

## Lotus Care (Ash Cottage) Limited

# Ash Cottage

### 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

### About the service

Ash Cottage is a residential care home providing accommodation for persons who require nursing or personal care to up to 24 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 22 people using the service.

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

Everyone we spoke with said that they felt safe living at Ash Cottage. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Staff had received safeguarding training and there were policies and procedures to support this. Risks to people's health and wellbeing had been identified and plans were in place to mitigate risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Peoples needs were assessed, and staff had received training to support this. People were supported to maintain a healthy and balanced diet.

People who used the service were treated with respect and equality. Care was person centred and staff understood the importance of promoting choice, consent and independence. Peoples dignity and privacy were maintained, and the staff approach was described as, "Patient" and "Helpful."

Peoples were supported to maintain social relationships and their communication needs were being met. People and their relative's views were sought, and they had opportunities to provide feedback. Meaningful activities were not always available to people, we made a recommendation about this. Recruitment for an activities co-ordinator was ongoing.

Staff members and people spoke positively about the management of the home. Relatives told us communication with management was open and frequent. Quality checks and auditing were in use and there was a lessons learned process for when things go wrong. Actions and improvements from these were recorded and completed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 May 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Recommendations

We have made a recommendation about providing meaningful activities for people.

#### Follow up

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 effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Ash Cottage

## Detailed findings

### Background to this inspection

#### 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 undertaken by 1 inspector accompanied by an inspection manager 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 Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ash Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The current manager had submitted an application to register. We are currently assessing this application.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 3 January 2023 and ended on 13 January 2023. We visited the service on 3 January 2023 and 5 January 2023.

### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 9 people and 4 relatives about their experience of the care provided. We spoke to 7 members of staff including care staff, the manager, area manager and regional manager.

We reviewed a range of records. This included 3 people's care and support records, and 3 staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the home. These included policies and procedures, staffing rotas, medicines management, accident and incident records, training records, safeguarding records and infection control practices.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to protect people from the risk of abuse.
- Safeguarding and whistleblowing policies were available. Staff had received safeguarding training and knew how to raise concerns, as well as how to escalate them outside of the home. One staff member told us, "I'd go to management. If anything didn't happen with management then I would go to the area manager, then it would be the CQC."
- One person said, "I like it here as there is always someone around that makes me feel safe" and a relative commented, "I've no concerns on the grounds of safety or the environment. [Person who uses the service] is looked after and secure."

Assessing risk, safety monitoring and management

- Risks to individuals, staff and the environment were assessed and well managed.
- Fire safety checks were in place, including testing of the alarms and fire safety system. Evacuation plans were available for people using the service. Evacuations were undertaken but these records required more detail. We discussed this with the manager who rectified this at the time.
- Risk assessments were in place for people and were reviewed regularly. A staff member told us, "All the seniors (staff member) review them every month", whilst another commented, "I have time to read all them all, they're really helpful." A person told us, "The staff are very good, they know me well, they hoist me into my chair they are very careful and never hurt me."
- Risks associated with the property and environment were being monitored. During our visit we observed corridors to be free of clutter and the communal areas to be tidy and free of hazards.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- Staff were recruited safely. All pre-employment checks were completed before staff started working at the home. Staff members received an induction before starting work.
- Staff members knew the people they supported well. One person told us, "The staff are really good, you can talk to them and they are helpful and kind. They will do anything for me, they are marvellous."
- Regarding staff, a relative told us, "I find them very patient, hardworking, stretched some days as you can imagine but they can cope brilliantly." A person told us, "The best thing is there is always someone around if you need anything, the staff are helpful and always call me by my first name. They are kind and do anything for anyone, not just me."

Using medicines safely

- Medicines were managed safely and administered by trained staff. People received their medicines as prescribed.
- Medicines administration records (MARs) were reviewed during the inspection. They had been completed in full and were audited regularly.
- Controlled drugs storage, administration and records were being managed effectively and there was a robust process for monitoring these.
- As and when required medication was being managed effectively. One person told us, "The staff know me so well, if I have any pain, they tell the manager and I get pain killers."

#### Preventing and controlling infection

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

#### Visiting in care homes

- People were supported to have visitors in line with current government guidance. People told us their visitors were made to feel welcome. One relative told us, "Visiting is very secure, you can't get in without someone letting you in and you have to sign in and out and we can visit whenever we like."

#### Learning lessons when things go wrong

- There were effective systems in place to learn lessons when things go wrong.
- Accidents and incidents were being analysed on a monthly basis to identify trends and patterns that could improve practice.
- A lessons learned form was in place and used after accidents or incidents. This helped to highlight what could be done differently to prevent future accidents or incidents from occurring.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and clear support plans and risk assessments were in place to guide staff. These were person centred and gave detail about people's needs and choices.
- Staff supported people in a way that exercised choice. A relative told us, "The staff are so caring, they are wonderful. If my loved one doesn't want to get up, they don't force anything." A person told us, "I am well looked after. I choose to stay in my room and watch TV. I don't like to mix, I enjoy living here, I am very comfortable."
- Peoples individual needs were assessed and were being met. A relative told us, "When my loved one was admitted into Ash Cottage, they had bed sores. The staff at Ash Cottage treated them well and kept an eye on everything". A staff member told us, "[Person who used the service] is diabetic so you have to watch what they eat as they are a type 2. We have to make they don't have too much to eat and check their blood sugars twice a day."

Staff support: induction, training, skills and experience

- The manager arranged training and induction for staff and made sure they had the right skills and experience.
- Supervisions were taking place, but these were infrequent at times. This was raised with the manager who agreed to rectify this. Staff spoke positively about supervisions and told us how they were guided to learn and develop in their role.
- Training was taking place, although some staff members training was out of date. This was raised with the manager at the time who agreed to rectify this. Staff members spoke positively about training and developing their skills. One staff member told us, "I'm going to start my level 3 in health and social care. When I had my supervision not long ago, I said that I wanted to do this."
- A staff member who was new to the care sector told us, "This is my first care role. My colleagues have been really understanding with it and have helped me where I have struggled."
- The provider was supporting staff members to complete The Care Certificate where required. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutritional needs were being met and they were supported to maintain a balanced diet.
- Food and fluid charts were being completed and people received food according to their needs, such as those who required a modified diet.

- People had a range of records to guide staff in how to support them with food and fluids. These included a nutritional care plan, nutritional screening forms, weight charts and a monthly weight loss review chart.
- People spoke positively about the food that was provided. One person told us, "The food is champion and you get lots of drinks." A relative said, "The food is very good. [Person who used the service] diet was a disaster before coming here. Now they're eating vegetable's which they never did before so that's been a major thing."
- The manager was completing a mealtime observation tool to help identify how to improve the dining experience for people.

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

- People had support with their health and staff worked with other professionals to ensure good care was delivered.
- Peoples care plans outlined the involvement of the dietician and district nurse. Referrals to speech and language therapy were made, where appropriate.
- District nurses were visiting the home daily and the local GP completed a weekly ward round at the home to monitor people's health.
- Staff were observed working with the district nurse to provide support to a person who was having their bloods taken in a caring and empathetic way. A person told us, "If I feel unwell, I would tell the staff and they would call the GP for me."

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

- The home was decorated with soft colours and people's bedrooms were personalised.
- The lounge had recently been turned into two separate spaces, one for social interactions and one for those who preferred a quieter environment.
- People had identifiers on their bedroom doors and their rooms were personalised with photos and personal possessions.
- There were plans in place to make the garden area more easily accessible for people. Environmental screening was completed monthly which included checks of the décor, fixtures and fittings.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

- There was evidence of peoples decision making ability and capacity. Mental capacity assessments had been completed and applications to deprive people of their liberty had been made where appropriate.
- Staff demonstrated an understanding of the need to gain consent when providing people's care and respecting their choices. When providing support, one staff member told us, "It depends if it's in their best interests to make sure they're clean and tidy and if they're under a DoLS."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 at the home were treated with respect and equality.
- There were detailed records of the care the staff had provided. They were written in a caring, respectful and person-centred way.
- People described staff as, "Patient", "Caring" and, "Lovely". A relative told us, "The staff are very respectful, approachable and welcoming."
- During our inspection visit, we observed staff delivering caring and compassionate support to people.

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

- People and their relatives were actively involved in making decisions about the care they received.
- One relative told us, "My loved one is involved in their own care plan and can speak openly to the staff and the manager. They have a good rapport with everyone." Another relative said, "I am fully involved in the care plan and was very surprised how comprehensive and thorough it was and its reviewed regularly."
- One person told us, "I am involved in my own care plan, my son helps me if I get stuck."
- Regular residents' meetings were taking place. These were recorded and the ideas and concerns of the people were considered and acted upon.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a way which promoted their privacy, dignity and independence.
- The manager completed a dignity and involvement audit to ensure person centred care was being delivered.
- People were supported to maintain their independence. One person told us, "I try to do things for myself and the staff help me if I ask them." Another person said, "The staff are very good, they help me with my shower. I like to do as much as I can for myself, they know this and let me do it. They are there to help if needed."
- Staff were careful to protect people's privacy and dignity. We observed staff knocking on people's doors before entering and were discreet when providing personal care, ensuring doors were closed. Staff asked for consent before undertaking care and support. A relative told us, "The staff are very respectful." A person told us, "The staff are very respectful and call me by my name."

# Is the service responsive?

## Our findings

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

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

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 were not always supported to take part in activities that were important to them.
- The activities co-ordinator had recently left the home and recruitment for a replacement was ongoing.
- One person told us, "I sometimes get fed up as there's not much to do." Another person said, "I don't like going downstairs, there's nothing to do."
- Staff members told us they did not think there were enough activities for people. Staff told us that there used to be film nights, crosswords and that singers had been to visit during Christmas. A relative told us, "My only comment would be there appears to be little interaction. They [people who lived at the service] would benefit from more social activities. I miss the displays that used to be on the walls."

We recommend that the home implements an engaging and meaningful activity schedule for people that follows current guidance and take action to update their practice accordingly.

- People were supported to maintain relationships to avoid social isolation.
- A relative told us, "I found it hard to manage during Covid-19 as I couldn't visit. I was kept informed by the telephone and would receive regular updates." A person told us, "My family visit me whenever they like."
- During the inspection we observed relatives visiting the service to stay for lunch and to take people out in the local community.

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

- Care records were person centred and gave information about what was important to, and for the person.
- Care plans guided staff about risks to people's health and wellbeing, and what actions were needed to keep people safe. They detailed people's preferences and guided staff on how to encourage and support people to make choices.
- People we spoke with felt staff knew their likes and dislikes. One person said, "I know the staff and they know me," whilst another described the staff as, "Family."
- Staff members were knowledgeable about the needs and preferences of people and told us of their history, likes and dislikes.

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.

- Information was available in an accessible format to meet people's needs. People's communication needs were assessed and recognised.
- One person whose first language was not English was supported to communicate with staff through a translation app on a mobile phone. We observed this being used during the inspection.
- Staff sat or knelt beside people when speaking with them and walked alongside people when they appeared disorientated. Staff were patient when communicating and used touch support appropriately.

Improving care quality in response to complaints or concerns

- The home had not received any complaints or concerns. There was a complaints policy and a system for managing and analysing complaints when they were received.
- One relative told us, "I do not have any complaints and would not hesitate to recommend Ash Cottage." A person told us, "If I had any complaints, I would go to the manager," whilst another said, "I have never had anything to complain about, I would speak to the staff if I needed to."

End of life care and support

- Where people were receiving end of life care, there were specific care plans to guide staff on how best to support them. Regarding end of life care, one staff member told us, "Oral care is so important. They also need to be comfortable, clean, tidy and that pressure areas are checked regularly."
- Staff members were knowledgeable about those receiving end of life care and had received appropriate training. One staff member told us, "[Person who used the service] is on palliative care, they need supervision with all foods and fluids for their safety."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the home. There was a relaxed and calm atmosphere and we saw people and staff had good relationships whilst interacting together. The manager had a visible presence in the home and was observed interacting with people frequently. One person told us, "I know the manager as they come around and talk to me." Another person said, "The manager is very good and talks to me a lot."
- Staff understood person-centred care. One staff member told us, "At night I can speak to [person who used the service], you can talk about anything they like." Another staff member said, "It's 1 on 1 care that is important, so if you're getting someone up, you're talking to them. More patience is important than anything as it must be difficult, as an adult it must be difficult as you're used to doing it yourself. It's the independence that's not theirs anymore so I would want to be patient."
- Staff spoke positively about the culture at the home. One staff member told us, "I do like coming into work, it's very positive, its good teamwork." Another staff member said, "Everyone gets along really well, and we work as a team. We don't have any problems in that respect."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure at the home was clear and staff understood their roles in relation to regulatory requirements. Staff felt supported by the manager and provider to perform their roles.
- The area manager was involved in quality assurance to support the manager and develop new auditing schedules. There was a range of detailed quality monitoring, auditing and oversight in place. Issues arising from these were documented and had been rectified.
- The manager understood their responsibility under duty of candour. They had had informed the CQC of notifiable events.

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

- People were engaged in the running of the home and their views were sought.
- People and their relatives were invited to provide feedback on the home. There were relative and resident meetings in place where suggestions were made and acted upon. A resident and relative satisfaction survey was in use and the results evidenced a high satisfaction rate.
- Relatives told us the manager communicated openly. One relative said, "[Person who used the service]

has had a couple of falls since they came here. The staff have rung me each time it's happened. They keep me informed about my relatives blood sugar levels and their diabetes, updating me when they go up or down." Other relatives said, "The manager is good and keeps me informed" and, "If there are any concerns the manager will ring us."

- Staff spoke positively about the manager, who was described as "Supportive", "Friendly" and "Approachable."

Continuous learning and improving care; Working in partnership with others

- The manager completed regular audits and had systems in place to monitor all aspects of the home to provide good oversight for themselves and for the provider.
- Staff were supported to undertake training and competency assessments were being completed. Some staff members were pursuing qualifications in health and social care.
- Care plans evidenced the involvement of health professionals in delivering care and support to people and this was observed during the inspection.