HC-One Limited

Ashbourne Lodge Care Centre

Inspection report

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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

Overall summary

This inspection took place on 29 June and 1 July 2015. The first visit was unannounced. We last visited the service in September 2013 and concluded the home was meeting all the regulations that we inspected.

Ashbourne Lodge Care Centre is registered to provide personal care for up to 40 people. At the time of our inspection there were 36 people living at the home, some of whom were living with dementia.

The home had a registered manager. 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.

Summary of findings

People told us they felt safe living at the home. One person said, “Yes I am safe, they are all wonderful.” Staff we spoke to were clear in terms of identifying signs of abuse and were confident to report any concerns. People and relatives told us they thought the home provided a high standard of care and there was a very welcoming atmosphere. We noted throughout both days of the inspection there were good relationships between people and staff at all times.

People told us they thought staff had the right skills to do their job. We noted the provider had a clear system in place for induction and regular training, as well as supervisions and appraisals. Staff told us they felt the yearly appraisals were useful as they had an opportunity to document their thoughts before the meeting. The provider ensured they employed suitable staff by following their recruitment procedure; this included ensuring everyone had two written references and a disclosure and barring service check.

We noted the menu for meal times was written on a board in each dining room. Choices were available and people told us they enjoyed the meal time. We discussed with the registered manager making the menu more visual for visiting relatives and considering pictures to support people making choices. The kitchen staff had a clear understanding of people’s dietary needs and this was communicated to the staff.

We saw that medicines were managed in a clear and structured way. The provider had a system for administering medicines and these were audited on a daily and weekly basis. Care plans were available to support people with safe administration of medicines and this included potential side effects and clear explanations as to why the medicine was prescribed.

People told us about the planned activities that took place on a monthly basis, these included entertainers and visits from an animal zoo. People told us that in-between these there were limited for them to do. The registered manager told us they had been looking into ‘rummage boxes’ to support people with dementia. We noted these were available on our second visit.

People and their relatives told us they didn’t have any concerns or complaints but would be more than happy to speak to the registered manager or staff if they did. They told us they knew they would listen and take any action they could.

Staff we spoke to told us they felt supported within their role, both by senior colleagues and the registered manager. We noted the home had a welcoming atmosphere and everyone seemed relaxed and happy in their job.

The registered manager and provider had clear systems in place for ensuring a quality service was provided on a consistent basis. We saw the registered manager completed a range of checks, from daily walk-around, flash meetings, to monthly audits. We saw that where required appropriate action was taken following these audits.

Summary of findings

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. People told us they felt safe living at the home and staff were clear on the safeguarding procedures and possible signs of abuse.

We saw medicines were administered and managed appropriately and regular checks were completed to ensure all medicine stocks were accurate.

Each person had appropriate risk assessments to ensure their safety was supported, whilst maintaining independence and choice.

The provider ensured all staff were recruited well, by receiving two written references prior to employment and completing a disclosure and barring service check for each new employee.

Is the service effective?

Good

The service was effective. People told us they liked the food provided at the home. We saw each floor had a drink station available so hot and cold drinks could be made available at any time.

The provider had a clear system in place for induction, training, supervision and appraisal. All staff we spoke to told us they felt supported in their role. Staff told us they could request additional training courses if required.

Where required, Deprivation of Liberty Safeguards (DoLS) applications to the local authority had been made. Staff had a good understanding of the Mental Capacity Act 2005 and were keen to support promote people's choices and independence.

Is the service caring?

Good

The service was caring. People and visiting relatives told us they thought the service was very caring.

We saw people were treated with dignity and respect. Staff and people living at the service appeared to have good relationships and the home had a very relaxed and welcoming feel.

We observed staff were kind and considerate to people and clearly knew each person well. Staff told us they felt it was important to know people and their families in order to provider better care.

Is the service responsive?

Good

The service was responsive. People told us they were involved in their care planning. We saw that each care document was specific to the individual and provided sufficient information that was personal to them to ensure care could be delivered efficiently and effectively.

The home had a number of activities organised on a regular basis, including singers and a visiting zoo. During the inspection the registered manager organised for 'rummage boxes' to be available to support day time activities for people living with dementia.

People and visiting relatives told us they had no concerns or complaints; however they would feel confident to raise them if they did. People told us they would either speak to the registered manager or a staff member, but knew either way they would be listened too.

Summary of findings

Is the service well-led?

Good

The service was well-led. The home had a registered manager in place and staff told us they felt they were well supported in their role, by both senior staff and the registered manager.

We noted during our visits that staff worked together as a team and there was a very positive attitude amongst the staffing group.

The provider and registered manager had a clear quality assurance monitoring system in place and we noted that this helped to identify trends to minimise risk and ensured that required action was taken to improve the service where necessary.

Ashbourne Lodge Care Centre

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 was planned to check 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.

This inspection took place on 29 June 2015 and was unannounced. We visited the service on 1 July 2015 to complete the inspection, but the registered manager knew we were returning.

The first visit was carried out by two adult social care inspectors, a specialist advisor in dementia and nursing care 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. The second visit was carried out by two adult social care inspectors.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service.

We spoke with 13 people who use the service and eight visiting relatives. We also spoke with the registered manager and nine staff members. We observed how staff interacted with people and looked at a range of care records. These included care records for eight people who used the service, five people's medicine records and recruitment records for three staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

Good

Is the service safe?

Our findings

Everyone we spoke to told us they felt safe living at the home. One person said, "Yes I am safe, they are all wonderful." A visiting relative said, "He wasn't safe at a previous home but he is here." Another relative said, "I think he is safe, his mobility is poor but they handle him well."

We saw the safeguarding policy and procedure was displayed clearly throughout the home. We noted that it had been updated in May 2015. The safeguarding policy, as well as communications throughout the home, included detail of the Local Authority Safeguarding Team. In addition the staff file for safeguarding included blank referral forms and contact details for Sunderland Safeguarding Adults Board. Staff we spoke to told us they were confident to speak up should they observe anything that was unacceptable. Each staff member was clear in terms of different types of safeguarding abuse.

We noted that risk assessments were completed promptly after a resident moved into the home, and then updated and reviewed each month. There were generic risk assessments in place for people living at the home, which included manual handling, falls, continence management and risk of choking. Where people had been assessed as being at risk from something in addition to the generic assessments, individual risk assessments had also been completed. For example, we saw one person had a risk assessment in place as they had a tendency to climb on a chair or the bed to put clothes of top of the wardrobe. We noted for all risk assessments the information had then been incorporated into individual plans of care.

We saw staffing levels were consistent across the home. On a daily basis the staff team consisted of six care staff on day shift, including two senior care workers. Night time staffing consisted of three care assistant and one senior. During our two days at the service we noted that staff reacted quickly to any call bells, staff were attentive to people's needs and there was always a staff presence in the communal areas. During our lunch time observations we noted that staff regularly checked on people who had chosen to eat in their room. In addition to care staff we saw the home employed two kitchen assistants, two chefs, three domestic staff, one house keeper and two laundry assistants.

One relative we spoke to commented on a shortage of domestic staff, however added the home was always clean and well kept. The registered manager told us they had one domestic staff member currently on long term sick but were in the process of recruiting to temporarily cover the shifts.

We viewed the home's recruitment policy and noted this was consistently followed. We saw that prior to starting work at the home each individual had to provide two written references, as well as a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

We saw that accidents and incidents were closely monitored. For each accident/incident a detailed form was completed and the registered manager transferred this information on to the provider's electronic system. We noted that the registered manager used the electronic system to monitor for any trends and to support appropriate action. We saw that one person had a number of falls and the home had identified they were happening late afternoon. As part of the on-going support they trialled increased fluids and snacks and activities in the afternoon period and were monitoring to see if this decreased the falls.

Medicines at the home were stored safely. We saw that checks were in place to ensure the storage, disposal and receipt of medicines were done in a safe way. On reviewing the Medicine Administration Records (MAR), we noted that administration of medicines were clearly documented and the care plans for each individual also supported safe administration of medicines. Each person's care plan documented what the individual was prescribed and what the possible side effects were.

We saw people's Medication Administration Record sheets (MARs) had photographs in place to assist with positive identification when administering medicines. We saw that controlled drugs were administered with two signatures and audited at the end of each shift. We noted the medicines management system was regularly audited on a monthly basis and this included 10 categories, including safe administration, effective care planning and stock accuracy. We noted that an action plan template was available should the monthly audit identify any discrepancies, this included who was required to take action, by when and when this was going to be re-reviewed.

Good

Is the service safe?

In addition to the monthly audit we noted a five-a-day medicines stock audit was in place which checked accuracy of stock levels of fives medicines for one person.

We saw the home had general risk assessments in place for not only the buildings and specific care protocols, such as the use of oxygen, but also including all eventualities that may arise. For example, the home regularly had visits from an 'Animal Zoo'. The 'Animal Zoo' is where animals are brought into care homes for people to view, this included, guineas pigs, snakes, spiders and rabbits. We saw a risk assessment was complete in relation to the 'Animal Zoo', as well as relatives bringing pets into the home.

We saw that each individual in the home had a personal emergency evacuation plan completed. This included the support they would need in the event of fire and what equipment would be required to help them evacuate safely.

Good

Is the service effective?

Our findings

People we spoke to were positive about the effectiveness of the home. One person said, "The food is good, the staff are good. It's a home from home." Another person said, "We get a choice of food, you always have a sweet afterwards. In between meals we get coffee and biscuits, what more can you ask for."

We noted that people's dietary requirements, including professional advice and people's individual preferences were recorded in the kitchen area on a whiteboard. We saw this served as a constant reminder for staff when serving food. It included information such as whether the person preferred finger food, whether they had special dietary requirements such as a soft diet or fork mash-able, or had for example an allergy to mustard.

On the day of our inspection we saw the menu was clearly written in each dining area. We observed the lunch time meal and there was a choice of two hot meals available. People told us if they didn't want what was on the menu that day they would speak to staff who would arrange an alternative. For example, one person told us they hadn't wanted sausage with their chips so had asked for an egg instead. We saw this was what they received at lunch-time. We did note that the menu was not available in a visual form, and although it was clearly on a notice board in the dining area we spoke to the registered manager about making the menu available in communal areas so visiting friends and family could also have sight.

There were drinks stations available on both floors within the home and this provided both hot and cold drinks throughout the day. We saw that if a person was assessed as not having sufficient fluids then a recording chart was put in place to support this.

People we spoke to told us they thought the staff had the correct skills for the role. One person said, "They seem to know what they are doing, I am happy they all seem very capable, they even bring the scales in my room to weigh me." One staff member we spoke to said, "The training is good, we can request any additional training too."

The registered manager told us they were open to new training ideas. They advised the district nurse were currently doing some catheter training with staff members and once this was signed off they could record this on the providers system as extra training.

We noted the provider had deemed a number of training courses as mandatory, these included: emergency procedures, food safety, safeguarding, safe people handling and equality and diversity. In addition for specific roles, such as the chef, additional mandatory courses were included such as catering safely and food safety in care.

Each staff member had a log in to the provider's training portal which they could access both at work and at home. We saw that each individual could see what training courses were required by when and also search for additional courses. Some staff had completed additional training courses such as falls awareness or promoting health skin.

The registered manager told us that although a large portion of the training was eLearning, there were elements that it was their role to sign off. For example as part of each element of the induction module, the registered manager would 'sign off' to say they had observed those skills, this was also required for the moving and handling training. We noted this was a positive addition as it meant that staff members skills were observed before being deemed competent.

Staff told us they had an appraisal once a year and a supervision every other month. Staff told us they liked the appraisal system as they had an opportunity to fill in the appraisal form and document their thoughts before the meeting. We noted that each appraisal had a key structure which included job knowledge, demonstrating core values and attitude and attendance. We saw from the records available that all staff members were up to date with their supervision and appraisals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

We saw that appropriate documentation was in place for each person that had a DoLS. In addition we noted that this information was included in risk assessments as additional information to consider. At the time of our inspection 12

Good

Is the service effective?

people had a confirmed DoLS in place and we noted these were all recorded appropriately. Each person's care plan included any conditions of the deprivation and the date it was due to expire.

People told us they had the freedom to make their own choices. One person said, "They always ask me what I want, it's my choice." One relative we spoke to said, "I know [relative] can't always choose but they try and support her, even for the small things, so it's her choice."

On reviewing people's care plans we noted that external professionals were involved in supporting care delivery when required, such as the dietitian or occupational therapist. We saw that referrals were made in a timely manner when people required support from specialist services. We also saw that when the person's needs were being managed the home supported the professional to withdrawn and the home continued to monitor the individual using the recommended guidance and techniques.

Good

Is the service caring?

Our findings

We observed good relationships between staff and people using the service. One person we spoke to said, "The staff are all lovely." Other people we spoke to said, “Oh yes they are very good, I get on well with them,” “They are very kind to me,” and “They have been caring right from the start.”

We saw posters were displayed throughout the home for advocacy support. We noted that Sunderland Advocacy Services were advertised on a notice board in the communal area. At the time of our inspection no one living at the home had an advocate; however the registered manager told us they were in the process of arranging this for one person. We saw a meeting had taken place on the Friday before our inspection; however the minutes to these were still being typed up.

During our visit we noted the home had a welcoming atmosphere and all members of staff greeted people and visitors regularly and looked relaxed and happy in their role. Staff knew people well, they were respectful, patient and treated everyone with dignity. Throughout our two visits we noted nothing appeared to be rushed. We saw the call bell system was very rarely used and concluded a contributing factor to this was the staff’s constant presence and reassurance to people throughout the day.

Conversations with the staff we spoke to demonstrated they understood and cared about the people living in the home. They could tell us about the people’s background and demonstrated a caring attitude towards each person. One staff member told us how they felt it was important to know about people’s likes and dislikes and also to get to know their family members.

People told us that when there were occasions, such as people’s birthdays they tried to arrange an opportunity for everyone to celebrate together and make the most of the time. People told us their privacy and dignity was respected. One person said, “They help me to dress, they make sure the door and curtains are shut.”

Staff we spoke to told us they enjoyed working in the home; they were enthusiastic and demonstrated a passion for their role. One visitor praised the care their family member received, they said it was “excellent”. They continued to say “I can rest knowing he is in good hands.” Another visitor we spoke to was spending the day in the service with their family member, they said, “I feel very comfortable spending the day here, the staff don’t mind when we are here or how many of us are here at once.”

The activities coordinator facilitated a resident and relatives meeting on a monthly basis. We saw the minutes were clearly displayed on the notice board of the home. We viewed the minutes from the 11 June 2015 and saw 11 people and one relative had attended. Some people and relatives we spoke to told us they didn't feel the need to attend as they were happy with the way everything was ran at the home and had no cause to comment.

Good

Is the service responsive?

Our findings

People and relative's we spoke to gave us positive feedback about the activities that were made available in the home. One person said, "We get entertainers come in, it's a home you cannot fault."

We saw that care plans were documented in a person centred way and evaluations were carried out in a timely manner. We noted each evaluation included how the care plan had been adhered to over the month and whether any changes were required. Each care plan we viewed was specific to the person and clearly showed what level of care they required and the best way to interact with them.

Any changes in a person's condition were clearly documented, as were any referrals to external professionals such as the district nurses.

We saw the home had a variety of activities planned on a weekly and monthly basis. Following each month we saw an activity booklet was produced, which included photographs and memories of the previous month's activities as well as the activity schedule for the remaining month. We saw the activities booklet was clearly displayed in the reception area.

Previous activities had included arm chair aerobics, St George's Day celebrations, an entertainer and water colours. However, we did note that in-between the planned activities there were not always things for people to do who were not comfortable or able (due to their health care condition) to develop friendships within the home, or did not want to watch television. We spoke to the registered manager about this during the inspection who told us they were in the process of arranging for more items to be displayed on the walls, especially for people living with dementia. They advised they would also look into getting 'rummage boxes' available. We noted on the second day of our visit there were 'rummage boxes' available and people commented on how much they enjoyed them.

People told us the big planned activities such as entertainers coming to the home, donkey visits or going to the leisure centre were well received. One person said, "I go to the lounge for the entertainment." Other people commented on the activities and their comments included, "I sit in my room and watch TV," "They sometimes take us out in the mini bus," and "I read and go to the park with my family." One relative said, "He is taken out in the mini bus to the Leisure Centre on Wednesday to the tea dances."

The registered manager told us the activities coordinator had been nominated and was a finalist in the Great British Care Awards 2015. One person we spoke to told us they made pom-poms out of wool to keep busy. They said, "I enjoy it, it's nice to do something different. The staff get the wool for me."

People told us they did not have any concerns with the care they received but would be happy to raise any complaints. One person said, "I would tell the carer or my daughter would tell the manager." Another person said, "I would go to the manager, or I would tell the carer, they take notice." We saw that a complaints log was kept by the registered manager and any complaints were well documented and all recorded, including investigation and outcome were clearly recorded.

Good

Is the service well-led?

Our findings

People and relatives we spoke to told us the service was well-led. One person said, "If I need to know anything I just ask, they are very helpful."

Staff we spoke to told us there was a very supportive atmosphere within the home. Care staff we spoke to told us that senior carers, team leaders and the registered manager were very supportive and listened to any concerns that they had and also tried to find solutions.

Staff told us they knew where to access policies and procedures within the home and this offered them guidance when they were unsure.

Staff told us the registered manager was always available and had provided her telephone number for advice and support when they weren't at the home. Staff told us the registered manager held regular staff meetings which they felt were not only informative but provided an opportunity for them to share their views or any ideas. People told us meetings were also held with residents and family members on a regular basis. We saw the minutes of these meetings were available on the notice board in the reception, along with dates of future meetings.

The registered manager told us they held a flash meeting each day with the heads of departments, for example the senior carers, the chef and senior house keeper, which involved a walk around of the home. We saw that such a meeting was taking place during our visit.

The provider had a clear quality assurance system which listed the audits and checks that were required and the necessary frequency. In addition there were certain metrics the registered manager needed to submit on a regular basis, these included weights, pressure damage, hospital admission and infections. These were then reviewed on a regional basis. The registered manager advised they also used these figures and discussed them in the heads of department meeting and ensured they were referenced at staff handover meetings so the full staff team were aware.

We saw that a falls audit was in place which was supported by the falls prevention and management policy. This included reviewing falls and taking in to consideration any incidents, medicine's, food and fluid and the environment as well as other factors.

Care plan audits were conducted on a regular basis. A key element of the audit was to get the person's view on care before commencing the audit. Following on from this all areas of the care plan were reviewed in detail and it was recorded whether the criteria was met or whether additional action was required. When looking at the care plan consideration was made to whether it reflected the person's views, choices, needs and level of risks. It also checked whether it gave sufficient information for staff members to care for the individual whilst supporting choice and independence. The registered manager told us that although they reviewed care plans on a monthly basis, they had a process that when the plan was a year old they do an extra review and would consider re-writing the care plan at this point rather than completing continuous reviews.

A number of other quality checks were in place. For example the registered manager completed daily walk arounds and noted any immediate actions required. In addition the operations directors visited on a monthly basis and completed an audit.

The registered manager told us they felt supported in their role also. They attended a registered managers meeting each month and this covered what was happening in the company and any changes. They said they felt this meeting was useful to share best practice but also to get up to date information to share with the staff team.