips to the pantomime, theatre, fair and regular visits to local coffee shops. Daily newspapers were provided for people to read. At times, although some people joined in with activities, we saw other people spent long periods of time in their chairs with little to do. Feedback from people about the activities on offer was mixed. Comments included, "I get bored. We all watch TV and then fall asleep. I don't mind the TV on all day, I use it as background noise," "The TV is on but I'm not listening to it. I get a bit bored," "I would recommend it for the camaraderie. I don't get bored," "No, I don't get bored, I like word search, I get the newspaper, sometimes I watch TV."
- People's daily activity records were not completed on a regular basis. This is discussed further in the well-led section of the report.
- The registered manager told us they were in initial discussions with a local nursery to visit the home on a monthly basis.

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

- Care plans contained information about people's daily routines and specific care and support needs to guide staff how to care for a person.
- Care planning included a person's 'life story' booklet which was used to collate information on people's life histories, their interests and hobbies. However, we found these booklets were not always completed in a timely manner and were incomplete. We provided feedback to the registered manager regarding this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and included in their care plans. The registered manager was not familiar with the standard, however, understood the requirements when discussed.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Details of how to make a complaint were available for

people and visitors in the hallway area within the home.

- There had been one formal complaint since the last inspection. We saw this had been investigated and responded to appropriately.
- People and relatives told us they would have no hesitation in raising a complaint or concern. Comments included, "No complaints, if I did I'd be more than happy to speak to the owner," "If I had a worry I'd talk to a carer. I haven't got any and haven't made a complaint."

End of life care and support

- People were supported to make decisions about their practical preferences for end of life care. However, we found care plans recorded limited person-centred information relating to end of life wishes. We discussed these findings with the provider and registered manager who were receptive to working towards respectfully gathering information to enable person-centred care to be provided at the end of a person's life.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During the inspection we found that systems and processes were not established and operated effectively to ensure the service was meeting the fundamental standards in terms quality and safety. People did not always have a personal emergency evacuation plan in place. Staff fire evacuation simulation drills were not routinely carried out. There was no documentary evidence to support staff had received supervision during 2019. The staff training matrix was not kept up to date. People's life story booklets were not always completed. People's activity logs were not kept up to date.
- Regular audits were being completed on care plans, call bell times and medicines. However, the medicine audits had not identified concerns we identified with people's prescribed medicines.

We found no evidence people had been harmed however, there had been a failure to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Providers are required by law to notify us of certain events in the service and records showed we had received all the required notifications in a timely manner.
- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.

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

- People and relatives told us the home was nice and friendly. A person said, "We have a bit of fun." A relative told us, "[Person] is always clean and tidy."
- The registered manager had an 'open door' management approach which meant they were easily available to staff, residents and relatives.
- Staff were very positive about the registered manager. They said, "[Registered manager] is lovely, friendly and helpful," "[Registered manager] is lovely. I get on with them well and can talk to them if I have got any problems."

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 requirements and their responsibilities under the duty of candour.

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

- The provider sought the views of people and their relatives. This feedback was used to continuously improve the service.
- Staff were asked daily for verbal feedback regarding the service. However, there was no systems in place to offer staff the opportunity to provide confidential feedback. The registered manager told us, "Staff are happy here. They speak to us and tell us things all the time. We all treat each other with respect and look after each other. We love our jobs."
- Staff demonstrated a passion for their roles and worked well as a team. A staff member said, "I like it here. It's a nice homely home. Staff are lovely. Everybody works well together."
- We saw examples of compliments and positive comments from people and relatives. For example, a thank you card from one person stated, 'We wish to thank you for looking after [Person]. [Person] settled in at Ashford Lodge and we thank you for all you did for [Person] and also welcoming us on every visit.'

Continuous learning and improving care

- The provider and registered manager were responsive to our findings throughout the inspection and quick to respond to areas of concern.

Working in partnership with others

- Staff worked closely with relevant health and social care professionals to help improve people's health and wellbeing.
- The provider had acted on feedback from stakeholders such as the local authority, to make improvements to the service.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Processes were not established to effectively assess, monitor and improve the quality and safety of the service.