

Nationwide Healthcare Limited

# Ashwood Lodge Care Home

## 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

This inspection took place on 24 and 25 January and 2 February 2017. The first day of the inspection was unannounced. This meant that the registered provider and staff did not know we would be visiting. The other two days of inspection were announced.

The service was previously inspected in November 2015 and was not meeting one of the regulations we inspected. This related to people not being supported to maintain relationships or involvement in their community due to a lack of activities provision. We took action by requiring the registered provider to send us action plans telling us how they would improve this. When we returned for this inspection we found the issues identified had been addressed, though some improvement in activity provision was still required.

Ashwood Lodge is a 27 bedded care home providing residential care. The service does not provide nursing care. The home is a converted building, with all of the communal areas and bedrooms situated on the ground floor. At the time of the inspection 23 people were using the service, 14 of whom were living with dementia.

There was a registered manager in place. 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.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Regular checks of the service's premises and equipment were carried out to ensure they were safe to use. Plans were in place to support people in emergency situations. The registered manager monitored accidents and incidents to see if lessons could be learned to help keep people safe.

People's medicines were managed safely. Safeguarding procedures were in place to protect people from possible abuse. The registered manager monitored staffing levels to ensure enough staff were deployed to keep people safe. The registered provider's recruitment process reduced the risk of unsuitable staff being employed.

Staff received the training they needed to support people effectively and were supported through regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were protected. People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

People and their relatives spoke positively about the support they received from staff at the service, describing it as kind and caring. People were treated with dignity and respect. Staff encouraged people to be as independent as possible, while always ensuring they were available to provide support and keep people safe. Throughout the inspection we saw numerous examples of kind and caring support being delivered.

People were supported to access advocacy services where these were needed.

We have made a recommendation about the planning and delivery of activities.

People's care was based on their assessed needs and preferences. Care plans were regularly reviewed to ensure they reflected people's current support needs. The service had a complaints policy, which was publicly advertised and accessible in the reception area. People and their relatives told us they knew how to complain and would be confident to do so.

Staff spoke positively about the culture and values of the service and said they felt supported by the registered manager and registered provider.

The registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people using the service and their families in an annual questionnaire. We received required notifications from the service.

## 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.

Risks to people were assessed and steps taken to reduce them.

People were supported by staff who had been appropriately recruited and inducted.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training to ensure that they could appropriately support people.

Staff understood and applied the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet and access external professionals.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity, respect and kindness.

Staff encouraged people to be as independent as possible.

People had access to advocacy services.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to access activities, but we made a recommendation on improving the activities on offer.

Care records were detailed, personalised and focused on individual care needs.

The service had a clear complaints policy that was applied when issues arose.

**Is the service well-led?**

The service was well-led.

Staff felt supported and included in the service by the registered manager and the registered provider.

The registered manager used audits to monitor and improve standards.

The registered manager submitted required notifications to CQC.

**Good** ●

# Ashwood Lodge Care Home

## 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 is 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.

This inspection took place on 24 and 25 January and 2 February 2017. The first day of the inspection was unannounced. This meant that the registered provider and staff did not know we would be visiting. The other two days of inspection were announced.

The inspection team consisted of an adult social care 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.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided at Ashwood Lodge.

During the inspection we spoke with four people who lived at the service and three relatives. We looked at three care plans, and Medicine Administration Records (MARs). We spoke with seven members of staff, including the registered manager, care staff, domestic staff and the cook. We looked at two staff files, which included recruitment records. We also completed observations around the service, in communal areas and in people's rooms with their permission.

# Is the service safe?

## Our findings

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Before people started using the service their support needs were assessed in a number of areas, including skin care, personal care, food and nutrition, medicine management and mobility. Recognised tools such as Waterlow were used by staff when assessing risk. Waterlow gives an estimated risk for the development of a pressure sore. If a risk was identified a plan was drawn up to reduce the risk of it occurring. For example, one person was assessed as being at high risk of falls. As a result their care plan contained guidance for staff on how the person could be safely supported to move around the building, both by staff and the use of assistive equipment. Another person was assessed as being at risk of developing pressure sores. Their care plan contained details of how staff could reduce this risk, for example by encouraging the person to move around more and wear loose fitting clothing. Risk assessments were regularly reviewed to ensure they reflected people's current risk levels.

Regular checks of the service's premises and equipment were carried out to ensure they were safe to use. Maintenance staff regularly tested emergency lighting, fire alarms, the call system, fire extinguishers and carried out fire drills. Required test and maintenance certificates were in place covering fire extinguishers and alarms, hoists, legionella and gas and electrical safety. A fire service inspection in March 2016 had identified some areas as requiring improvement. When they returned in June 2016 all required remedial action had been taken.

Plans were in place to support people in emergency situations. Each person living at the service had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. These were stored in the reception area and would be easily accessible to emergency services should they be needed. The service also had a business continuity plan. This contained guidance to staff on providing a continuity of care in emergency situations that disrupted use of the building or the delivery of care.

The registered manager monitored accidents and incidents to see if lessons could be learned to help keep people safe. Accident and incident forms contained details of what had occurred (including any injury caused) and were audited every month by the registered manager to see if any trends were emerging. For example, the October 2016 audit identified that one person had had numerous falls. This led to a nursing assessment for that person and a discussion with the local falls team. We saw this subsequently led to a decrease in the number of falls the person had.

People's medicines were managed safely. Everyone living at the service had their medicines managed by staff. Medicines were managed and administered by senior care assistants and sometimes the registered manager, all of whom had completed medication training. A senior care assistant told us they received all of the training they needed to handle people's medicines, and were happy with the support they received from the registered manager to do this.

Each person at the service had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person's MAR began with a profile page, containing their photograph, GP details and information on any allergies that might affect their medicines. We reviewed four people's MARs and saw they contained no omissions in recording. Where medicines had not been administered the reasons for this were clearly recorded. People using topical medicines such as creams had a topical MAR providing guidance to staff on how the medicine should be applied. Where people used 'as and when required' (PRN) medicines protocols were in place setting out when the person might need them, particularly where they could not verbally ask for them.

Medicines were safely and securely stored in locked trolleys in a locked treatment room. Some medicines were stored in a medicines refrigerator in the treatment room. Daily temperature checks were carried out to ensure medicines were being stored appropriately. Two people at the service used prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse. These were appropriately recorded and securely stored.

Regular checks of people's medicines stocks were carried out to ensure they would always have access to the medicines they needed. During a medicine round we saw people were given a choice over whether they wanted their medicines, with staff explaining what they were for. Where medicine errors occurred we saw they were dealt with openly and transparently, with an emphasis on learning lessons to minimise the risk of future errors occurring.

Safeguarding procedures were in place to protect people from possible abuse. The service had a safeguarding policy, containing information on the types of abuse that could occur in care settings and guidance for staff on how to report them. Staff said they would be confident to report any concerns they had. One member of staff told us, "Without a doubt I'd raise any concerns if I wasn't happy." Where issues had been raised records confirmed they had been appropriately investigated and referred to the local safeguarding department. Staff also said they would be confident to whistleblow. Whistleblowing is when a member of staff tells someone they have concerns about the service they work for. One member of staff told us, "[The registered manager] is very big on whistleblowing. She wants to know anything. I would also go to CQC."

The registered manager monitored staffing levels to ensure enough staff were deployed to keep people safe. Day staffing levels (during the week and at weekends) were one senior care assistant and three care assistants working from 8am to 5pm. At 5pm a care assistant left, leaving one senior care assistant and two care assistants. Night staffing levels (during the week and at weekends) were one senior care assistant and one care assistant working from 8pm to 8am. In addition, one person received 10 hours of one to one support from care assistants working for a different service. Staff rotas confirmed those staffing levels. The registered manager told us, "We are reviewing the 5pm to 8pm gap because occupancy has gone up and we have higher dependencies. If I feel we need more staff I will speak with [the registered provider] and they will probably say put it in place." Agency staff were only used in emergencies as the registered manager preferred people to be supported by staff who were familiar to them. Planned leave and sickness were covered by staff working extra shifts.

Staff told us they thought staffing levels were safe. One member of staff told us, "We have busy days but we have enough staff as levels went up when the occupancy increased." Another said, "We definitely have enough staff to keep people safe." A third member of staff said, "We all cover for each other for sickness and holidays. In my experience stuff gets covered even at the last minute." People and their relatives also said there were enough staff at the service. One person told us, "There's always plenty of staff. Most of them have worked here for ages so they must be treated okay." A relative we spoke with said, "Oh yes, there's lots of



staff to care for [name]."

The registered provider's recruitment process reduced the risk of unsuitable staff being employed. One member of staff had been recruited since our last inspection. An application form detailed their employment history. Two written references were obtained and a Disclosure and Barring Service (DBS) check carried out before their employment began. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults.

## Is the service effective?

### Our findings

Staff received the training they needed to support people effectively. Staff received mandatory training in a range of areas, including safeguarding, first aid, moving and handling, the Mental Capacity Act 2005 (MCA), dementia care, safe handling of medicines and fire awareness. Mandatory training is training the registered provider thinks is necessary to support people safely. Mandatory training was regularly refreshed to ensure it reflected current best practice. The registered manager monitored training on a training chart. This showed that staff had either completed mandatory training or plans were in place for refresher training. Training planned for 2017 included food hygiene, infection control, safeguarding and health and safety. Staff also received additional training in specialist areas that would assist them in providing effective care, particularly to people with specialist support needs. Such training included diabetes awareness, stroke care and Parkinson's disease care.

Staff spoke positively about the training they received, and said they would be confident to request more if they felt this was needed. One member of staff said, "We get enough training" and went on to joke, "We get sick of going!" Another member of staff told us, "The training here is good. It really picked up under [the registered manager]. There is a training chart in the office and [the registered manager] makes sure we do it."

Newly recruited staff completed an induction programme to help equip them with the skills and confidence to effectively support people at the service. This included reviewing the service's policies and procedures, being introduced to people at the service and completing shifts under the supervision of more experienced staff members. This gave new staff an opportunity to raise any additional support needs they had.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of supervision meetings showed they were used to discuss any support needs staff had, and that staff were free to raise any issues they had. Appraisals consisted of a more detailed review of staff performance, with the staff member and registered manager discussing any ways the member of staff could be supported to further develop in their role. For example, in one appraisal we saw a staff member had requested additional training and that the registered manager had supported them to access this. One member of staff told us, "I get supervisions and appraisals with [the registered manager]. I think they're good and I am happy to raise any issues."

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection 11 people were subject to DoLs authorisations. These were clearly recorded in people's care plans and a separate DoLS folder, which the registered manager said allowed them to more easily monitor when renewal applications were due.

People's care records contained decision-specific mental capacity assessments, which helped staff assess whether people could make decisions about every aspect of their care and support. These assessments contained evidence of the involvement of people's families and other professionals involved in their care, which was in keeping with the principles of the MCA. Where people lacked capacity their care plans contained details of the decisions staff could make in their best interests. Staff had a good working knowledge of the principles of the MCA, and throughout the inspection we saw them obtaining people consent and giving people choices even where they were living with a dementia and lacked capacity.

People were supported to maintain a healthy diet. People's nutritional needs and preferences were assessed before they started to use the service. Where a particular need was identified a care plan was put in place to help ensure the person received appropriate support. The emphasis in such plans was on ensuring people had as much choice as possible whilst also providing effective care. For example, the care plan for one person with diabetes said staff should encourage the person to choose appropriate food from the menu. However, if they wanted something that was not diabetes friendly they should be given it but in smaller portions. The cook was knowledgeable about people's support needs and could describe people's specialist diets in detail. This helped ensure people's nutritional needs were met, and people were weighed monthly to help monitor this.

Feedback on the food at the service was mixed, with some people telling us they enjoyed the food but others saying it could be improved. One person told us staff took them out to buy food they like. The person said, "I get them to take me to the shops for my lamb chops now so I get them." We saw that the menu was regularly discussed at resident meetings, and that changes were made when people requested them. For example, the minutes of a meeting in May 2016 recorded that people had previously requested kippers for breakfast and that these were now being provided. The people who requested them said they were happy these were now available. Minutes from a November 2016 meeting recorded that some people were happy with breakfasts and some suppers, and suggestions for changes were taken. The cook told us, "We have meetings to discuss likes and dislikes and we build a menu around them. There are always two choices and I go round on a morning and ask people what they want. There is always someone who wants something different. I don't really have a budget and just get what I need."

The dining room had recently been refurbished and new crockery purchased. This helped to create a pleasant and welcoming atmosphere, and during lunchtime we saw people were relaxed and appeared happy. The daily menu was displayed on the wall, along with information such as the local weather forecast and a 'quote of the day'. We saw one person ask for something that was not on the menu, and this was quickly provided for them. The kitchen was inspected by the local environmental health department in November 2016 and awarded a maximum score of five out of five.

People were supported to access external professionals to maintain and promote their health. One person had an emergency health care plan in place that had been produced with their GP. Another person had recently had involvement from the falls team to help improve their mobility. During our inspection an ambulance attended the service to examine a person who was feeling unwell. We spoke with the paramedics, who told us staff had provided them with all of the information they needed – including medicine documentation – to assist and support the person. Care plans contained evidence that the service worked with professionals such as GPs, district nurses, phlebotomists, continence nurses and the local

mental health team to improve people's health and wellbeing.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the support they received from staff at the service, describing it as kind and caring. One person we spoke with said they liked the staff, saying, "Oh they are all nice." Another person we spoke with said, "They (staff) are all nice. Can't complain and they seem to get along together as well."

People were treated with dignity and respect. We saw that staff spoke with people politely and professionally, using people's preferred names at all times. Where people requested support or wanted to have private conversations with staff we saw staff either approached them and spoke quietly or moved to quieter areas of the building. Staff asked permission before supporting people, and knocked on people's doors and waited for a response before entering their rooms.

Staff stressed to us that they worked in people's home and that people did not live in their place of work. People told us staff asked for their opinion or choices and acted on their responses. One person we spoke with said they did not like the bedroom they had first used at the service and that when they told staff about this they had been moved to one they liked.

Relatives told us they were free to visit people whenever they wanted. They also said they were involved in planning people's care and updated on people's support needs. One relative we spoke with told us, "Oh yes I come here any day" and went on to tell us they were always offered a meal when their relative was eating.

Staff encouraged people to be as independent as possible, while always ensuring they were available to provide support and keep people safe. For example, we saw one person who needed support with mobility moving around the service. Staff encouraged them to walk as far as they could and discreetly monitored this to ensure they were available to help the person if needed. We also saw that where people needed support with eating staff assisted with some tasks such as cutting food but then encouraged people to do as much for themselves as possible.

Throughout the inspection we saw numerous examples of kind and caring support being delivered. In one example, we saw that one person became distressed when they saw carpets being removed and flooring being replaced. Staff took time to explain to the person what was happening, how long it would take and described what the new flooring would look like. This included using appropriate touch to comfort the person. We saw the person was reassured by this explanation and said they looked forward to seeing the new flooring in place.

In another example we saw a person choosing to sit in the dining room between meals. The person joked with staff as they passed by about how they were saving their seat ready for lunch. We saw that staff took the time to stop and talk with people as they moved around the building, asking if people were okay or needed anything as they did so. Though staff were always polite and professional we also saw them enjoying warm and friendly conversations with people.

At the time of our inspection two people were using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager described how people's advocates were involved in people's care plan reviews to ensure they reflected people's wishes and preferences.

## Is the service responsive?

### Our findings

During our last inspection in November 2015 we identified a breach of our regulations. This related to people not being supported to maintain relationships or involvement in their community due to a lack of activities provision. We took action by requiring the registered provider to send us action plans telling us how they would improve this. When we returned for this inspection we found the issues identified had been addressed, though some improvement in activity provision was still required.

There was no activities co-ordinator in place. As part of their action plan the registered provider said staff would have designated time each day to help people take part in activities should they wish to, and staff we spoke with confirmed this was happening. One member of staff told us, "We do now have enough activities, but it takes a lot to get people involved. It was an improvement made after the last inspection." The action plan also said a discussion of activities would take place at all resident meetings, and we saw this was occurring. There was no activities timetable. Every day staff would ask people what they would be interested in doing, and on the basis of those discussions would help them to access that activity. If people did not have any ideas there was a list of suggested activities for staff to carry out, such as games, sing-a-longs and remembrance sessions.

A log of recent activities showed people had participated in film nights, games, colouring therapy and craft sessions. Where people did not want to take part in group activities, records confirmed staff spent time with them carrying out individual activities. For example, one person was assisted to make their own scrap book. Since our last inspection in November 2015 a garden had been developed at the service to allow people to spend time outdoors.

We also saw that people were encouraged to give feedback and make suggestions about activities. For example, in June and September 2016 people had raised concerns that they could not always sit in the garden when they wanted to as the registered provider had not purchased a lawn mower to cut the grass. We also saw that people had asked if a trip to the seaside could be arranged. Records confirmed that the registered manager had passed this information to the registered provider, and the registered manager told us a lawn mower had been purchased and planning for a trip was underway.

However, people told us that activities could be improved further. For example, some people told us they would like more trips out. Other people told us they were not always made aware of the activities on offer. Our judgment was that activities had improved since our last visit such that the registered provider was now compliant with our regulations, but that improvements were still required to make activities more responsive to people's interests.

We recommend that the service seek advice and guidance from a reputable source about improving the range of activities on offer.

People's care was based on their assessed needs and preferences. Before people started using the service their support needs were assessed in areas such as mental capacity, personal care, medicines, food and

nutrition, communication and mobility. If a support need was identified a care plan was developed based on how the person wished to be supported. For example, one person was identified as being at risk of falling from bed so staff worked with the person to develop a plan that kept them safe but also allowed them to sleep comfortably. Another person's communication care plan guided staff on how the person could be supported to communicate effectively.

Care plans also contained personal profiles, setting out people's life history, likes and dislikes and things what were important to them. This helped staff who had not supported the person before to know what was important to them.

Care plans were regularly reviewed to ensure they reflected people's current support needs. Daily notes were used to help ensure staff had the latest information on people's support needs, and we saw staff updating these throughout the inspection so their colleagues on later shifts would know what had happened that day.

The service had a complaints policy, which was publicly advertised and accessible in the reception area. This covered formal and informal complaints. 18 complaints were lodged with the registered manager in 2016. Records confirmed the registered manager had investigated these in line with the complaints policy. People and their relatives told us they knew how to complain and would be confident to do so. One relative told us, "Well I haven't really needed to. If I want to ask anything I just see the manager."



## Is the service well-led?

### Our findings

Staff spoke positively about the culture and values of the service. One member of staff described the service as, "Very caring." Another told us, "The building is not always nice to look at but we're like a family, close, and the care is very good. Staff have been here for quite a long time because it's like our own little family."

Staff said they felt supported by the registered manager and that they would be confident to speak with her about any issues they had. We saw this happening throughout the inspection, and the registered manager was a visible presence around the service. Staff meetings took place regularly, and staff said these were useful to share information and discuss any support needs they had.

At our last inspection in November 2015 staff told us they did not always feel supported by the registered provider. When we returned to carry out our latest inspection staff told us the registered provider was now a more supportive and visible presence at the service. One member of staff told us, "We were made aware of the last (inspection) report. There is a lot more involvement from the provider. We get a lot more of what we ask for. I've seen more of the provider. I'd be comfortable to speak with the provider." Another member of staff said, "Last year we saw the provider more than we ever have. I get the impression they do more." Another told us, "Last year we felt we were being left to get on with it. Now we feel much more support there. [The registered provider] is even starting to decorate as people had been coming in saying they'd heard we were a nice place but then saw the décor. That's starting to change now." When we arrived for the first day of our inspection we saw floors were being repaired and new flooring installed.

The registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of medicines, catering, bedrooms and mattresses, infection control and maintenance. Where issues were identified an action plan was put in place to address it and the registered manager monitored the remedial action taken. For example, a June 2016 medicine audit identified that some liquid medicine spillages were not being appropriately dealt with. Relevant staff were reminded of the correct policies and practice and this led to an improvement at the next audit. The registered provider carried out regular site visits, during which they spoke with people using the service and staff, inspected premises and reviewed any complaints that had been submitted. This meant appropriate procedures were in place to monitor and improve standards at the service.

Feedback was sought from people using the service and their families in an annual questionnaire. Nine people using the service had completed this in November 2016. Records of these returns showed the feedback was largely positive, but some people had requested improvements in activities and food. Action had been taken to discuss this at meetings with people using the service, which took place regularly. Seven relatives had completed feedback questionnaires in June 2016. Feedback from these had also been largely positive, though some relatives had requested improvements in carpeting and décor. We saw some of these improvements were underway during the inspection. This meant appropriate procedures were in place to seek and act on feedback from people using the service and their relatives.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.