Ms M Sowerbutts

Ashley Lodge Residential Care Home

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

Summary of findings

Overall summary

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

Ashley Lodge is registered to provide care and support to 11 people with learning disabilities and autism in three 'homes' within Ashley Lodge: the house, the annexe and the bungalow. Ten people were living in the home at the time of our inspection, and one person was in the process of being assessed before they moved in.

The care service has been developed and designed in line with values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our last inspection on 31 March 2016, we rated the service overall as Good. The key questions Safe, Effective, Caring and Responsive were rated Good. The key question Well-led was rated Requires Improvement. This was because quality assurance and risk management systems did not always show how checks were completed to ensure the service was meeting the requirements of the regulations.

At this inspection, on 30 October 2018, improvements had been made and the key question Well-led is now rated as Good. We found the evidence continued to support the overall rating of Good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service continues to be rated as Good.

People were protected from harm and abuse. Staff had received training and understood their responsibilities regarding safeguarding people.

People's medicines were safely managed and people received medicines when they needed them.

People were treated with kindness and respect. People's privacy was respected and their independence promoted.

People's care and support was delivered in a way that met their diverse needs and promoted equality.

Staff were aware of the importance of supporting people to make choices. They worked within the requirements of the Mental Capacity Act (2005).

Safe recruitment procedures were completed. Sufficient staff were deployed to make sure people's needs were met. Staff received supervision and training to enable them to meet people's needs.

Quality monitoring systems and checks were completed to make sure shortfalls were promptly identified and improvements made.

The proprietor, registered manager and staff team worked well and in partnership with external health professionals to support care provision.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

Systems were in place to assess, monitor, mitigate risks and make improvements to the quality of the service.

There was a positive culture in the home that was person-centred, open, inclusive and empowering,

Staff felt well supported, respected and valued and enjoyed working in the home.

Ashley Lodge Residential Care Home

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 was a routine, comprehensive inspection. It took place on 30 October 2018 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed notifications we had received. This is information about important events, which the service is legally required to send to us.

During the inspection, we met everyone and spoke with four people who lived in the home. Most people were unable to tell us about their experience of living at Ashley Lodge, so we spent time in each of the three homes, observing interactions between staff and people who used the service. Following the inspection, we spoke on the telephone with four relatives.

We spoke with the proprietor, the registered manager and seven staff that included maintenance, activity and care staff.

We read the care records for four people. We looked at medicine management records and records relating to the monitoring and management of the service. These included premises safety and maintenance records, staff recruitment, rotas, supervision and training records, policies and procedures, records of meetings and quality monitoring records.

We received feedback from three external health professionals who gave us their views on the service and how it was being managed. You can see what they told us in the main body of the report.

Good

Is the service safe?

Our findings

People continued to receive a service that was safe. People were comfortable in the presence of staff and interacted and engaged freely. Relatives told us they had no worries or concerns and one relative commented, "I visit at different times and have never been concerned or worried about her safety. She's happy and safe here."

People living in the home required different levels of care and support. Risk assessments identified potential risks to people when they were in and out of the home, and gave clear guidance to staff on how to support people safely. These included risks associated with mobility, falls, choking, seizures, scalding and spillages and behaviours that others may consider challenging. Management plans were in place and these were reviewed on a regular basis and when people's needs changed. For one person, at high risk of choking when they had a seizure, a consultant had provided written guidance for the management and treatment of their seizure if they were admitted to hospital.

Staff knew and understood their responsibilities for keeping people safe from harm and abuse. Policies and procedures were in place and staff had received training. Staff were knowledgeable about different types of abuse, what to look out for, and how they would put their knowledge into practice. A member of staff told us, "I've never had any concerns here, but would report to our manager straight away if I did." The registered manager had a system in place for recording and reporting safeguarding concerns, to the local authority, and to the Commission.

Medicines were managed safely. Staff who administered medicines had received training in the safe handling, administration and disposal of medicines and their competency was assessed by the registered manager. When medicines were received, they were stored securely in each of the three areas of the home. Amounts received were recorded and written on medicine administration record sheets (MARs).

Each person had a medicines folder that contained individual and specific details about each medicine the person was prescribed. This included how people were supported to take medicines. For example, for one person, their medicines, in liquid form, were given to them directly from a syringe. The MARs were signed when people had taken their medicines as prescribed. Arrangements were in place to safely dispose of medicines that were no longer required.

Staff were safely recruited and appropriate checks were completed before staff started in post. These included the obtaining of a full employment history and seeking references from previous employers. Checks were made with the Disclosure and Barring Service (DBS). The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Sufficient staff were deployed to make sure people's needs were met. When additional staff were needed, for example, when people needed additional support for an activity or if they were unwell, this was provided. Staff also told us there were enough staff to enable people to go out when they wanted. The relatives we spoke with felt there were enough staff working in the home. One relative commented that, 'Newer staff,

recently employed, just take a bit longer because they are still getting to know what to do."

The environment was maintained to ensure it was safe. For example, water temperatures, legionella control checks and electrical safety checks had been completed. Fire safety measures and monitoring were in place. Personal emergency evacuation plans (PEEPS) were recorded for each person. They provided guidance about how people could be moved in an emergency if evacuation of the building was required.

The home was clean throughout and staff were aware of when to use gloves and aprons, which showed good infection control practices.

Good

Is the service effective?

Our findings

People continued to receive effective care that was tailored to their individual needs. Relatives spoke very highly of the staff and their knowledge of people living in Ashley Lodge. One relative told us, "We couldn't ask for anything more. They understand his needs so well."

Staff worked collaboratively across services to understand and meet people's needs. The records showed where advice was provided, and incorporated into the care records. This included physiotherapy, speech and language therapy (SALT), community learning disability team, dietician, consultant psychiatrist and consultant neurologist. A healthcare professional told us, "They go out of their way to support health appointments." They told us how they were currently working with the registered manager to order and arrange specific equipment for one person. They noted that if the home needed to purchase equipment, there were no problems because 'if a person needed it, they would have it.'

People had access to health and social care professionals for routine healthcare checks and appointments that included GP, dentist, chiropodist and optician. Clear records were maintained of the reason for appointment, the outcome and any follow up.

Staff noticed and acted promptly when there were changes or when people were unwell. A relative said, "Any problems or concerns and they always call me." A member of staff told us, "We get to know people so well and recognise slight changes, even if they can't tell us. Sometimes it might be just a slight change in their facial expression." Another member of staff said about one person, "Their behaviour can change, ever so slightly, and this can be a sign we need to make some checks, for example, to see if there's an underlying infection."

People were supported make sure they had enough to eat and drink. People participated in food shopping and some meal preparation. Staff told us they recognised the importance of people being offered choices and they also needed sometimes to advise on healthier options. We observed meal service in each of the three homes and people were offered choice and provided with the support they needed. For one person, they were supported in a room, on their own, with one member of staff. Staff told us the person was easily distracted and at risk of choking. Staff told us it was important for that person to be in calm environment with no distraction from others while they were being supported with their meals. For others, mealtime was a sociable occasion, with staff and people using the service eating their meals together in the dining rooms.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff clearly understood their responsibilities, and the records showed how people were supported to communicate and express their views. For example, staff told us how some people used different types of signing or gestures, objects were shown to people or communication boards with pictures were used to help them communicate. Relatives told us they were involved in agreeing best interest decisions and one relative commented, "There are no real restrictions here. She can go over and visit people in the other houses.' DoLS applications had been submitted for nine people that were awaiting review and authorisation by the local authority. One person had a current DoLS authorisation in place.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff, which confirmed staff received training on a range of subjects. This included first aid, moving and handling, infection control, fire safety, nutrition and food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also completed training to enable them to support people with their specific medical conditions, such as epilepsy, autism and mental health awareness. A member of staff told us, "We're always doing training which is good. It refreshes us and makes us think about what we're doing, and that we're doing things in the best way".

Staff told us they received regular supervision with their line manager. Supervision meetings give staff the opportunity to meet with their manager to review performance and discuss any concerns they may have about their work. Staff also had an annual appraisal of their performance. Staff told us they felt supported in their roles and there was good communication in the home.

Ashley Lodge provided suitable accommodation for the people living in the home. Each 'home' could accommodate three or four people. Ten bedrooms, equipped with en-suite toilets and sinks were on the ground floor and one person's room was on a first floor. People's rooms were decorated and personalised with photographs, pictures and items of personal interest. There was an ongoing programme of maintenance and one bedroom was being decorated at the time of our inspection. Each home had their own garden area that was easily accessible, and was 'well used' and 'enjoyed' by people living in the home.

Good

Is the service caring?

Our findings

Staff were kind, caring, and compassionate and had developed trusting and close relationships with people and their relatives. Staff were motivated and extremely passionate about providing person centred care. People looked comfortable in the presence of staff and with each other. One person returned to the home at lunchtime after they had been to a trampolining session. They were clearly delighted to be back in the home and excited to tell a member of staff about their experience. The member of staff greeted them enthusiastically, reminded the person to take their coat off, and supported them to describe their morning's activity. They offered the person a drink. They sat down together for a chat and discussed the choices available for lunch.

Relatives spoke very positively about the service, the staff and management of the home. Comments included, "We searched so many homes before he came to live at Ashley Lodge. He has been there for a while now and we think it is an amazing place," "The care is excellent and the staff are perfect," and, "Most staff are fabulous, especially those who have been here for a long time. They need to make sure they keep the good staff."

Staff and people living in the home clearly knew each other well. We observed friendly, caring and often humorous banter throughout our visit. The atmosphere in the home was very welcoming and friendly. It was clear that people using the service and staff regarded Ashley Lodge as people's own home. A health and social care professional commented positively about their visits to Ashley Lodge. They noted, "The atmosphere is always one of fun and 'family life'".

A consistent approach to support communication for people who were non-verbal enabled staff to build positive relationships. For example, Makaton, a sign language for people with a learning disability was used. One person used what staff described as 'their own method of signing.' For another person a pictorial communication board had been used. Staff had completed training to enable them to effectively communicate with people. Staff used a 'total communication' approach. This is where staff used verbal communication, backed up with Makaton, pictures and items to aid understanding and communication.

Staff were aware of people's preferences and daily routines. Staff called people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and staff explained who we were and why we were in their home.

Staff spoke with real warmth about people. A member of staff told us how they got to know people really well, and details of people's background, important events and family circumstances were recorded in an 'All about me' section in their care plan.

People were encouraged to be as independence as much as they were able. Care plans included what people could do for themselves and described in detail the support needed. One relative told us how their loved one was, "Always impeccably dressed." Staff told us how they supported people with personal care, and, as one member of staff told us, "Always try to make sure people have control and are supported to

choose what they wear".

Care records contained the information staff needed about people's significant relationships including their relationships and contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members very regularly and some relatives were actively involved in their loved one's care. One person, with a staff member for support, went on holiday with the person's relatives. Other events, such as celebratory parties and barbeques were organised to encourage people and relatives to spend time together.

Good

Is the service responsive?

Our findings

Relatives were positive about the care people received with comments including, "The service here is really very very good," "Perfect," and, "Ashley Lodge is amazing." People's care was well planned by the care home team, and in partnership with external health professionals to make sure people's needs were met. A health professional who had been involved with the home for several years commented, "The residents at Ashley Lodge receive a varied, person centred plan that sees that nobody in the house is left out," and, "They are, in my opinion, one of the best care teams that I have worked with." Another health professional noted, 'I find the staff to be caring and responsive to the needs of their service users. I have no concerns about the care they offer.'

People's care and support was delivered in a way that met their diverse needs and promoted equality. The registered manager told us in their PIR how they made sure a person with specific religious preferences had those preferences respected about their choice of food, dress code and religious ceremonies. Staff were clear in their understanding of people's rights and throughout our inspection, we saw people treated with dignity and respect. Reminders, for example, for one person, a suggestion from a member of staff to wear appropriate indoor footwear was communicated with a sense of fun and as a friendly reminder.

Care plans were developed that reflected people's physical, mental, emotional and social needs. The records were clear and provided detailed for guidance about how people needed and preferred to be supported. A member of staff told us, "When we read the care plans we get a good feel for important and key issues with each of our clients. We get to know them so well, and have lots of banter, fun and jokes."

A member of staff told us how relationships between people had developed that ensured people were not socially isolated. They told us how people spent time in each other's homes within Ashley Lodge. A member of staff said that having the three homes within Ashley Lodge gave the home 'a community feel.' They told us, "It's so homely, most people have lived here for a long time and are more like brothers and sisters."

People were supported to participate in a range of social and leisure activities. A relative commented, "There's plenty going on. They have spontaneous outings too that are not always planned, such as outings or barbeques which is really good." People regularly visited community facilities and were actively encouraged to try new experiences. Most of the people in the home went trampolining each week. They had regularly attended horse riding lessons, and for those people unable to be supported on to a horse, there was a carriage riding activity. Other activities included visiting entertainers, themed parties, such as the royal wedding celebrations, country walks, trips to theme parks, theatres and pantomimes. Everyone who used the service had also been on at least one holiday each year. A member of staff told us, "As our residents have got older, with many having lived here for years, we have noticed how some of their preferences have changed. For example, not wanting to go out so much in the evening, or maybe preferring to just pop out on a one to one for an hour or so for afternoon tea."

A complaints procedure was easily accessible and five complaints had been made since the last inspection. The registered manager showed us how they had responded to complaints openly and transparently. They

told us they also encouraged people who used the service to express any concerns they had. They told us they would act if anyone said or indicated they did not like something.

Good

Is the service well-led?

Our findings

This key question has improved to Good. At our last inspection in May 2016, we rated this key question as Requires Improvement because medicines audits were not sufficiently comprehensive. At this inspection, we found audits were detailed and provided records of findings and actions required. The registered manager then checked that required actions were completed.

There were other systems in place to monitor the quality of service provision, to mitigate risks and to make improvements. These included routine checks, for example of care records, cleanliness and décor. Actions were taken when shortfalls were identified. The registered manager showed us how they were in the process of reviewing the format of the care planning system. They were aiming to make improvements, to reduce duplication and make the records easier to read. In addition, the proprietor completed regular checks. We saw actions taken, for example areas of decorating completed and new flooring and curtains provided when needed.

The registered manager had been in post since August 2017. They were supported by three deputy managers, one in each of the three homes. Relatives spoke positively, whilst acknowledging the previous registered manager was 'a hard act to follow.' One relative said, "We were just so lucky to find here." There was an inclusive, open, positive and person-centred culture in the home with good relationships between people who used the service, relatives, staff and visiting health professionals. Throughout our visit, the registered manager was visible throughout the home and stopped to talk with people using the service and with staff during the day.

People using the service and their relatives were actively encouraged to provide feedback at meetings and in surveys. The feedback from people using the service had been collated earlier in the year and no areas of concern identified in response to questions such as. 'Do you feel safe' 'Are you happy in the home' or the questions about the activities offered.

The registered manager had developed positive relationships with health professionals and valued the support, input, guidance and advice provided. We read recent feedback provided by visiting health professionals that included, 'Ashley Lodge is a true example of how care homes should be run,' 'We thoroughly enjoy working with this home,' and, 'We have an excellent working relationship with the staff team.'

Staff morale was good and staff felt valued and well- supported. They could provide feedback at meetings that were held on a regular basis and by completing staff surveys. They told us, "It's like a big family here. It's such a great place to work," "I don't mind coming in if last minute cover is needed because it's such a nice place," and, "[name of registered manager] comes around every day, and her door is always open if we need her." Staff also spoke positively about the proprietor with a member of staff commenting, "I think [name] is remarkable and she knows everyone so well."

The registered manager kept up to date by attending local meetings and completing training courses. They

also obtained updates from the various health professionals involved with the service. They were aware of their responsibilities with regard to notifications required by the Commission.