

# Resicare Homes Limited

# Ashton Lodge

## Inspection report

Ashton Road  
Dunstable  
Bedfordshire  
LU6 1NP

Tel: 01582673331






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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Ashton Lodge is a residential care home providing personal care to 47 people at the time of the inspection. The service can support up to 54 people. Ashton lodge provides accommodation over three floors.

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

We found there had been some key improvements since our inspections dating from April 2018. However, we did identify some shortfalls at this inspection. Mostly in medication administration and how pressure relieving equipment was being monitored. During our check of medicines, we identified issues with medicines records and the amounts of remaining medicines did not tally with what ought to have been given to people. People who were at risk of developing a breakdown to their skin did not have equipment set at the correct settings. There were still infection control risks from staff using the same sling when supporting people to be hoisted, rather than individuals having their own sling. The management team's over view of these areas were not effective.

There were other safety checks in place to ensure the building and other equipment used was safe. The registered manager had sought advice from the fire service and actioned their recommendations to promote people's safety in the potential event of a fire.

Staff were knowledgeable about what possible abuse could look like and they knew what to do about it. Staff were safely recruited. People had good risk assessments and care plans in place, which could direct staff about managing people's needs. There were enough staff to meet people's physical and emotional needs. We had some concerns raised by relatives about the length of the shifts staff worked. They felt some shifts were far too long which could affect staff practice.

We made a recommendation for the registered manager to seek guidance about how to monitor staff practice is effective when working these long hours and to take action about this.

The management team had identified people who were at risk of being an unhealthy weight. Processes were in place and action was taken to respond to these individual cases. People spoke well of the food. Staff responded when people needed support with eating and drinking. People were offered snacks and different drinks throughout the day. Efforts were made to make the dining experience a pleasurable one.

Staff felt supported by the management team. They were able to speak about how their training had helped them with their work. We saw examples of good staff practice in terms of supporting people to mobilise. Staff responded when people needed support and help.

When people were unwell and needed support from a health professional staff and the management team took action. The management team also liaised with other professionals to ensure people had the right support. This included people's oral care.

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 and relatives spoke well of the staff, being kind and caring. Staff were polite and respectful to people. We did ask the registered manager to consider how people's foot care could be managed in a way which fully promoted people's privacy.

The management team had created good care assessments which highlighted people's needs and preferences. People had been involved in the writing of these documents. These included plans for when people were dying.

We saw staff spending time with people and we were told about events which had happened and were being planned. However, we had seen some missed opportunities when people's social needs were not being considered. Some people's relatives also thought this area of people's experiences could be improved upon. The registered manager needed to monitor and check if people's social needs were routinely being met.

There was a friendly and positive culture at the home. Staff spoke about how they enjoyed their work and they felt at ease with approaching the management team. Progress was being made to involve the wider community into the home. Relatives said they felt welcomed and comfortable visiting their loved ones.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 23 February 2019). The service remains requires improvement overall. This service has been rated requires improvement for two consecutive inspections. However, at this inspection key domains have improved to good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to the management of people's medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# Ashton Lodge

## 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 one inspector, an assistant inspector and a head of inspection.

#### Service and service type

Ashton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

#### What we did before the 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 spoke with the local authority, their quality assurance team and a manager from a social work team. We checked our records for notifications the provider must send us by law which included any injuries and safeguarding concerns. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people, but most people could not communicate with us, so we also completed many

observations about the home. We spoke with two people's relatives. Four members of the care staff. The chef, maintenance person, both deputy managers, the quality lead, and the registered manager. We looked at ten people's records. Completed a count of people's medicines. Checked two staff recruitment files. Checked various safety records relating to the building, fire, and equipment used at the home.

After the inspection

We sought clarification about the hours which staff worked. How an incident had been managed and we reviewed the service's training programme.

# 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 requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe as they should be. This meant there was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always being managed in a safe way.
- We checked a sample of five people's medicines sent from the pharmacy in individual boxes. We checked against the medicine administration records (MAR) and found issues with four of these medicines. For three people there was too many medicines remaining. It was unclear from the MARs why this was the case.
- One person had one fewer medicine than they should have had, so at this point they would not be able to finish the course of medicine.
- A person had a 'as required' medicine as stated on the MAR, but they were having it daily. A member of staff said the GP told the service to give this daily, but the MAR had not been updated to show this. In another person's MAR, staff used a code which had no explanation as to what this meant. From speaking with a member of staff it could mean different actions. There was no accompanying information to explain these actions.
- Another person had eye drops daily. A member of staff said it was for the left eye only, but this was not recorded on their MAR. We were told this person could not direct staff about this.
- People had guides for staff to follow in relation to as required medicines and who may struggle to express to staff if they are in pain or constipated. However, these were kept in the office away from the medicines. We were not confident these were being used.
- The registered manager told us a full audit of the medicines would be completed. However, the management's previous audits had not identified the issues we had found. We had only looked at a sample of people's medicines and we found issues.

We found no evidence that people had been harmed however, people's medicines were not always being monitored and managed in a safe effective way. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- We asked people if they felt safe living at the home. One person said, "I have no fault to find, I'm quite happy here, no complaints. I like it." Another person said, "I'm happy here."
- We checked with a member of staff whether a sample of three people's pressure relieving mattresses were set at the correct setting, two out of three were not. The management were not monitoring this element of people's care.
- Some people had been identified as at risk of a breakdown to their skin. We were told these had healed or

were healing. One person had areas of their skin which had broken down. Most of these areas had now healed.

- People had clear risk assessments in place. These explored the risks which people faced.
- Accidents and incidents were documented, and we saw actions were taken to try and prevent these from happening again.
- Following a visit from the fire service we were shown records demonstrating the management team had responded to all the recommendations they had suggested.

#### Preventing and controlling infection

- We were told that people who were supported to move in a hoist had their own slings. We observed a member of staff supporting a person to move using a sling which had been taken and later returned from another person's bedroom. This member of staff told us that everyone does not have their own sling. We noted there was also a stain on this sling.
- The registered manager told us this was an error. However, we were not confident staff practice in this area had fully improved. We also needed to ask for action to be taken in relation to a stained armchair.
- We found the home to be clean and there were pleasant and inviting aromas about the home.

#### Systems and processes to safeguard people from the risk of abuse

- The management team had reported potential concerns relating to people, to the local authority safeguarding team. One member of the senior staff said, "If I have a concern I always pick up the phone and have a discussion with the safeguarding team, why wouldn't you?"
- The staff we spoke with had a clear understanding what potential abuse looked like and how they must report it straight away.

#### Staffing and recruitment

- Staff had completed safe recruitment checks in place. These included full employment histories and DBS disclosure and barring service checks.
- There were sufficient staff to support people.

#### Learning lessons when things go wrong

- The registered manager told us about an event when a person had become unwell and a health professional had questioned how staff had cared for this person. We understood there were lessons to be learnt from both sides. The registered manager told us what actions they had taken to prevent this from happening again.



# 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 requires improvement. At this inspection this key question has now improved 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 good assessments of their needs when they moved to the home. These assessments were holistic and identified how they wanted to be cared for.

Staff support: induction, training, skills and experience

- Staff spoke positively about their inductions to their work and their training. Staff could tell us about the training they had received and how it had helped them to perform well in their work. Staff had up to date training.
- Staff had received regular supervisions from the management team. Staff also told us they found these meetings helpful. Staff said they felt supported by the management team and they were confident in approaching them.
- People's relatives spoke well of the staff, but they were concerned about the length of the shifts some staff worked and how this impacted on their work. One relative said, "They are extremely tired and overworked but never complain but walk round like zombies sometimes." Staff told us they wanted to work shifts of 14 hours and they always took their breaks.
- We spoke with the registered manager about this. They showed us they had completed work in this area. However, they were not routinely checking this issue during their daily checks about staff practice.

We made a recommendation to seek and follow best practice guidance about investigating staff's effectiveness when they work long shifts and take appropriate action.

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

- People told us they liked the food. One person said, "All the food is very nice here."
- There was a process in place for staff to take action when people started to become an unhealthy weight. In people's records we saw referrals had been made to dieticians. We saw staff following this professional's advice.
- Action had been taken when some people had been identified at risk of choking.
- We saw staff assisted people when they struggled to cut their food up. We also saw staff offering to do this when they gave some people their lunches.
- When some people had eaten little of their food, staff spent time with them suggesting something different to eat. These alternatives were also given to these people.
- Snacks were offered during the day and hot and cold drinks were provided. The chef made a range of puddings and sweet snacks. A hot meal was also provided in the evening alongside a traditional 'tea'. The

chef said, "I think it is important people have choices, we also have younger people living here now, they tend to want to eat more."

- Efforts were made to make the dining time an experience and pleasurable.

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

- The local authority had told us the management team were good at seeking input from other professionals to meet people's needs.
- We saw this evidenced in people's care records when they had made referrals or contacted health and social care professionals for advice and input. We saw members of staff responding fully when a person complained of being in pain.
- People had oral health care plans in place. We were told and could see recorded referrals had been made for the community dentist team to visit people at the home.

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

- Signs had been placed in some areas to help people to orientate themselves. Tactile items had been placed on the walls for people to feel. Work had been completed to promote a homely feel in the communal lounges and hallways.
- Some people had personalised bedrooms. Further work was needed to promote this in other people's rooms.

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.

- People had capacity assessments to check if people could make specific decisions. We saw it was recorded how these people had been involved in these assessments.
- When relatives had certain legal powers about making certain decisions on their relatives' behalf when they did not have capacity to do so, this was clearly explained and documented.
- We looked at one person who was placed under a DoLS. Their care plan clearly outlined why the DoLS was in place and what the authorisation was.
- When we spoke with staff we found some struggled to show a clear understanding about what a DoLS was. Staff also did not encourage people to move about the home. The registered manager told us they would continue to develop this aspect of staff knowledge.

# 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 has now 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 spoke well of the staff who supported them. One person said, "Staff are lovely, excellent, yeah really friendly." Another person said, "Staff are nice, I always think if you treat people well, they treat you well, and they [staff] do. The staff are nice, they are always pleasant." A relative told us, "It's alright here, they [staff] are very nice."
- We saw staff being kind and thoughtful towards people. When some people needed support or were anxious, we saw staff being gentle and reassuring with these people.
- A person was talking with a member of staff, during this conversation, they became despondent and down about their life. This member of staff talked to them about their achievements and reminded them about how they were loved by their family. This person appeared more positive after this chat.
- We saw staff responding when a person complained of being in pain. They continued to check on them and rubbing their back. Staff gently woke people when they had fallen asleep, before lunch was served. One member of staff said gently, "Did you have a nice sleep?"

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet with people when they thought they needed support to use the bathroom. Staff spoke with people as adults and were mindful how they approached people who needed some support.
- We saw staff supporting one person who had a history of struggling to walk. One member of staff encouraged this person to walk with a frame, and to reassure them another member of staff walked behind them with their wheelchair. We were told how staff supported this person complete certain exercises to promote their independence.
- A visiting health worker came to support some people with their foot care. Staff ensured a fabric divider was put around the person and health worker, while they were attending to the persons foot care, whilst they were in a lounge. However, staff had not fully promoted these people's privacy by suggesting and enabling this work to be completed in a private space.
- We asked the registered manager to consider this moving forward.

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

- We were told by the deputy manager and we could see by looking at people's records people were being involved in the planning and reviewing of their care.
- We saw staff asking people about aspects of their care needs and encouraging them to make decisions about these.

# 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 requires improvement. At this inspection this key question has now 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

- People had personalised care plans and assessments, which identified people's preferred routines, backgrounds, past achievements, their interests and who was important to them.
- We could see people had been consulted with and were part of the creation of these plans and assessments. People's views were recorded in these documents and the deputy manager told us how a member of staff and the person would sit together to create their care plan.
- People had reviews of their care. The chef asked everyone individually on a monthly basis about their views of the food and if they had any suggestions or requests. 'Resident' meetings also took place.
- We saw staff checking if people were okay and staff responded when people indicated they needed support. For example, one person sneezed, a member of staff asked them if they wanted a tissue and then handed them one. Staff were seen to engage with people at their eye level and double checked if there was anything else they could do.

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 had communication plans in place which explored how staff were to meet people's communication needs. These were specific to individuals.

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

- We spent time in each lounge at the home. In one lounge we saw staff making great efforts to engage and entertain people. Staff asked people what music they wanted to listen to. At times staff encouraged people to dance or to move their arms and hands. There were also quiet times and staff spent time with each person.
- For people who lived with advanced dementia and spent all their time in their bedrooms, staff spent one to one time with these people each day.
- The management team told us about events they were planning and events which had taken place at the home.
- However, in other lounges we saw that staff did not routinely engage with people. Some people looked like they wanted something to do, but there was nothing happening.
- Some people's relatives felt there was a lack of activities when they routinely visited their relatives. We

noted there was a general lack of engagement with people's relatives and the management team were not checking if people's personal interests were being promoted, as part of their audits or people's reviews.

- We spoke with the management team about this. They told us they were aware more work was needed to try and engage with relatives and this was something they were going to work on. They also agreed to complete checks to see if they were meeting people's preferred interests.

#### Improving care quality in response to complaints or concerns

- There was a complaints process in place and we saw the registered manager had responded to issues raised by people and relatives. These responses appeared to be fair.

#### End of life care and support

- People had end of life plans in place if they wanted them. We saw staff had recorded how these conversations were approached and revisited.
- Some people's plans showed they had been fully consulted with and staff had explored their wishes and requests for this time in their 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 now remained the same. This meant the service management and leadership was not always consistent in delivering a high-quality, person-centred care.

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

- We found some shortfalls in the quality of care provided. Following our check of medicine administration, we were not confident people were always receiving their medicines in a safe and effective way. The management team's audit of medicines had not been effective.
- We found shortfalls in relation to people not having their own hoist slings, and the management of people's pressure mattresses. The management team were not checking people's food and fluid records, even when some people had been identified as at risk of not eating and drinking enough. Dementia friendly techniques could have been explored at meal times.
- Staff engagement had improved in relation to how people were being treated and supported. However, we were not confident people's social needs were routinely being promoted. There were missed opportunities when staff could have engaged with people. The management team needed to complete further audits in this area to meaningfully explore and develop this area. They told us they would continue to develop this area.
- The service had made progress and improvements had been made since our last inspection. This showed the management teams understanding of quality performance had also improved.

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

- There was a positive culture at the home. Staff spoke positively about their job and about making a difference. One member of staff said, "I love my job. Nice staff, amazing to help and work with the people we support, we bind like a family with staff and residents."
- Staff were friendly and knew the people they supported, and they were respectful towards them.
- The management team reviewed situations which did not go to plan, and they took lessons from these, to try and prevent them from happening again. When we identified shortfalls. the management team started to find solutions to some of these issues.

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

- There was a complaints process in place which had been followed by the registered manager to respond to issues raised by people and their relatives.

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

characteristics; Working in partnership with others

- Faith groups continued to visit the home and there had been a recent initiative where children from a local school visited weekly and spent time with people. The registered manager was developing other opportunities to involve the wider community into people's lives at the home.
- The management team made referrals and had contact with health and social care professionals.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (RA) Regulations 2014: Safe Care and Treatment</p> <p>The provider had not ensured people always received their medicines and that medicine administration was managed in a safe effective way.</p>