HC-One Limited

Ascot Lodge Nursing Home

Inspection report

48a Newlands Road
Intake
Sheffield
South Yorkshire
S12 2FZ

Tel: 01142643887
Website: www.hc-one.co.uk/homes/ascot-lodge/

Date of inspection visit:
13 September 2016

Date of publication:
04 October 2016

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

The inspection took place on 13 September 2016 and was unannounced. The home was previously inspected in November 2013 and the service was meeting the regulations we looked at.

Ascot Lodge Nursing Home is a 50 bed nursing home offering care and support to older people living with dementia. It is situated within easy reach from the public transport to town centre and other amenities. At the time of our inspection there were 47 people using the service.

The service had a registered manager in post at the time of our 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.

Staff we spoke were knowledgeable about the process they would follow if they suspected abuse. They told us they received training in this area and would be able to recognise abuse. Staff also told us they knew how to use the whistle blowing policy and would raise anything that was a concern to them.

We looked at the systems in place to manage people's medicines and found this was done in a safe way. We looked at storage and records of medicine and found these were accurate. The temperatures were taken of the room and fridge which was used to store medicines requiring cool. However, we did see that on some days these had not been recorded.

We found the provider had a safe and effective system in place for employing new staff. We looked at six staff files and found them to contain pre-employment checks and other appropriate information.

Each person had a dependency tool in their care records which identified their level of need. For example, low, medium, high or very high dependency. Through our observations and speaking with people who used the service, their relatives and staff, we found there were enough staff available to meet people's needs.

Risks associated with people's care were identified and appropriate measures put in place to reduce the risk occurring.

We spoke with staff about the training they received and they told us this was worthwhile and covered subjects appropriate to their role. Training provided was mainly completed by eLearning; however certain subjects such as manual handling were completed face to face.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff offered people choices and respected their decisions.

We observed meal times and found that people were involved in deciding what they preferred to eat and

drink. Snacks and drinks were available throughout the day. We saw smoothies and snack plates were available to boost people's nutritional intake where required.

People had access to healthcare professionals when required. We looked at care records and saw professionals such as speech and language therapists, and physiotherapists had been involved in their care.

Throughout our inspection we found staff to be caring and considerate when interacting with people. They showed respect by knocking on doors before entering and speaking quietly and confidentially with people.

Relatives we spoke with told us that the home had several social events where entertainers came in. They told us that birthdays were celebrated. On the day of our inspection it was a warm day and people enjoyed sitting outside. However, there was no other social stimulation taking place.

The provider had a complaints procedure which was displayed in the main entrance of the home. People we spoke with and their relatives had no concerns about the service and were very complimentary.

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities well and looked to senior staff for advice and guidance when required.

We saw audits were completed to ensure the quality of the service was maintained. Audits had action plans to ensure any issues were identified and resolved.

There was evidence that people who used the service had a voice and were given the opportunity to contribute ideas to 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.

The service had a policy in place to safeguard people from abuse. Staff when how to recognise, record and report abuse.

We saw that people received their medicines in a safe manner.

The provider had a safe recruitment process and ensured new starters completed an induction.

There was enough staff available to meet people's needs and staff knew people well.

Is the service effective?

Good

The service was effective.

Training was provided to staff to ensure they were kept up to date with their knowledge. Staff felt the training was good and assisted them to do their job well.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People received a nutritious and balanced diet which met their needs and maintained their preferences. We saw snacks were available throughout the day.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff showed kindness and understanding in their interactions with people who used the service.

People's choices and preferences were respected and people were treated with dignity.

Staff knew people well and were able to support them in line

with their individual preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was provided on an individual basis.

More activities were in the process of being developed using a new initiative called 'harmony.'

The service dealt with complaints effectively. Relatives knew how to complain and felt the registered manager would deal with concerns swiftly.

Is the service well-led?

Good

The service was well led.

There was evidence of good leadership at all levels.

We saw audits were completed to ensure the quality of the service was good.

There was evidence that people who used the service had a voice and were given the opportunity to contribute ideas to the service.

Ascot Lodge Nursing 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 checked 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.

The inspection took place on the 13 September 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the information sent to us on the 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 also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with five relatives of people using the service, and spent time observing staff supporting with people.

We spoke with two care workers, one nursing assistant, one nurse, the cook and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with relatives of people who used the service and were told the service was safe. One relative said, "I drop in anytime and the service is always good." Another relative said, "I know [person's name] is happy here and I am happy to leave them in a safe place."

We spoke with staff who were knowledgeable about safeguarding people from abuse and told us they had received training in the subject. Staff told us how they would recognise abuse and how they would report it if it happened. One care worker said, "I would spot signs of abuse such as behaviour changes and I am aware of the procedure to follow."

We spoke with the registered manager and they showed us a file containing a log of safeguarding referrals and outcomes. The registered manager was confident that staff knew the procedure and were keen to report incidents. The registered manager said, "The staff report and concerns and they know how to whistle blow."

People's medicines were stored and administered in a safe way. Medicines were stored correctly and temperatures of the room and the fridge used to store items were checked most days. However, we did see gaps in this record which identified that temperature checks had not been recorded. We spoke with the registered manager about this and were shown an internal audit where this had been identified and a log, which was completed every shift to ensure appropriate medication checks were completed. This showed that this issue had been identified by the audit system in place, and addressed.

The service had a procedure for storing and monitoring the stock of controlled medicines. We checked three people's controlled medicines to ensure they were correctly recorded and we found that the amount stored tallied with the amount recorded.

We looked at records in relation to medicines and found these were accurate and up to date. They gave a clear indication of the medicines prescribed, the doses and the times for taking them. We looked at the medication administration records and found they were completed fully. The registered manager told us that they had identified gaps in recording on the medication administration records (MAR). We saw that the registered manager had addressed this issue and improvements were noted.

The provider had a system in place to ensure medicines prescribed on an 'as and when' basis, (PRN) were given in line with the person's individual needs. Protocols were in place to support this process and care plans gave clear information about how to support the person with their medicines. For example, one person liked to take their medication from a spoon followed by a drink of juice. This person also had a tendency to refuse their medicines and there were guidelines for staff, which were to offer them again in a few minutes.

We observed the nurse administering medicines to people and we saw this was done in a professional manner. The nurse explained to the person what the medicines were and supported them in accordance

with their individual care plan.

We looked at care plans belonging to people and found they contained information about risks associated with their care and how to minimise the risk occurring. For example, one person's care plan highlighted that they were at developing pressure sores. A specialist mattress was in place and daily skin checks were completed and any marks were recorded on a body map. We saw risk assessment were reviewed on a regular basis.

We found the provider had a safe and effective system in place for employing new staff. We looked at a selection of staff files and found pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that these checks were carried out as part of their recruitment process.

Staff files we viewed also showed that an induction had taken place with new employees and included training, and working alongside experienced staff. Staff we spoke with felt the induction was worthwhile and helped them get to know people and the service well.

Through our observations and speaking with people who used the service, their relatives and staff, we found there were enough staff available to meet people's needs. The service had four small units and each were staffed with care workers. On the day of our inspection the nurse was supporting staff on the two units upstairs and the nursing assistant was supporting the staff on the two downstairs units. The nurse had overall responsibility for the shift. Relatives we spoke with told us that there were always enough staff around. Staff we spoke with told us there was always enough people working with them and the felt they worked well as a supportive team.

Good

Is the service effective?

Our findings

We spoke with relatives of people who used the service and were told that the staff were very knowledgeable. One relative said, "We have confidence in the staff and they are well trained and knowledgeable."

We spoke with staff about the training they received and they told us this was worthwhile and covered subjects appropriate to their role. Training provided was mainly completed by eLearning; however certain subjects such as manual handling were completed face to face. Staff felt the training supported them to do their job well. One staff member said, "We update our training regularly, and complete subjects such as health and safety, food hygiene, safeguarding and medication training. We had a really good two day course on dementia care."

We looked at records in relation to training and found that training in subjects such as manual handling, first aid, food hygiene, and infection prevention and control were completed by all staff. The registered manager showed us the online system for recording training which had been completed.

Staff we spoke with felt supported by their managers and felt they were very approachable. The staff we spoke with told us they received regular supervision sessions. Supervision sessions were individual meetings with their line manager to discuss their work and aspects of training etc. We looked at records and found a lack of evidence that supervision had taken place. We spoke with the registered manager about this and were told that a new system was currently being introduced which is more interactive. We spoke with a member of staff who had recently used this system and they found it to be useful and the felt more involved in their development.

There were opportunities for staff to progress in the company if they wanted to. Recently some senior staff had undergone some extra training to become nursing assistants. This meant that they would assist the nurse in aspects of their work such as administering medication. Staff who had been given this opportunity had welcomed the new challenge and felt supported to develop in their career.

All the people we spoke with told us they really enjoyed their meals. They were given choice and if they didn't like something or changed their minds, they could have something else. One relative said, "The food is always nice. I can have my meals with [person's name]." Another relative said, "They [the staff] don't give up on [person's name] at mealtimes. If [person's name] doesn't like something they will keep trying until they find something they do like."

The menu was displayed throughout the service, but did not always show the meal for the day. One unit displayed the previous day's menu. There were no picture menu's displayed which would have assisted people in understanding what the meal choice was.

We spoke with the cook who was knowledgeable about the different diet people followed. The kitchen staff had access to information about different diets and people's likes and dislikes. They told us how they made

smoothies each day for people and also provided snack plates where appropriate. We saw that these were served to people at regular intervals throughout the day.

Staff we spoke with told us they had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 looked at records belonging to people who used the service and saw best interest meetings were held where appropriate. These meetings involved relevant professionals and discussed the least restrictive was of deciding the best approach for the person. Minutes from meetings were available and gave clear outcomes.

Relatives we spoke with were confident that the home would call them if their relative was not well. They also told us that the staff would seek medical advice swiftly whenever it was needed. We looked at care plans and found healthcare professionals had been involved where required. For example, speech and language therapists.

Good

Is the service caring?

Our findings

We spent time throughout the inspection observing staff interacting with people who used the service. We found staff were patient, kind and caring and understood the different needs of people they were supporting. We spoke with relatives of people who used the service and they told us the staff were "great." One relative said, "Our relative is looked after well and it's a weight off our minds." Another relative said, "It's brilliant here. The staff are fantastic. It's far better than I had hoped for."

We looked at care plans and found they included an individual profile which gave information about people's likes and dislikes and what was important to them. For example, one person's care file we looked at indicated that the person preferred to be called by their first name. We saw staff respected this.

A handover took place between staff when they were changing over shifts. A written document was also completed to ensure a continuity of care took place for people who lived at the home.

We saw staff had developed positive, caring relationships with people based on individual preferences of people. People's privacy and dignity were maintained well. We observed staff who addressed people in a caring way and in a manner that was appropriate for each individual person. This showed staff were committed to their role and showed respect and compassion for people.

Staff we spoke with explained what they did to ensure people's privacy and dignity were maintained. They told us they knocked on bedroom doors prior to entering and closed curtains and doors when delivering personal care. We also spoke with relatives about this and one relative said, "The staff always knock and wait for an answer before entering the bedroom. They interact very well with [person's name]."

We saw staff showed patience, understanding and supported people well. For example, one person who could not hear very well was trying to understand what was being said. The care worker recognised this and wrote what they were trying to communicate on a piece of paper for the person. This helped the person to understand, communicate and engage.

Relatives we spoke with told us they were actively involved in decisions about their relatives care and support. Staff were respectful about where people liked to sit during the day and had made every effort to ensure people were comfortable.

People's bedrooms were individual to their tastes. One room had a little sitting area where the television was. Other people had brought in photos and personal possessions to make their room more homely and personalised.

The service had two dignity champions who were responsible for promoting dignity throughout the home and to ensure staff were abiding by the ethos of the company in, 'showing kindness in everything they do.'

Good

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and they told us they felt involved in their relatives care and support. One relative said, "We have just had a review meeting to discuss our relatives care plan. The staff ask us if anything could work better." Another relative said, "The staff always keep us well informed. If [person's name] is not well they will ring us and let us know."

We looked at care plans belonging to people and found they were informative and reflected the care and support they were given. We saw an initial assessment had taken place prior to the person moving to the home, which included basic details and current assessed needs. A care plan had then been devised on each area of need which took into consideration people's preferences. For example, one person's activity and social care plan stated that they liked to participate in social events and entertainers that come into the home.

We saw care plans in place for areas such as people's mobility, eating and drinking, and personal care. Care plans were reviewed on a regular basis.

On the day of our inspection, activities within the home were limited. It was a warm day and some people had chosen to sit outside which they enjoyed. Apart from this there were no other meaningful activities taking place. However, relatives we spoke with told us that the home had entertainers who came in for social events and a church service took place on a Sunday. One relative said, "It's really nice to see that people's birthdays are celebrated in the home."

We spoke with the registered manager about activities which may interest people living with dementia, such as rummage boxes. We were told about the 'harmony project,' a new initiative the company was beginning to get involved with. This aimed to provide meaningful activities for people.

The provider had a complaints procedure which was displayed in the main entrance of the home. Relatives we spoke with were happy about the service provided and had not had reason to complain. They all felt confident that the registered manager would resolve any issues they may raise.

We spoke with the registered manager about complaints and found that there was a complaints log in place. We saw that appropriate action had been taken in line with the company policy, when complaints had been raised. Complaints were used as a method of learning and changes were made for the better to prevent the same issues being raised.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us they felt the home was well run. They told us the registered manager was aware of what was happening in the home and was always available to talk to. One relative said, "The manager is out and about, she knows what's going on and she picks up on things." Another relative said, "The manager always has her door open. She's a good manager and on the ball."

The management team consisted of the registered manager who was supported by nurses, senior staff and nursing assistants. Staff we spoke with told us the registered manager was supportive. One care worker said, "The manager's door is always open and they are very approachable."

The company had a quality assurance framework called 'cornerstones.' This consisted of daily, weekly and monthly tasks and audits to be completed to help monitor the quality of the service. Every audit had an action plan which contained any issues that required addressing to improve the service. Topics covered on the audits included, infection control, medication, and care planning.

In addition to these audits an inspection was carried out by the company inspector. This was last completed in August 2016 and had identified that moving and handling training was not up to date. This had been addressed and some training had taken place and another training session was scheduled. There was also an issue raised about food and nutrition, which had also been addressed. A focus group had been set up and the members were responsible for ensuring people were weighed and their weights were logged correctly. There was also a weekly summary with actions taken.

A home visit report was also completed by the assistant operations director on a monthly basis. This was last completed in August 2016 and had identified some medication issues. We saw a prompt sheet had been put in place for staff to address the identified issues. This showed the registered manager took action to address areas of concern as they were identified.

There was evidence that people were consulted about the service provided. Relatives we spoke with told us they had the opportunity to comment about the service in relatives' meetings and in a questionnaire they were asked to complete periodically. The home also had an electronic system in the entrance of the service. This enabled people to comment about their experience of the service and their comments were sent directly to the company head office.

The service actively reviewed and evaluated incidents and a summary was completed every month, which identified the incident and actions taken.

We spoke with staff and found staff meetings took place regularly. Staff felt able to suggest ideas and voice their opinions about the service.

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities and when to pass something on to their senior or the nurse.