

Lotus Care (Ash Cottage) Limited

Ash Cottage

Inspection report

26 - 28 Crow Woods
Edenfield, Ramsbottom
Bury
Lancashire
BL0 0HY

Tel: 01706826926

Date of inspection visit:
14 May 2019

Date of publication:
31 May 2019

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

Ash Cottage provides accommodation and care and support for up to 24 older people, some of whom were living with dementia. The service does not provide nursing care. There were 20 people living in the home at the time of the inspection.

Ash Cottage is located on a quiet lane in Edenfield, Rossendale. It is an extended converted farm cottage and provides accommodation on four floors accessed by a passenger lift.

People's experience of using this service

People were happy about the way the home was managed and were complimentary about the registered manager and staff. The registered manager considered people's views about the quality of care provided and used the feedback to make improvements to the service. The registered manager and the provider monitored all aspects of the service and took appropriate action to improve the service.

People told us they felt safe and staff were kind and caring. The provider had safeguarding adults' procedures and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable to work in the home. There were sufficient numbers of staff to meet people's needs and ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. The temperature and security of medicine storage areas were not appropriate. The registered manager addressed this immediately. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care needs were assessed prior to them living in the home. Arrangements were in place to ensure new staff received induction training. Staff received ongoing training, supervision and support. The training records were not reflective of the training carried out. The registered manager provided an accurate record following the inspection. People enjoyed the meals and were supported to eat a nutritionally balanced diet. People had access to various healthcare professionals, when needed. People were happy with their bedrooms and the communal areas. We found areas of the home needed refurbishment and redecoration. Plans indicated extensive refurbishment work would be carried out from July 2019.

Staff treated people with dignity, respect care and kindness. They spoke with people in a friendly and patient manner. Staff knew people well. They knew about their backgrounds and about their routines and preferences. Whilst people received the care they needed and wanted, we found the care plans did not always fully reflect what staff knew about people's likes and dislikes; the registered manager agreed to review this in the new care planning system. People or their relatives, where appropriate, had been consulted about their care needs and had been involved in the care planning process. People's access to a range of activities had improved recently. They told us they enjoyed the activities. People could raise any

complaints or concerns if they needed to and had access to a complaints procedure.

Rating at last inspection

At the last inspection, the service was rated Requires Improvement (published 1 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

At our last inspection of July 2018, we found a breach of regulations as the quality assurance processes were not effective in identifying shortfalls. Following the inspection, the provider sent us an action plan advising how the service would be improved. During this inspection, we found sufficient improvements had been made. The registered manager was monitoring all aspects of the service and had taken appropriate action to address any shortfalls.

Follow up

We will continue to monitor the service to ensure that people receive safe and high-quality care.

Further inspections will be planned for future dates.

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

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 safe

Details are in our Safe findings below.

Good 

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 well-led

Details are in our Well-Led findings below.

Good 

Ash Cottage

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Ash Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with the local authority quality monitoring team and local commissioning team about the service. We used all this information to plan our inspection.

During the inspection

During our inspection, we spent time in the communal areas observing how staff provided support for

people to help us better understand their experiences of the care they received. We spoke with four people who lived in the home and one visitor, the registered manager, a company director and two members of care staff. We had a tour of the premises and looked at a range of documents and written records. These included two people's records related to their care and support, one staff recruitment record, staffing rotas, training, induction and supervision records, minutes from meetings, customer survey outcomes and complaints and compliments records. We also looked at maintenance and servicing certificates and records related to the auditing and monitoring of service.

After the inspection

Following the inspection visit, the registered manager sent us additional information in relation to training and the provision of appropriate medicines storage; this was promptly provided. We also spoke with a health care professional for their views about the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures. People told us they felt safe and were happy with the care and support they received. One person told us, "I feel safe and I am well looked after." A relative said, "I have no concerns about how [family member] is being cared for. They are safe, and I have peace of mind they are looked after."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding and were updating their knowledge and skills in this area.

Assessing risk, safety monitoring and management

- The registered manager and staff managed any risks to people's health, safety and wellbeing. Risk assessments included information about the nature of the risks and how staff should support people.
- The provider kept records of accidents and incidents. The registered manager monitored the records and had taken appropriate action to reduce any further risks.
- Staff received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies. Emergency plans were in place including information on the support people would need in the event of a fire.
- The registered manager had carried out assessments of any environmental risks. Equipment had been serviced and any follow up actions were recorded.

Staffing and recruitment

- The provider made sure enough staff were available. We observed a good staff presence and staff promptly responding to people's requests for assistance. People told us there were enough staff to look after them properly
- The provider followed safe recruitment systems and processes. One new staff had been employed since the last inspection. We looked at the recruitment record and found appropriate checks were carried out prior to employment.

Using medicines safely

- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. They had received appropriate training and checks on their practice had been carried out.
- Staff completed medicine records accurately. However, we found the temperature in the medicine room

was above recommended temperatures which could cause medicines to be less effective. We also found the medicine room lock was not suitable. The registered manager addressed these issues.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and to protect people against the risk of infection. Staff had received training in this area. All areas of the home were clean although we found an unpleasant odour in three bedrooms. The registered manager said the carpets were being replaced. Designated cleaning staff were available and they followed cleaning schedules.
- The service had achieved a food hygiene score of 5 (very good) from the environmental health officer in April 2019.

Learning lessons when things go wrong

- The provider learned from any incidents or concerns. The provider had arrangements to respond to external safety alerts to ensure people's safety.
- Staff completed records in relation to accidents or incidents. The registered manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.

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

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 assessed people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people. People were encouraged to visit the home prior to admission. This ensured they could sample life in the home before making the decision to move in.
- Management and staff applied their learning in line with professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff carried out a range of appropriate training to ensure they could carry out their role effectively. Most staff had achieved a recognised qualification in care.
- The provider monitored staff training to ensure all staff completed their training in a timely manner. We looked at training records for 2018 and 2019. The registered manager was aware the training records were not reflective of the mandatory and additional training undertaken or planned. Following the inspection, an updated copy of the training matrix was sent to us. The registered manager was aware this needed to be kept up to date. The registered manager had recently linked into training provided by local authority, such as falls management and safeguarding.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff.
- Staff were provided with regular support and supervision. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role. They were complementary about the support they received from the registered manager.

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

- Staff offered people sufficient food and drink throughout the day. Food was well presented and people told us they enjoyed the meals. Catering staff were aware of people's food allergies and dietary preferences.
- Staff monitored people if they were at risk of poor nutrition, and involved healthcare professionals where required.
- We observed the lunchtime meal was not rushed and there was a good atmosphere in the dining room.
- Staff interacted with people throughout the meal and we saw they supported people in a sensitive way. The overall atmosphere was cheerful and good humoured.

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

- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. A healthcare professional confirmed staff notified them of any changes in people's health and followed instructions.
- Staff referred people to healthcare professionals, such as GPs, opticians, dentists and community nursing staff, when there was a health need.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager understood when an application for a DoLS authorisation should be made. At the time of the inspection, there were three authorisations approved by the local authority. There were no conditions attached to the authorised DoLS.
- Staff had received training and demonstrated an understanding of the principles of the MCA. They supported people to make their own decisions and choices. One person told us staff were respectful of their choices and their routines. Throughout the inspection, we observed staff respecting people's choices.
- There was limited information in people's care records about their capacity to make decisions. Where possible, some people had recorded their consent. We discussed with the registered manager, how this could be improved. They assured us this issue would be addressed.

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

- The registered manager and the provider were aware the home needed refurbishment and redecoration. We found flooring, furnishings and wall coverings needed attention throughout the home. Plans indicated extensive refurbishment work would be carried out from July 2019 to ensure the design and layout of the home was suitable for the people who lived there. The provider agreed to keep us informed about the ongoing work. People told us, "The home is in need of updating. It's not a palace but that's not everything." Another person said, "It's a bit run down in places."
- The provider ensured appropriate signage was displayed in all parts of the building to help people navigate round the home.
- The provider ensured people had access to comfortable and bright communal areas, suitably equipped bathrooms and access to well-maintained gardens and outside seating areas.
- People had personalised their bedrooms and were happy with the home.

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

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

- Staff treated people with kindness and respect. Staff respected people's equality, diversity and human rights and recorded them as part of the assessment process. We discussed with the registered manager, how the information could be more detailed.
- Staff interacted with people in a warm, kind, caring and friendly manner and we saw people were comfortable in the presence of staff. Staff took time to sit and talk to people.
- Staff, people living in the home and their relatives had developed good relationships; they knew each other well. A member of staff said, "It is really a large family here; we are very family orientated." Staff knew about people's preferences and how best to care and support them.
- People were complimentary of the support they received. They said, "It's lovely here. Everyone is treated nicely" and, "The staff are lovely." A relative said, "The staff are lovely and they care about people. They are absolute diamonds."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. They encouraged people to maintain their independence whenever possible.
- Staff offered people choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waited for people to respond when asked a question to ensure they knew the person's choice.
- People could spend time in any area of the home if they wished. Bathrooms, toilets and people's bedrooms were fitted with appropriate locks. We found one bathroom lock was unsuitable and an en-suite door handle was missing; the registered manager attended to this during the inspection. We saw staff knocking on doors and waiting to enter.
- People's information was stored and held in line with the provider's confidentiality policy and in line with government regulations.

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

- Staff encouraged people to make decisions about their daily routines, in line with their personal preferences.
- Staff encouraged people, or where appropriate, family members to be involved in decisions about their care needs. We discussed with the registered manager, how people's involvement in the support planning process could be recorded clearly.
- Staff encouraged people to express their views as part of daily conversations, meetings and customer satisfaction surveys. Information was displayed around the home and helped keep people informed of

proposed events.

- Staff gave people information about how to access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans that described their health, care and support needs and included guidelines for staff on how to best support them. The registered manager had recently introduced a new care plan system which meant some information was not sufficiently detailed such as end of life, preferences and routines, capacity and social needs. We discussed how the detail could be improved to reflect the care and support being given. The registered manager agreed to review this.
- Staff understood people's needs well and could describe people's care and support needs in detail. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way and had completed care records when there was an identified risk.
- Staff kept people's care plans under review which made sure people received the correct level of care and support.
- Staff understood the importance of promoting equality and diversity and respecting individual differences. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. The registered manager recognised the importance of appropriately supporting people on an individual basis.
- Staff supported people to partake in a range of activities that met their needs and interests. There was an activity organiser, available five days each week, who arranged and supported people to take part in group and individual activities. The availability of activities had been increased following advice from local commissioners. During the inspection, we observed people involved in hand care, reminiscence, watching TV, listening to music and chatting to each other and with staff. People were also enjoying the warmer weather sitting in the garden. People were happy with the activities available to them. They said, "We are doing a bit more now. I enjoy what we do, it makes a change."
- Staff encouraged people to maintain contact with their friends and family. Visitors were made to feel welcome and were invited to stay for meals with their family members.
- The registered manager used technology to enhance the delivery of effective care and support. We noted where people were deemed at risk of falling they were supported by the use of sensor equipment. The home had Wi-Fi available throughout the home. There was also a computer available and a call system was fitted in all areas and bedrooms.
- The registered manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their care plans. These needs were shared appropriately with others. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

Improving care quality in response to complaints or concerns

- People told us they had no complaints or concerns. They told us they would speak to staff or the registered manager if they had a concern or wished to raise a complaint. A visitor said, "I have no complaints but would be able to speak up if needed." One person said, "I have nothing to complain about. I am happy with everything."
- The provider had arrangements in place for investigating and resolving complaints.
- The provider gave people access to the complaints policy. It was displayed on the notice board and in people's bedrooms. The complaints procedure explained how a complaint could be made and reassured people these would be dealt with. It was available in easy read and picture format.

End of life care and support

- The service had an end of life policy and procedure. They were not currently supporting anyone at the end of their life.
- The registered manager and staff had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care.
- Staff communicated people's choices and wishes for end of life care, if known. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available where people did not want to be resuscitated. The DNACPR forms had been completed and signed by people, their relatives, where appropriate, and their GP to ensure people's end of life care wishes would be respected. We discussed with the registered manager, how the recording of people's end of life wishes could be recorded more clearly. The registered manager agreed to review this.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection of July 2018, the provider had failed to ensure there were effective quality assurance processes, which had led to a number of identified shortfalls. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found sufficient improvement had been made and the provider was no longer in breach of legal requirements.

- The registered manager and provider monitored all aspects of the service each month. When shortfalls were discovered, improvements were actioned. We discussed with the registered manager, how the systems could be improved further as we found minor environmental issues that had not been recognised.
- The provider regularly visited the home to monitor standards, to support the registered manager and to monitor their practice. Records of the visit were maintained but were not shared with the registered manager. The provider agreed to address this.
- The registered manager worked alongside staff carrying out care duties. This meant she had a good understanding of people's individual needs, staff practice and the pressures placed on staff.
- The provider ensured the culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was clear management and staff knew people well and put these values into practice.
- The registered manager ensured people's records were accurate and stored securely. However, records such as personal allowance records were not easily available and training records were not up to date.
- Staff understood their individual responsibilities and contributions to service delivery and the organisational structure. We found staff morale was high and they felt supported. They were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The registered manager and the provider were knowledgeable about their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and the local authority. The provider's representative was aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- The registered manager and provider had plans to develop and improve the service. The registered manager met with other managers in the organisation to share good practice.
- Staff meetings were used to ensure continuous learning and improvements took place. Staff told us they

were comfortable in raising any issues or concerns within the meetings, and the registered manager was approachable.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider, registered manager and staff promoted a positive, welcoming and inclusive culture within the home. Staff told us they felt everyone was well looked after and they all told us how much they enjoyed their work. We found the staff team to be stable and happy.
- The registered manager knew the people living in the home well. People responded positively to the registered manager and they were visible throughout the home and available to people, their relatives and staff.
- The registered manager understood and acted on the requirements of the duty of candour. They promoted and encouraged candour through openness and honesty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager encouraged feedback from people and acted on it to improve the service. People living in the home, their relatives and professional visitors were invited to complete a customer satisfaction questionnaire. We looked at the results from a recent survey and noted people were satisfied with the service. The registered manager held regular meetings for people living in the home.
- The registered manager had good links and good working relationships with a variety of professionals to enable effective coordinated care for people. The registered manager and staff attended local forums to keep them up to date with new ideas.