

Stockdales Of Sale, Altrincham & District Ltd

Ashton Lane

Inspection report

47 Ashton Lane
Sale
Cheshire
M33 5PA

Tel: 01619620978
Website: www.stockdales.org.uk

Date of inspection visit:
16 January 2024
17 January 2024

Date of publication:
25 March 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashton Lane is a care home providing accommodation and personal care to people who require support with physical and sensory impairments, communication difficulties and moderate to severe learning impairments. Ashton Lane accommodates up to 6 people in one adapted building. At the time of our inspection, there were 5 people living in the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

The service gave people care and support in a safe and clean environment that had been adapted to meet their physical needs. The home environment was maintained to a high standard and included a new summer house. Staff supported people to take part in activities and pursue their interests. Staff enabled people to access specialist health and social care support in the community. The provider had failed to identify shortfalls in the accuracy of people's medicines records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

The service had enough staff to meet people's needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

There was a person-centred culture focused on maximising people's quality of life. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People and those important to them were involved in planning their care. Staff valued and acted upon people's choices and preferences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 21 November 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We identified a breach in relation to good 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashton Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention 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

This inspection was carried out by 2 inspectors and 1 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.

Service and service type

Ashton Lane 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 Lane 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 January 2024 and ended on 23 January 2024. We visited the service on 16 and 17 January 2024.

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. 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 all this information to plan our inspection.

During the inspection

We spoke with 4 relatives about their experience of the care provided. We spoke to 8 members of staff, including the registered manager, a deputy manager, an assistant head of care, a service manager and 3 care practitioners. We received feedback from 3 health professionals who visit the home regularly. We reviewed a range of records, including 2 people's care records and 4 people's medicines records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance were reviewed.



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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe.

Using medicines safely

- Effective systems to ensure people's medicines records were accurate were not in place.
- Information to support staff to safely give 'when required' medicines was not always in place. There was a risk that people might not get medicines when they needed them.
- Records for adding thickening powder to drinks, for people who have difficulty swallowing, were not always completed, although there had been no incidents of choking reported, we could not be assured people were safe from the risk of choking.
- Medicines with a variable dose did not always have supporting information available detailing when a higher dose may need to be given. However, there was no evidence of over-medicating.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed medicines training and had been assessed to ensure they gave medicines safely.
- Epilepsy care plans for people who had seizures were detailed and clearly stated how to give emergency medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Issues of concern were dealt with promptly.
- Relatives told us their family members were safe. One person said, 'Without a doubt, they are safe.'
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident reporting to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance. Two referrals to CQC had been missed and were sent retrospectively after the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible, because staff managed risks to minimise restrictions.
- The home managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff managed the safety of the living environment and equipment in it well, through regular checks and actions to minimise risk.

Staffing and recruitment

- Staffing levels were safe. There were enough staff to meet people's needs.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Preventing and controlling infection

- The service had good arrangements to keep premises clean and hygienic.
- Staff had completed infection control training. This was supported by appropriate policies and procedures.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's needs prior to them moving to the home. Transition plans were very detailed and person centred and involved all relevant parties to ensure the person's needs were met.
- People had care and support plans that were personalised and reflected their needs. Staff regularly reviewed the care plans.

Staff support: induction, training, skills and experience

- Good support was in place for staff. The provider continued to maintain the 'Investors in People' accreditation. This is an internationally recognised award which defines standards on the leadership, management and support for staff; it demonstrates an organisation is committed to the good management, development and support of its staff.
- New staff received a structured and supportive 12-week induction. Senior staff checked staff competencies to ensure they understood and applied training and best practice.
- Updated training and refresher courses helped staff continuously apply best practice.
- People's relatives told us staff had the skills to meet people's needs.
- Staff were positive about the induction, training and support provided. Staff told us, "This company is amazing. They are responsive. For example, I asked for extra training around medication, and they were quick to provide it. I received the training within one month" and "The training is very good and up to date. It is very thorough, and the training manager is very good."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People's care plans were person centred. There was attention to detail. For example, one person had stated, 'I like crunchy cereals, I don't like soggy cereal.'
- Food and fluid charts were in place and dieticians were involved when required. People with complex needs received support to eat and drink in a way that met their personal preferences, as far as possible.
- People's relatives were mostly positive about the food. They told us, 'Food is fine. Yes, sometimes they give [relative] cards for what [relative] fancies and he'll pick which one he wants.' and 'They eat quite well, last time I was there they had a roast dinner, they eat well.'

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- We received positive feedback from health and social care professionals. They told us, 'They have really good carers who engage well in training and the interventions for their residents. They are caring and responsive to their needs' and 'My experience of working in the home is generally very positive. Staff are always friendly and welcoming and willing to take on advice and follow recommendations. The staff successfully support people with highly complex physical health needs and this is reflected in the care and dedication that they show.'

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.
- The provider ensured the home environment was maintained to a high standard. The downstairs was being decorated and modified during the inspection and the laundry room had recently been extended. A new summer house had been built in the garden. It provided an adapted space and a sensory environment. The garden was also due to be landscaped.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home as far as possible.
- People's relatives were happy with the home environment. They told us, 'Yes, they've just had a sensory room built, [relative] goes out to sensory places as well, [relative] has a better lifestyle than me' and 'Yes, I quite like the house, it's set out nicely, with plenty of space' and '[Relative] is in a lovely environment.'

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.

- The service was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Best interests meetings took place when people were unable to make their own decisions. This helped to ensure decisions were made in people's best interests and minimised the use of restrictions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected when they were known.
- We observed a calm and relaxed atmosphere in the home where people were cared for by staff who took pride in their work. Staff were patient and used appropriate styles of interaction with people and showed warmth and respect when interacting with people.
- Relatives told us staff were kind and caring.
- Staff had a high level of satisfaction with the culture and values of the home. They told us, 'The residents are amazing. I get job satisfaction because the residents are well cared for' and 'The [provider] never say no when we ask for things for the residents. They are always focused on giving them what they need.'

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

- People were supported to make their own choices as far as possible and this was confirmed by feedback we received from relatives. Care plans were very person centred and even included people's preference of toothpaste if known.
- Relatives told us they were included in decision making and plans involving people's care.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. People were enabled to make choices for themselves and staff ensured they had the information they needed.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect.
- We observed people being treated with dignity and respect. For example, staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People living in the home were nonverbal. Their communication needs were met. The home followed the five steps of the accessible information standard.
- People had individual communication plans detailing preferred methods of communication, including the approach to use for different situations.
- People had access to a wide range of information in an accessible format. Staff used visual structures, including objects, photographs, use of gestures and other visual cues.
- Staff knew people well and understood people's communication needs. We observed them responding appropriately to people throughout the inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were at the centre of the assessment process and care planning ensured their needs and preferences were prioritised and realised in practice. People, families and external professionals were consulted at every stage.
- Staff provided people with personalised, proactive and co-ordinated support in line with their support plans.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff had developed picture cards for each resident, with pictures of each activity they liked, so they could choose. One person had 50 different cards available to choose from.
- Relatives told us people were supported to access the local community. They said, 'Yes, absolutely [staff] know [relative] well and keep fantastic records. [Staff] deal with people on an individual basis. [Staff] know what [relative] likes doing' and 'Yes, they take [relative] out all the time and [relative] goes to church.'
- Staff told us people had opportunities for regular activities. They said, 'Yes, it is non-stop they go out every day into the community. Sensory soft play in the community is popular. Yes, they try different things all the

time' and 'Yes, they have lots to do and we went on 2 holidays last year.'

- Plans were in place for a physiotherapist to attend regularly to introduce exercises for people who use the service.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and social media.

Improving care quality in response to complaints or concerns

- There was a high level of satisfaction with the service and no complaints about people's care in the previous 12 months.
- A formal complaints policy was in place and relatives told us they felt able to raise concerns if they needed to.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life. The staff had engaged with relatives to discuss future plans.
- There was an end of life policy and a process to follow if people required support. This included guidance for staff on how to respect different cultures during the end of life process.

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 there were some shortfalls that had impacted on the quality of care provided.

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

- As reported in the safe domain, the provider had failed to ensure records were complete, accurate and up to date. Audits had failed to pick up the shortfalls in medicines records identified during the inspection. Corrective measures were taken after the inspection.

The quality assurance system was not robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- There was excellent support in place for staff and this was reflected in the feedback we received from them. They told us, 'I am happy, and we work well as a team' and 'It is very organised'.

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;

- There was a very positive person-centred culture at Ashton Lane. This was evident in the culture and background of the provider. They were committed to supporting people to live their best lives.
- Staff were very positive about the home and told us, 'It is like a family. It is an amazing place. I feel lucky to be here' and 'I love this company. They have been the best I have worked for. The management are supportive. They are there for us and they are easy to approach. The door is always open. I think the care here is excellent for the residents.'
- People's relatives were also positive about the home and how it was run. They told us, 'It's a nice place [staff] take [relative] for walks every day, [staff] take [relative] to activities and they have been on holidays too. [Staff] do a good job when I go. Sometimes I go and I don't tell them I'm coming, they are nice. I can't complain about them' and 'I couldn't be happier. If I die, I know [staff] will deal with [relative] efficiently as they do now.'

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

- The registered manager understood their responsibilities under Duty of Candour. The Duty of Candour is a

regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- We received positive feedback from 3 health and social care professionals about the care provided and relatives told us people were supported to access the healthcare services they needed.

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 17 HSCA RA Regulations 2014 Good governance The quality assurance system was not robust. Audits had not identified shortfalls in medicines records.