

Care First (Smethwick) Ltd

Ash Lodge Care Home with Nursing

Inspection report

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Smethwick
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Date of inspection visit:
09 May 2023
10 May 2023

Date of publication:
11 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

Ash Lodge Care Home with Nursing is a care home providing personal care and accommodation to up to seventy people. The service provides support to older people and people with dementia. At the time of our inspection there were sixty four people using the service.

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

The provider was not consistently working in line with the principles of the Mental Capacity Act which put people at risk of being deprived of their liberty without lawful authority. Care records showed some people who had been identified as lacking capacity had missing information on capacity assessments and best interest decisions.

The provider had safeguarding systems and processes to keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs.

People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure risk of harm was minimised.

Staff sought people's consent before providing care and support. People's individual communication needs were considered to support them to be involved in their care.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

People felt safe and were supported by staff who knew how to protect them from avoidable harm.

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 the service was good (published on 21 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect and examine the information we had reviewed. As a result, we undertook a comprehensive inspection.

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.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

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 Ash Lodge Care Home with Nursing on our website at www.cqc.org.uk.

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 meet with the provider following this report being published to discuss how changes will be implemented. 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

Ash Lodge Care Home with Nursing

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

The inspection was carried out by one inspector, one specialist advisor who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ash Lodge Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Ash Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. 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. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and sixteen relatives about their experience of the care provided. We spoke with one visiting healthcare professional, six members of staff including the registered manager, deputy manager, senior care staff and care workers.

We reviewed a range of records. This included eight people's care records, quality assurance records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found, including information about the provider's deprivation of liberty protection safeguards referrals and renewal documentation.

Is the service safe?

Our findings

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

At the last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff kept people safe. A relative told us, "[Name of person] has settled in there and seems very happy. They need help with personal care and they like the staff. The staff are always careful about how they position [name of person] in the bed."
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are different types of abuse such as physical, verbal, emotional and financial."
- The provider had systems in place to safeguard people from abuse and the registered manager understood their responsibility to follow local safeguarding protocols when required. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed or became aware of any type of abuse, I report it to the management team. If I was unhappy with how it was dealt with, I would contact the safeguarding local authority team and CQC."

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff on how they should support people safely.
- The provider assessed people's individual risks and risks within the environment. Risk management plans contained information to keep people safe. For example, people who had a visual impairment had risk assessments with detailed instructions for staff to keep them safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs.

Using medicines safely

- People received their medicines safely and as prescribed. People told us they received their medicines when they needed them.
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required.

- The provider had procedures to ensure medicines were stored and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence.

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 the last inspection we rated this key question good. At this inspection the rating for this key question 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.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was not consistently working in line with the principles of the MCA.
- The provider had not ensured applications for DoLS authorisations were consistently made as needed. We found one person's DoLS authorisation had expired, and several were due to expire, but renewal requests had not been sent to the local authority in a timely manner. We raised this with the registered manager, who, after the inspection, sent us evidence renewal requests had been submitted for all the identified people.
- Some people who had been identified as lacking capacity did not have decision specific best interest decisions adequately recorded, such as for having bedrails fitted. There was also missing information on people's best interest documentation such as the full name, details and role of people involved in the decision. This lack of information placed the person at risk of not receiving care in line with their wishes and best interests. Where capacity assessments had been completed, there was no record of the name of the person who had completed the assessment.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff support: induction, training, skills and experience.

- Relatives were confident staff had the skills and knowledge to meet people's needs. One relative told us, "The [staff] are very good with personal care and very good with [name of person]."
- Staff were positive about the provider's training programme. A member of staff told us, "The training is good. I believe it gives me all the knowledge and skills to do my job."
- Nursing staff had their registration numbers checked to ensure they were legally registered to work as a nurse.
- New staff who had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff. A member of staff told us, "Experienced staff members always work alongside any new staff until they are comfortable."

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to admission to the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day. Food was well presented and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "The food is fine, no complaints from me."

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

- People and their relatives told us managers and staff worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "They're proactive in communicating with me and updating me with anything [name of person] needs."
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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 the last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. 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

- People were supported by staff who treated them with kindness and respect. One person told us, "The staff are lovely, they spend time with you and get to know you." We observed kind and caring interactions between staff and people.
- People's care plans contained information about their wishes and preferences and there was consideration of people's diverse needs.
- Staff enjoyed their role in supporting people. One staff member told us, "This is their home, we are one big family, everyone is treated with dignity and respect."

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "Anything that's going on they try and include [name of person]. They understand [name's] emotional wellbeing needs, and they talk and listen to them and keep them involved."
- We observed people being offered choices about their day-to-day care. One person told us, "They [staff members] listen to what I have to say."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One staff member told us, "We make sure doors and curtains are closed, and when giving personal care the person is covered with a towel."
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

At the last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- One relative told us, "Any changes needed are done, they will also call us with recommendations."
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. However, care plan reviews lacked involvement from people, their relatives and representatives. The registered manager stated they would improve care plans reviews and implement a structured review programme that would involve people and their relatives.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.

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 had opportunities to engage in meaningful activities. We saw some people chose to participate in gardening activities. People and their relatives told us they enjoyed the activities within the home. One relative told us, "[Name of person] likes to stay in their room however, they always encourage them to get involved. They are arranging a special birthday for [name of person] with a tribute band which they love. Last year they arranged a bagpiper for their birthday."
- Relatives told us when people were cared for in their bedrooms, staff would ensure they spent time with them. One relative said, "They spend time with people in their bedrooms."
- We observed, and relatives told us they were supported to maintain important relationships. One relative told us, "They're proactive in communicating with me and updating me with anything [name of person] needs."

Improving care quality in response to complaints or concerns

- Relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- People and relatives told us they felt able to raise any concerns and could approach the registered manager directly. We saw complaints had been received and responded to in a timely manner.

End of life care and support

- People who were at the end of their life had an end of life care plan so their wishes and beliefs would be known and respected by staff. The registered manager told us they were working towards achieving the Gold Standard Framework (GSF). This is a system that enables good practice and optimises care for all people approaching end of life. In addition, the registered manager told us they were working collaboratively with local palliative care hubs to improve practice.

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 the last inspection we rated this key question good. At this inspection the rating for this key question 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

- The provider's systems and processes had failed to ensure they consistently met the requirements of the Mental Capacity Act. The provider had a 'DoLS tracker' in place, which included the dates people's DoLS authorisations had been granted and were due to expire. However, this monitoring of DoLS authorisations had not always been effective. After the inspection the registered manager sent us an updated DoLS tracker which now included a column for staff to record when renewal requests had been submitted and when authorised.
- Systems and processes had failed to identify some mental capacity and best interest decisions records contained missing information such as signatures, name details of staff members undertaking assessment and details of family members and other professionals involved in people's care. The registered manager confirmed all care records would be reviewed to ensure any missing information would be rectified.
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us what they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The manager pops into their room to [name of person] which is nice. I think they are a good manager and they're a good team."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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 the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager confirmed feedback was obtained from relatives using structured telephone calls.
- People's views were sought daily when receiving support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued, and their views were respected. One staff member told us, "The team meetings are productive because it gives us opportunity to raise any ideas for improvement."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- The management team spent time working with staff to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- The provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure people were supported appropriately. One healthcare professional told us, "They have made improvements in the documentation of wounds during my visits. They are engaging with our recommendations."