

James Hudson(Builders)Limited

Ashbourne Lodge

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

We inspected Ashbourne Lodge on 13 February 2017. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 54 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 51 people living in the care home, including one person who was in hospital.

At our last inspection on 18 March 2015 the service was found to be fully compliant and was rated good in all areas and overall.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The premises were well maintained and offered a pleasant environment for the people living there. The accommodation was spacious and provided a range of communal areas for sitting and relaxing, including several comfortable lounges, a reminiscence room, a bar (with snug) and a home cinema. Following consultation with people who used the service, a fully accessible sensory garden had recently been completed, which included raised flower and vegetable beds.

There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A

complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good ●

Ashbourne Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 February 2017 and was unannounced. The inspection team consisted of one 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. They had experience of a range of care services which included services for older people.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with seven people who used the service, one relative and two health care professionals. We also spoke with the nurse on duty, three care workers, three business managers and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said they felt safe and very comfortable at Ashbourne Lodge. One person told us, "I feel safe here. The staff are always friendly and helpful." Another person said, "I feel safe and looked after here. There's always plenty of staff to help you, even if you don't always know who they are."

We saw there was sufficient staff on duty in the communal areas and people did not have to wait for any required help or support. One member of staff told us. "There are enough of us on shift. Of course we could always do with another pair of hands, but we all work well together and support each other." We spoke with the registered manager who confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. A good example of this was when two people, whose condition had recently deteriorated, were reassessed and 'fast-tracked' to nursing care. We saw on duty rotas that staffing levels had been increased to reflect the higher dependency levels.

Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required. We also saw people were free to move around both floors and had choice about which lounge they liked to sit in and which dining area they preferred to use. There was a passenger lift that provided easy access to both floors, which meant people were able to move safely around the premises.

Medicines were managed safely and consistently. People we spoke with were happy and confident their medicines were handled safely. One person told us, "They (staff) come with the trolley and give me my tablets – that works well." Another person said, "The staff take care of all my medication – it's a good job because otherwise half the time I'd forget about them – but you don't have to bother about that here."

Staff involved in administering medicines had received appropriate training. We spoke with the nurse in charge regarding the policies and procedures for the safe storage, administration and disposal of medicines. They told us, "All staff with responsibility for medication has had the necessary training and their competency is regularly assessed." This was supported by training records we were shown.

During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been completed appropriately. We saw staff were respectful and clear in their approach and patiently waited to see that the person had taken the medicine given to them. Fridge temperatures for storing medicines were appropriately recorded and monitored in accordance with professional guidance and best practice. This meant medicines were stored, handled and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process.

The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw all areas of the service were very clean, well-maintained and easily accessible. There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans.

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. People said they felt staff knew them well, they were aware of individual needs and understood the best ways to help and support them. One person said, "I feel the staff here are very experienced." Another person said, "The staff are lovely but it'd be nice if you had an attached worker – it can be difficult with different faces each time."

The consistency and continuity of care, including the use of agency staff, was discussed with people. One person said they felt that, "Sometimes we have a fair few agency staff, so sometimes we have people who have no idea what they are supposed to do." This issue was also raised by one relative we spoke with who described an incident when an agency worker was on duty when they visited. They told us, "I saw [agency worker] just standing around and yawning whilst someone needed help. But on the whole, the staff here are very good, which is why I noticed the difference, but if I saw it happen more often, I would tell [Senior care lead]."

During our inspection we spoke with two visiting health care professionals; a GP and a district nurse. Both had been attending the service for several years and spoke of improvements they had noticed in the care and support people received. One health care professional told us, "The care has got better over time and we've had no concerns lately regarding staffing levels." They spoke positively about the effective communication with the service and the confidence they had in the registered manager and staff team.

Staff also told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. One member of staff told us, "It can be very challenging here but we get well supported. I have regular supervision and can always bring up any extra training that I need." Another member of staff said, "I'm very passionate about what I do and understand the importance of getting it right and being transparent in what we do."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside (shadowed) more experienced colleagues, until they were deemed competent and they felt confident to work alone. They told us, "There definitely wasn't any pressure for me to start, until I felt confident and ready to work unsupervised. I've had a week of training, which was very in depth and I've also done three days shadowing, which was very useful." They went on to say, "I've been very impressed; it all seems very organised here – very professional. They (managers) want and expect it all done properly and they don't take any risks."

Training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed there were currently three DoLS authorisations in place and we saw the appropriate documentation to support this.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required when making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

We observed lunchtime in the spacious main dining area. We saw people were offered a selection of drinks before and during the meal. Individual portions were generous and all the meals looked appetising. We saw one person had not eaten much of their meal and staff offered them an alternative option. We heard one person ask staff if they could have, "A small one." We observed some people required assistance to eat their meals and staff ensured, where needed, this was provided in a discreet manner. People spoke positively about the standard of the meals they received and the choice available. One person told us, "You get a lovely choice here, you choose in the morning what you want and then they come around again, mid-afternoon." Another person described choosing their favourite soup from several options available and said they had, "No complaints" about the quality of the food provided. Another person summed up the views of many people; they told us, "It's good care in nice surroundings with good food and very sympathetic staff." This demonstrated people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Is the service caring?

Our findings

People and their relatives spoke positively regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person told us, "Everyone is very kind and helpful here. I've stayed in good hotels in my time; I'd say this feels like a 4-star hotel." Another person said, "Sometimes when you're old people dismiss you, but the staff here don't dismiss you, they all listen to you."

Throughout the day we observed many examples of friendly, good natured interaction. We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, and staff always spoke politely with them. Staff were patient with people, and took time to check people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing. They communicated with people in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed staff involved and supported people in making decisions about their personal care and support. Relatives confirmed, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs; they were aware of their personal preferences and supported people in the way they liked to be cared for.

We saw the transition from residential to nursing care was well managed and had minimal impact on the individual concerned. There was none of the potential stress and trauma such a move could present. The senior care leader explained the person's medicines would now be administered by the nurse on duty, they would no longer be seen by the district nurse and the cover of their care plan would change from red to blue. They told us, "Other than that nothing else is affected; they stay in the same room with the same care staff and same routines. In fact the person themselves would not be aware that anything is different – which is how it should be." This represented good practice and demonstrated a thoughtful and considerate approach to care provision.

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed staff were sensitive and respectful in their dealings with people. They

knocked on bedroom and bathroom doors to check if they could enter. Staff told us they always ensured people's privacy and dignity was maintained when providing personal care. This was supported by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect.

Is the service responsive?

Our findings

People received personalised care from staff who were aware of and responsive to their individual care and support needs. Before moving to the service, a comprehensive assessment is carried out to establish people's individual care and support needs to help ensure any such needs can be met in a structured and consistent manner. One person we spoke to told us, "That's [registered manager] over there, he's one of the gaffers here. He came out to see me and talked to me about the help I'd need before I moved in." Another person said, "I came for a few days to try it out, I don't remember them asking about my needs or what I like, but they must have done because they're getting it right for me."

During our inspection we observed how people spent their time and saw there were a range of varied group and individual activities that reflected people's identified interests. The registered manager emphasised the importance of personalised and meaningful activity for people using the service and they introduced us to the two activities co-ordinators, who were clearly both well-liked and popular. One person told us, "I can always choose what I like to do." People described the activities arranged by the activities co-ordinators which included knitting group, men's group, word quizzes, film evenings and competitions. One person we asked about their favourite activity said, "Mainly word games – it's always good to get the grey matter ticking over." Another person said, "We apply ourselves here, they keep our brains active – which I think is a good thing."

Other people said they enjoyed reading a newspaper and some had a paper with them. However, one person said they usually have a paper delivered, but it had not arrived that morning. Although staff were present in the lounge, we did not see them offer this person an alternative to read. Consequently they sat looking round, doing very little throughout the morning. One person said they enjoyed being in the garden in the summer, but said, "They (staff) don't like you to go out in the garden much in the winter, because they don't like the doors open. It'd be good to also get some fresh air in the winter if you wrap up warm. I like the fresh air."

Not everyone chose to spend time in the communal areas. A person who preferred to stay in their room, who we spoke with, described how the activities co-ordinator invites them to join in; they told us, "She comes and asks if I want to join in, but I am happy doing my own thing." Another person we spoke with in their room told us, "The entertainment ladies do the crossword with the people in the lounge and will occasionally come and ask me if they get stuck with an answer." We also saw positive comments from relatives, in the recent survey, regarding activities provided. One relative said, "Great efforts are taken to stimulate residents. The variety of activities is excellent – my mum has a more active life than we do!" Another relative commented, "There is a wide range of activities and entertainment provided... it makes Ashbourne Lodge feel alive and vibrant"

The registered manager explained they would always assess a person's individual care and support needs, to establish their suitability for the service and, "Their compatibility with existing residents." They also confirmed, as far as practicable, people were directly involved in the assessment process and planning their care.

The care plans, including risk assessments, we looked at followed the activities of daily living such as communication, personal hygiene, continence, mobility, nutrition and hydration and medicines. They also contained details regarding people's health needs, their likes and dislikes and their individual preferences. Care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and we saw people were directly involved in this process.. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs. Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People using the service and relatives we spoke with told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. One person told us, "If you have a problem you can talk to the office, they encourage you to talk to them." The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Records we looked at showed comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. For example, we saw, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision. We saw samples of the most recent questionnaires and the positive responses received.

People's wishes regarding their religious and cultural needs were respected by staff who supported them. We saw a programme on the wall in the lounge which showed religious services were held twice a month. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. This demonstrated the service was responsive and sensitive to people's needs.

Is the service well-led?

Our findings

There was an effective management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about the management and the culture within the service.

Staff told us they felt supported and were able to approach the management team about any concerns or issues they had. They also said they were aware of the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

People and their relatives spoke positively about the registered manager and said they liked the way the service was run. One person told us, "[Registered manager] is easy to find and to talk to if you have a problem." Another person said, "If you have something to say, tell [Registered manager] straight away, don't wait for a meeting." One person we spoke with in their room said, "If I need to speak to the manager, I'd ask if he could come to my room to have a word. He will always come."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. Staff told us they felt supported by both the registered manager, who they described as very approachable. They felt able to raise any concerns or issues they had. We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.

