

Ashley Lodge RH Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashley Lodge Residential Home provides accommodation and personal care for up to 26 people. On the day of our inspection, 19 people were receiving services, some of whom were living with dementia.

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

We have made a recommendation about reviewing the policy on 'homely remedies' for people.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment.

People received safe support with their medicines by trained and competent staff members.

The provider supported staff in providing effective care for people through person-centred care planning, staff training and one-to-one supervision.

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 at Ashley Lodge Residential Home supported this practice.

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately. People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments. The provider, and management team, had good links with the local communities within which people lived. The management team and provider had systems in place to identify improvements and drive good care.

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 09 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 well led.

Details are in our well led findings below.

Good ●

Ashley Lodge RH Limited

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

One inspector carried out this inspection.

Ashley Lodge 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.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives. We also spoke with two staff, the registered manager, the general manager and the nominated individual. The nominated individual is

responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. 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 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 and relatives we spoke with said Ashley Lodge was safe. One relative said, "[My relative] is very safe and happy here."
- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would act if they raised any concerns.
- Staff knew about the whistle blowing procedure and said they would not hesitate to use this if they had concerns about misconduct of any kind.
- There were effective systems in place which followed local safeguarding procedures.

Assessing risk, safety monitoring and management

- Risk assessments were person centred and reviewed regularly. One person told us, "[The staff] include me in my care."
- We saw assessments of risks associated with people's care had been accurately completed. These included risks to people's skin integrity, mobility and diet.
- The environment and equipment were safe and well maintained.
- People had personal emergency evacuation plans in place which contained details on how to safely support them if needed.

Staffing and recruitment

- People were supported by a consistent staff group, most of whom had worked at the service for many years, who knew them well.
- Relatives and staff had no concerns about staffing levels and the provider deployed staff from their sister homes to cover any short-term, sickness absences.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- Everyone we spoke with told us they received their medicines when they needed them.
- The service had effective systems and staff managed medicines consistently and safely.
- Staff were trained and observed to ensure people received their medicines as prescribed.
- Staff kept accurate records which were monitored to ensure errors were promptly identified and rectified.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations of errors and, retraining of staff members if needed.

- People had guidelines in place for staff to safely support them with 'when required' medicines.
- There was no risk to people in relation to homely remedies, however we recommend the provider consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

Preventing and controlling infection

- The home environment inside and out was clean and safe for people. A healthcare professional told us, "The home is always clean and well presented."
- Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.
- Staff members had access to personal protection equipment which they used appropriately when needed.

Learning lessons when things go wrong

- There was an open culture at the service which encouraged staff to report any concerns.
- We saw any incidents were investigated to identify any learning which helped to prevent any recurrence.

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.

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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. One relative told us their relative had visits and overnight stays at the home before they moved in to ensure they could meet their needs at Ashley Lodge.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted. One person said, "The staff help me, they give me what I need like blankets to keep me warm."
- The service used a range of assessment tools to make sure needs were assessed in line with national guidelines. For example, moving and handling and risk of falls. Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained staff team who felt supported by the provider and the management team. Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member said, "We can always speak to the registered manager, she is very approachable."
- New staff members completed a structured introduction to their role. This included completion of induction training and shadowing experienced staff.

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

- People told us, and we saw, they had a choice of the meals provided and alternatives were available if they disliked what was offered.
- People were supported to enjoy their meals and maintain a healthy diet. People's dietary needs and were assessed and care plans contained clear guidance on how to protect people from any identified risks. For example, staff told us about people who were at risk of choking and required a pureed diet or thickened drinks.

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

- People were supported by healthcare and other professionals in a timely manner.
- Staff members had effective, and efficient, communication systems in place with other agencies.

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

- People had access to additional healthcare professionals including GP's, dentists and chiropodists. When it was needed people were referred promptly for assessment.
- Healthcare professionals told us that Ashley Lodge contacted them quickly if support was needed, one professional said, "The contact us quickly and always follow our medical advice."
- People were supported to attend any scheduled health appointments that occurred during their stay at the service.

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

- People and relatives told us they liked the building and gardens of the home. One person told us, "I love my room and my garden."
- We saw people moving safely around the home which was well maintained with appropriate signage to assist people with their orientation.
- The home was adapted to meet people's needs and promote their independence. There was a lift to access the bedrooms, and hoists were available as needed.
- People had access to outside space that had been assessed for risks, for example there was a ramp and handrails to support people to access the enclosed rear garden.

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.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure applications were submitted made in a timely way to ensure people's rights were maintained.
- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care.

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 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

- Relatives shared with us their view about how people were treated. One person said, "The staff are so gentle with me."
- There were positive interactions between people and staff. People responded well to staff who greeted them warmly and used appropriate touch and eye contact.
- Staff knew people's life histories and their likes and dislikes. Staff were aware of people's diverse needs and understood how to support them. For example, people who wished it were supported to attend religious services.

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

- People had freedom to move around the home as they wished and were not restricted. Where people preferred to spend time alone in their rooms, this was respected.
- Some people refused aspects of their care. Each time the decision was respected if people refused. Staff then tried a different approach at a later stage, which was usually effective.
- A relative told us that staff included people in their care and said, "Staff are extremely patient and caring with all the people here."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected. One person said, "The staff are like nice respectful friends."
- Staff supported people in a dignified and respectful way. Care plans contained details of people's preferred gender choice when being supported with personal care.
- Staff were able to share examples of how they maintained people's dignity by closing doors and curtains and maintaining independence by encouraging people to do as much as possible for themselves.
- At meal times we saw people being encouraged to eat independently and staff only intervening when necessary.

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 remained the same.

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 and relatives were consistently positive about the staff. One person said, "I can't fault it here. Nothing is too much trouble."
- People received personalised care from staff that knew them well. Staff were able to describe how people liked to receive their care and we saw this matched the information recorded in their care plan. For example, one person preferred to spend time in their bedroom except at meal times. We saw staff go to the person's room to tell them the meal was being served.
- Care plans included information about people's likes and dislikes and a personal history of them that they and their relatives had provided. This included cultural and spiritual needs as well as activities they enjoyed.

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.

- The registered manager was aware of AIS and told us of ways in which the service was meeting the standard. They provided large print information, some easy read documents and pictorial information was available if needed.

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

- People had access to a range of group activities such as music and exercise classes along with entertainment and external trips. Some relatives and staff brought their dogs with them, and the home had a 'house cat' which people clearly enjoyed being with.
- Relatives we spoke with all said they were made to feel very welcome when they visited and could eat meals at the home with their relatives if they wished.

Improving care quality in response to complaints or concerns

- People and relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them. One relative told us, "Things get dealt with fast." A member of staff told us, "The manager responds quickly."
- There was a complaints procedure in place and a book at the reception for any comments or grumbles.

- Any complaints were logged and responded to in accordance with the provider's policy.

End of life care and support

- The service was not currently supporting anyone at the end of their life. We saw there were systems in place to enable people to discuss and record their wishes and preferences, involving relevant professionals.
- We spoke with relatives of a person who had sadly passed away recently. They told us they had been very well supported by Ashley Lodge, and were happy with how the home had cared for their relative towards the end of their life.
- Staff demonstrated an understanding of how people's religious beliefs and culture may impact on their preferences for end of life care.

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 Good At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were enthusiastic about how well staff communicated with them, which created an open, inclusive culture at the service. The managers and staff interacted well with people during our inspection.
- Staff felt supported by the registered manager and felt able to raise make suggestions on how things could be improved. Ashley Lodge held staff meetings and worked openly with the other homes in the group to improve outcomes for people.
- All the people, relatives and staff we spoke with felt the registered manager was approachable and responded well to any concerns.

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 their responsibilities under Duty of Candour and discussions with relatives confirmed they were open and transparent with people and their families when incidents occurred, or complaints were raised.

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

- The registered manager had a range of systems and processes in place to enable them to monitor performance with in the service. This included support and oversight from the general manager.
- Regular audits, meetings and checks were carried out to ensure the service was being delivered in line with the regulations.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- People and relatives were encouraged to contribute their views on an ongoing basis informally and through regular feedback surveys.
- Ashley Lodge had a key worker system which made sure specific staff worked closely with each person to

get to know them and make sure their wishes were acted on. This included making sure each persons' protected characteristics were respected.

Continuous learning and improving care

- The registered manager worked closely with other registered managers and shared learning and development.
- Staff development was a priority within the service.
- The registered manager and staff worked closely with other professionals involved in people's care, for example district nurses, which supported people to receive joined up care, and enhanced the continuous learning at Ashley Lodge.

Working in partnership with others

- Ashley Lodge worked in partnership with others. The service had built up relationships with neighbouring care homes and they supported one another.
- The registered manager had developed a network of health and social care professionals, as well as community groups who supported people living at the service, for example the local church and a children's nursery.