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Ashton Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Ashton Lodge Residential Home is a care home that provides personal care and support for up to 27 people. The service supports older adults and people who have mental health or physical disability support needs. There were 21 people using the service at the time of the inspection.

People's experience of using this service and what we found
People's needs were not assessed before they were admitted to the service. People's safety was not promoted through the layout and hygiene practices of the premises and fire drills were not completed in line with the provider's policy. People were supported by enough staff to meet their needs; however, their needs were not always made a priority. Safe recruitment checks were in place; however, the provider did not always update DBS checks as per their policy. People were not always protected from avoidable harm when incidents occurred. People were supported to take their prescribed medicines safely.

People's relatives were not always involved in their care and people's personal mealtime preferences were not always adhered to. People's living environment needed some redecoration and people's private bedrooms lacked personalisation. The garden was unkempt and had a large pile of rubbish requiring disposal. One person told us they required access to ongoing physiotherapy, and they were not receiving this support. People were supported by staff who had not received the necessary training to meet their identified care needs.

Quality assurance processes were not always effective and there was minimal engagement from the registered manager who is legally accountable for the safety of the service. Daily walk rounds were unstructured and undocumented. There was no oversight of staff DBS checks and DBS checks had not been updated in line with the provider's policy.

The provider had not always ensured the culture was person-centred. The service lacked leadership. One person told us, "I very rarely see [registered manager] or [the provider] and there is no management on at the weekend." The provider and registered manager were open and transparent during the inspection process.

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

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 11 June 2019).

Why we inspected
This inspection was prompted in part by a review of the information we held about this service. We also received concerns in relation to the management of safeguarding incidents, condition of the premises and staff training. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement, based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person centred care and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Ashton Lodge Residential Home

Detailed findings

Background to this inspection

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by two inspectors.

Service and service type
Ashton Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashton Lodge Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The first inspection day on 28 September 2022 was unannounced. We provided 24 hours' notice we would be returning for a second inspection day on 29 September 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 16 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection
We spoke with 8 people who used the service and two relatives, to learn about their experiences of the service provided. We spoke with 10 staff members including the registered manager, the deputy manager and the provider. We also received feedback from two health and social care professionals who knew the service.

We reviewed a selection of care records for 7 people including medicine administration records, care plans, risk assessments, daily notes and incident forms. We reviewed 4 staff files and records relating to training, recruitment, performance management and support.

We reviewed a selection of records relating to the management and quality monitoring of the service. These included complaint management, accident and incident monitoring, quality audits, meeting minutes and provider oversight. We also reviewed a selection of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's needs were not assessed before they moved to the service. This meant the provider could not be assured the service was appropriate to meet their needs and put people at risk of receiving inappropriate and unsafe care.
- People were not always protected by the provider's fire safety arrangements. For example, fire evacuation drills were carried out infrequently, and not in line with the provider's own fire safety policy. This meant the provider was not assured that staff understood how to safely evacuate people in the event of an emergency.
- Fire safety equipment was not always in good condition. The safety tag and pin were missing from a fire extinguisher, and an automatic door closing mechanism was damaged.
- People's moving and handling support needs were not always safely met. Not all staff had received moving and handling training; and information about some people's individual moving and handling needs was lacking. This meant people were at increased risk of harm from poor moving and handling support.
- Moving and handling equipment was not always in a good state of repair. For example, there was a large crack in a shower chair and a rotunda was found to be rusty with damaged handles.

Learning lessons when things go wrong

- One person had experienced an incident of abuse. The provider had not acted appropriately to safeguard the person and a further incident occurred. This meant the provider did not always take sufficient action to ensure people were protected from the risk of avoidable harm, and opportunities to learn lessons when things went wrong were missed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- Some toilets and washrooms were visibly dirty and seals around sinks and baths were mouldy in places.
- In the laundry room we found some floor tiles were missing, and some ceiling tiles were damaged and stained. The provider was aware of these concerns and stated repairs were scheduled.
- Toilets and washrooms were not always suitable for antibacterial cleaning. Vinyl flooring was torn, and wooden shelves exposed porous material. This presented a risk of bacterial build up, increasing the risk of

the spread of infectious diseases.
●We were not assured the provider was preventing visitors from catching and spreading infections. We found some antibacterial hand sanitiser bottles, available for visitors, to be very dirty and grimy.
● We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. Regular COVID-19 testing was in place; however, the environment was not well maintained to prevent the spread of infection. For example, painted handrails throughout the premises were damaged and chipped, exposing porous surfaces that were difficult to clean and sanitise. This presented a risk of bacterial build up, increasing the risk of the spread of infectious diseases.
● We were somewhat assured the provider was admitting people safely to the service. People were tested for COVID-19 before moving to the service; however, pre-admission assessments were not completed.

The provider failed to effectively assess the risks to the health and safety of people receiving care and failed to do all that was reasonably practicable to mitigate those risks. There was also a failure to take effective action to prevent and control the spread of health infections. This is a breach of breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse
● A system was in place to record and report safeguarding concerns. Where incidents had arisen, these had been reported to the local authority.
● Care staff had received safeguarding training and knew how to identify and report concerns.

Staffing and recruitment
● Safe recruitment checks were in place. However, the provider did not always follow their own staffing policies and procedures. For example, the provider's policy stated staff should have their DBS checks updated every three years, but the provider did not always do so. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● People were supported by sufficient numbers of staff. However, one person told us they often had to wait for staff to complete their paperwork before supporting them to use the toilet or to go to bed. One relative told us, on one visit they observed four staff members completing paperwork and not engaging with people at the service. This lack of effective deployment of staff meant people's needs were not always made a priority.

Using medicines safely
● People were supported to take their prescribed medicines safely.
● Medicine administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.
● Where people were prescribed 'as required' medicines, there were protocols in place to provide staff with guidance specific to each person. Staff knew people's needs in relation to 'as required' medicines and knew how to access guidance and protocols if needed.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not assessed to see whether the provider could meet the person's individual care needs, before they were admitted. A person told us, "This is an inappropriate placement for me. They cannot meet my needs and I have to leave."
- People's relatives were not always involved in their care. One relative told us, "no one from the home contacted us to help devise the care plan." This meant the provider could not be assured they had a good understanding of people's needs or back grounds and that their individual needs would be met.

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

- People had access to enough food and drink, and their cultural and health dietary needs were considered. However, people's personal mealtime preferences were not always adhered to. For example, one person told staff they did not like a particular type of food, but staff served this food item without communicating with the person. This was not person-centred care. The inspector raised this with staff and they changed the person's meal.
- Meals were prepared based on a set menu, but there was no indication of people's involvement in this. The set menu provided people with a choice of meals. However, people were not always asked what they wanted for dinner by staff, and people living at the service did not know what they were having to eat at mealtimes.

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

- The service decoration was worn and not well thought out. For example, vinyl floors were damaged, wallpaper was peeling, and mirrors were placed high on the wall preventing people from using them. One relative told us, "It's an old building, seems shabby and needs improvement. Some redecoration downstairs is needed."
- People's private bedrooms lacked personalisation. For example, there were no personalised decorative items in one person's bedroom and another person's possessions were still in suitcases from when they moved in, two months before the inspection.
- The environment was not suitably used or engaging for people living at the service and the provider missed opportunities to use the environment to enrich people's lives. For example, the front lounge area contained only one small dining table and there was no materials or games to stimulate interactions or activities. One person told us, "There is nothing to do and staff do not engage with people at the service."

● Dining tables were placed against a wall in the front dining area and we observed people eating meals whilst facing the wall with their back to other people in the room. This did not promote group interaction or engagement.
● The service had a large outside area. However, this was used by the staff and residents as a smoking area only. The garden was unkempt and had a large pile of rubbish requiring disposal. Residents were not encouraged to engage in outdoor activities.
● Communal areas of the home were being used as storage spaces. For example, the front lounge was inappropriately used to store a person's personal possessions. Those items could be accessed by other people freely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Referrals to healthcare professionals such as speech and language therapists were submitted. However, one person told us they required access to ongoing physiotherapy, and they were not receiving this support. They told us this directly impacted their physical and mental wellbeing.

The provider failed to ensure the care and treatment of people was appropriate, met their needs and reflected their preferences. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The local authority had identified areas for improvement and were working with the provider to support service development.

Staff support: induction, training, skills and experience
● The provider failed to identify staff training requirements based on people's needs. There was no training available to staff in relation to people's behavioural and mental health support needs. Staff told us they felt they needed more training to understand people's behavioural needs. We raised these concerns with the provider, and they scheduled additional training for staff.
● New staff enrolled on the Care Certificate and completed a workplace induction before delivering care to people. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 MCA 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, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People were not always consulted about their care needs and there was a lack of assessment processes in place. One person told us staff did not always consider their wishes.
● There was a system in place to provide oversight of DoLs applications. This was up to date and informative.
● Where required, DoLs applications had been submitted and conditions were reflected in people's care plans. For example, when people were safe to leave the service.
● Staff had good knowledge regarding people's capacity related support needs and any restrictions in place. For example, staff were able to describe who was able to access the garden independently and who required support.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes were not always effective. For example, the care plan auditing process did not always identify incorrect or missing information within people's care plans. In addition, IPC and environmental audits did not always identify issues with the service. This meant the provider could not be assured quality checks were effective.
- There was minimal engagement from the registered manager with quality assurance checks, as these tasks had mostly been delegated to the assistant manager. The registered manager is legally accountable for the safety of the service, and therefore, it is their legal responsibility to ensure quality assurance checks are effective. This was not the case and meant the registered manager was out of touch with the service.
- The provider's policy did not state how and when quality checks should be completed or by whom. In addition, there was a lack of provider oversight in relation to quality checks. This lack of appropriate delegation and oversight meant the provider could not be assured quality assurance processes were effective.
- The provider and registered manager told us they had recently started completing daily walk rounds at the service. However, these were unstructured and undocumented, and did not identify environmental or care related concerns. This meant opportunities to develop the service were missed.
- There was no oversight of staff DBS checks and we found DBS checks had not been updated in line with the provider's policy. We raised these concerns with the provider, and they completed an audit of care staff DBS checks.
- Important care plan information was difficult to locate due to the high volume of paperwork in use. For example, important information about people's care needs was stored within large support folders and kept in the manager's office, making it difficult for care staff to access. The provider acknowledged their current system needed improving and told us they planned to move over to a digital care record system.
- The staff training matrix was not always effective at identifying gaps in staff training needs. One member of staff had not completed moving and handling training before supporting people to mobilise with the use of equipment. This lack of oversight meant the provider could not be assured people were receiving care from appropriately trained staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics; Working in partnership with others

● The provider had not always ensured the service culture was person-centred. Documentation did not always give staff a clear and current picture of people's individualities and ensure care was tailored to their needs. Staff told us they lacked knowledge and guidance on how to work with people with behavioural support needs.

● The culture of care at the service was task focused. Staff were not engaging people in meaningful activities. One relative told us, "[Person] is left to their own devices too much. Staff are very busy, [person] is only fed and watered. Staff are too busy to spend time with [person]."

● The service lacked leadership. One person told us, "I very rarely see [registered manager] or [the provider]. There is no management on at the weekend." The registered manager told us they had been absent from the service prior to the inspection and had recently returned to work. The provider acknowledged they had not maintained good standards at the service but stated they were committed to making improvements.

The provider failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had opportunity to raise concerns during one to one supervision and at team meetings. Staff told us the management team were approachable and responded to concerns or issues raised.

● The deputy manager was knowledge about the service and the people who lived there.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider had reported safeguarding concerns to the local authority; however, at times there was a lack of safety measures put in place to ensure people's safety. For example, the provider had not implemented effective mitigating actions in place to prevent repeat incidents.

● The provider and registered manager understood their legal responsibilities with regards to duty of candour.

● The provider and registered manager were open and transparent during the inspection process.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's needs and personal wishes were not met, and the service decoration and design was not tailored to people's needs. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a lack of assessment processes in place to ensure safe care, the provider failed to keep people safe after incidents occurred, and the home was not made safe from the risk of the spread of infection. This is a breach of breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not effective and there was a lack of service oversight. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

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