Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Ashlea Lodge

Hylton Road, Millfield, Sunderland, SR4 7AB

Date of Inspection: 13 February 2014

Date of Publication: March 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Leyton Healthcare (No 15) Limited
Registered Manager	Mrs. Diane Wilson
Overview of the service	Ashlea Lodge Care Home is a purpose built building, which has been designed to provide personal care for older people some of whom have dementia. The home is located in Sunderland close to shops, amenities and public transport. All rooms are en-suite and there are two floors serviced by a lift.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People who live at the home have care plans setting out their needs and staff put these care plans into practice. People have choice about their care and staff treat them with respect. One person remarked "I like porridge and a cooked breakfast and I get that every day". A relative told us that "the staff are kind and caring" and that their mother, "was getting better because of the care she received".

Records and discussions showed that people's nutritional needs were carefully managed, with the home seeking professional guidance when necessary.

During our inspection visit there was sufficient suitably recruited, qualified and trained staff on duty to meet the needs of residents.

You can see our judgements on the front page of this report.

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More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

It was clear that resident's needs are met through comprehensive care planning and by staff who know those needs and meet them in accordance with the plans. People, where capable, make choices about their needs.

Reasons for our judgement

We talked with two visiting family members. They told us they were satisfied with the care provided at Ashlea Lodge and the swift attention by home staff to seek medical advice if their relative became poorly. They told us, "We visit every day and the staff always let us know how she has been and what she's had for breakfast. They turn her every few hours to make sure she's comfortable and to help her skin. Staff acted straight away when she was poorly and got her into hospital. She's getting better here because of the good care."

We sampled five sets of resident's records out of 21, exploring details in relation to meeting their health needs. In all cases it was clear that staff within home ensured that health needs were met in relation to the residents detailed care plans and prompt attention from suitable medical professionals was sought when necessary.

We saw people were dressed appropriately and looked clean and comfortable. We found people had choices about their individual daily routines, such as what time they preferred to get up, where they liked to spend their time, and what they wanted from the menus. We saw people's ability to make their own choices and people's capacity to make decisions was recorded. For example, some people kept their own bedroom door key and some people managed their own finances.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

Resident's nutritional needs are being met. They have detailed care plans that set out their needs and staff adhere to those plans. Monitoring and recording in relation to nutrition is clear.

Reasons for our judgement

We spoke to residents, and the catering staff. We observed breakfast, snacks and lunch times.

The catering staff described how groceries were delivered to the home each week by a large supermarket chain. The cook confirmed that there were always sufficient supplies to ensure a choice of meals. In discussions the cook was knowledgeable about each person's dietary requirements and their individual preferences, for example one person often requested egg and chips and this was prepared for her. This meant that people's choices were respected and catered for.

It was evident by what people told us and by what we observed, that the cook dealt personally with each individual resident, and it was clear by the easy way in which he interacted with residents and his clear knowledge of their individual preferences that this one to one engagement was routine. The cook told us, "If anyone doesn't want the main choices we make them whatever they fancy instead. It's their home and their choice."

There were written menus in the entrance hallway which informed people of the main two choices of meals each mealtime. In discussions visiting relatives described how people were offered alternatives if they did not want either of the two main menu choices. We overheard people being offered a range of breakfast choices, including cooked breakfasts. People and relatives told us there was always a range of breakfasts offered each day. We saw people were able to dine when and where they wanted at their own preference. For example some people chose to have a later breakfast as they had had a lie-in. One person told us they always chose to have porridge and then a cooked breakfast and that this was always made for them. Staff offered people different choices in a patient way so that people could make their decisions at their own pace.

We looked at five care plans about people's nutrition. We saw there were nutritional assessments, where appropriate, that identified people's individual nutritional needs. We saw there were individual care plans in place that set out how people should be supported with their diet and nutritional intake. The nutritional care records were detailed and person

centred (this means written in a way to describe how the person preferred their care needs to be met). For example, on person's nutritional assessment stated, "I can feed myself and can let you know what I would like to eat for my meals but I have a very poor appetite and need lots of encouragement."

We saw regular weight records were kept (either weekly or monthly depending on people's individual risk) to check whether people needed increased support with their dietary intake. Where people were at risk of choking there were clear risk assessments in place. Where people were at risks of a poor diet there were food and fluid intake records to monitor the amounts of food and drink they were taking. We saw there were records of the contact between the home and dieticians, and we saw evidence that the home had sought medical advice for one person who continually refused foods. This meant that people received support in determining their nutritional needs from trained specialists.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There are sufficient suitably recruited and qualified staff on duty to meet the needs of the current residents.

Reasons for our judgement

We spoke with visiting relatives about the staffing at the home. They told us that there had been few changes to staff and described staff as "kind and caring". Relatives told us that staff always took their time to keep them informed and contacted them at home if there were any health issues.

We saw the staff spent time with residents in the dining rooms and lounges. We heard occasional call bells sound when people wanted attention. These were responded to promptly. We examined recent rotas which showed that there were at least two trained staff available to cover each floor of the home on duty at all times. This meant that there were sufficient, suitable staff around to help residents with their care.

We examined staff files and found that people were suitably recruited and trained for their roles. Many staff seemed to have worked in the home for many years, with very few new staff. It was clear from observations that staff put their training into practice and treated residents with dignity and respect.

The Manager explained that in times of staff illness they could call on recognised local agencies for extra staffing, but by and large the homes own staff would cover any sickness or shortage. This meant that people were looked after by people who knew them well most of the time.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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