Coate Water Care Company Limited

Ashbury Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 37 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
Care records did not always contain sufficient detail about people's current needs. Documentation relating to people's capacity and decision making lacked some information. It was not clear how people lacking capacity were involved in the process of best interest decision making. Quality assurance systems had not always been effective in identifying the concerns we found at this inspection.

People were not supported to have maximum choice and control of their lives and staff did not provide them with care in the least restrictive way possible and in their best interests; the policies and systems in the service did not promote this practice.

We have made a recommendation on keeping accurate records with regard to people's consent.

People were positive about their experiences of using the service. They told us they felt safe with staff and that if they had concerns, they could raise them one of the registered managers.

Medicines were managed safely, and staff were knowledgeable about recognising and reporting abuse. There were sufficient numbers of staff on duty to meet people's needs. There were systems in place to learn from safety related events.

People's dietary needs were met, and staff had the knowledge and understanding to support those who needed additional support at meal times.

Staff told us the registered managers were approachable, they felt supported and communication amongst the team was good.

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 12 September 2018).

Why we inspected
We received concerns about acting on complaints and concerns that people's consent was not always sought appropriately. As a result, we undertook a focused inspection to review the key questions of safe,

effective and well-led only.

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.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashbury Lodge Residential Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we 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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective 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**

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 Care Act 2014.

Inspection team
The inspection was carried out by two 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 or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people about their experience of the care provided. We also spoke with three staff members and two registered managers. We reviewed a range of records. These included records for five people and multiple medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted seven relatives of people to obtain their feedback on quality of care provided by Ashbury Lodge Residential Home.

Good

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 'good'. At this inspection this key question has remained the same. 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 at Ashbury Lodge Residential Home. One person told us, "They are pretty good carers."
- There were policies and procedures to guide staff on safeguarding people from abuse.
- Staff demonstrated an understanding of what abuse might be and how it might manifest itself in a care environment. They demonstrated a commitment to share any concerns they might have about a person's safety and they were confident that the leadership team would act on these.

Assessing risk, safety monitoring and management

- People had risk assessments in place relating to various aspects of their care, such as moving and handling, falls, skin care and allergic reaction. Risk assessments were kept under regular review to help ensure they remained effective in promoting people's safety.
- The provider carried out regular health and safety, and maintenance checks. These included fire equipment, water and electrical equipment to ensure people's safety.
- The provider had a contingency plan to safely maintain the business and ensure continuation of support to people in the event of an emergency.

Staffing and recruitment

- Staff described staffing levels as good and told us these levels were stable. Records confirmed there were enough of appropriately trained staff to meet people's needs.
- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed. However, we found gaps in the employment history of three staff members. We brought this to the attention of the provider who completed the gap on the day of the inspection.
- People, their relatives and staff told us there were enough suitably skilled and experienced staff deployed to meet people's needs.

Using medicines safely

- Medicine records were clear and accurate, and policies and procedures were available to all staff. Designated staff had received training to administer medicines and checks had been carried out on their competence.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).

● We observed part of a medicines round. This was managed in line with best practice guidance but also in a compassionate and person-centred manner.

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.

Learning lessons when things go wrong
● The provider had systems in place to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered managers.

Requires Improvement

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 'good'. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- On the day of the inspection we could not find and were not provided with records to indicate that one person, who had fluctuating capacity, had had their capacity assessed to make an important decision about attending a medical appointment. Following our inspection, the manager provided records to demonstrate that they consulted this decision with the person. However, the records did not confirm that the person had been provided with all the relevant information to make an informed decision about the medical treatment.
- One external professional raised their concerns with us about the service not following appropriate processes where people lacked capacity to make a decision. The healthcare professional told us how staff did not seem able to understand one person's mental health conditions and how that could affect them.

We recommend that the provider ensure that medical professionals are consulted for advice and where possible involved in supporting people to make decisions about medical treatment.

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected. A member of staff told us, "The main principles of MCA are to allow to make simple choices and to support people in their best interest."

Staff support: induction, training, skills and experience

- Staff received training is such areas as dementia, health and safety, infection control and hand hygiene. However, one person had a specific health condition that could affect their mental capacity and decision making. Staff were not trained on this person's specific health condition, therefore, they may not be clear of the impact of this on person's decision making as their condition could fluctuate.
- Staff were supported in their roles. The management team provided staff with regular support through a variety of means including supervision sessions and appraisals.

● Staff told us they had completed an induction when they were first employed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The management team was aware of most best practice guidance but had not ensured this was translated into records and implemented in the delivery of care in the service. For example, they were aware of best practice regarding best interest decision meetings, however, there was no evidence of following this.
● Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet
● We saw people were assisted with food in a kind and polite manner. People told us they enjoyed their food.
● People were supported to meet their nutritional needs. People's dietary requirements were met, and nutritional needs monitored.
● A varied and balanced menu was on offer with choices available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff liaised with health and social care professionals to achieve good outcomes for people. For example, we saw evidence of the service working with diabetic nurses, dieticians and district nurses. However, we noticed that on one occasion staff let a person decide whether to attend important appointments or not when it was not clear if the person had capacity to make this decision.
● A healthcare professional we spoke with during our inspection told us they had no concerns about people's care whatsoever. They told us staff were helpful, knew people's care needs and followed any instructions they requested.
● Staff monitored people's health care needs and informed relatives, senior staff members and healthcare professionals if there was any change in people's health needs.

Adapting service, design, decoration to meet people's needs
● The environment was dementia friendly. There was good signage to help people find their way around.
● The corridors and doorways could accommodate mobility equipment and walking aids.
● There was a large conservatory which was used to accommodate visits of people's friends and relatives.

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 the last inspection this key question was rated 'good'. At this inspection this key question has now deteriorated to 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.

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

- There were systems in place to monitor the service. However, these had not always been effective at identifying where improvements were needed as identified during our inspection.
- Auditing systems needed improvement to ensure recruitment files and documents relating to people's mental capacity were sufficiently detailed.

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

- Staff and people's relatives told us the service was well-managed, and the care and support were meeting people's needs.
- The provider and the registered manager engaged with staff and people's relatives to provide care that promoted positive outcomes and support.
- People and their relatives told us that the service was well-led. One person told us, "It is well organised, has changed a bit lately." One person's relative told us, "Generally, I find Ashbury Lodge and its management and staff to be very good."

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 provider and the registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements providers must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and an apology.
- The management of the service was not clear about their responsibilities of submitting formal notifications. We saw that on one occasion the service failed to notify us about an incident that involved the police and paramedics. We brought this to the attention of the provider who retrospectively submitted required notification.
- Providers are required to display their CQC rating at their premises and on their website if they have one and we saw this was prominently displayed.

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

● Most of the people's relatives provided us with positive feedback about the quality of care provided by the service. However, some people's relatives told us that the communication between them and the service could be improved. One person's relative told us, "Communication and provision of information are areas of concern. Notifying us of incidents and accurate recording of those incidents seem a bit hit and miss. The staff have been very defensive when we asked simple questions relating to our relative's health/care. This means that we now feel awkward asking questions, let alone raising concerns."

● Staff told us they felt they worked well as a team because they were supported and their efforts were recognised by the management team.

● Regular staff meetings were organised to provide staff with an open forum to put forward their views and suggestions regarding the service.

Continuous learning and improving care; Working in partnership with others

● Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered managers and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.

● People's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.