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Ashton Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashton Lodge is a residential care home providing accommodation and personal care to up to 27 people. At the time of our inspection there were 20 people using the service.

The service provides support to younger and older people, some of whom are living with dementia, have mental health needs, or physical disabilities.

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

Although the provider had made improvements since our last inspection, work was still outstanding to ensure the safety of the people using the service. The provider had not always assessed risks in the environment or taken effective action to prevent and control the spread of health infections.

The provider's governance and performance management systems remained unreliable in places and had failed to identify some safety issues at the premises. Lessons had not always been learnt.

Staff were kind and caring and got on well with the people using the service. There were enough suitable staff on duty to meet people's needs. People were supported to receive their medicines safely.

The service had a welcoming atmosphere. Staff knew people well and the service's activity co-ordinator involved people in group and individual activities. People's cultural and language needs were met.

The way people were assessed prior to coming to the service had improved. This helped to ensure the service was suitable for all the people using it. Care plans had been updated and were more personalised.

The menu had improved, and the chef prepared a wide variety of dishes to meet people's personal and cultural preferences. The dining room had been rearranged to make it more homely and give people the opportunity to socialise if they wished to.

There was improvement to some areas of the premises, to staff training, and to some of the provider's audits. People and staff had a say in the running of the service and were consulted when changes were made.

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.

During and after our inspection, and in response to our findings, the provider acted to improve the safety of the premises and put new risk assessments in place where necessary.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 August 2023). At this inspection we found the provider remained in breach of regulations.

Why we inspected

When we last inspected this service breaches of legal requirements were found. The provider was issued with a Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and given a specific date by which to be compliant with the law.

We undertook this focused inspection to follow up the Warning Notice and to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

At this inspection we found the Warning Notice had been met, however the provider remained in breach of regulations.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Ashton Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified continued breaches in relation to safe care and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Ashton Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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

Ashton Lodge 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. 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 a registered manager in post.

Notice of inspection

This inspection was unannounced on our first visit and announced on our second visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service.

During the inspection

We spoke with 10 people using the service and 1 relative. We spoke with the registered manager, assistant manager, deputy manager, 4 members of the care staff team, the activities co-ordinator, and 2 members of the housekeeping team.

We reviewed a range of records. This included 4 people's care records and medication records, recruitment records, and a variety of records relating to the management of the service.

Following our site visit the provider continued to provide information, which included data to support quality assurance and staff training.

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 Requires Improvement. At this inspection the rating has remained the same. This means some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider failed to effectively assess the risks to the health and safety of people receiving care and failed to do all that was reasonably practicable to mitigate those risks. There was a failure to take effective action to prevent and control the spread of health infections. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although the provider had made some improvements further improvements were still required and the service was still in breach of this regulation.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse and avoidable harm

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks. On a first-floor corridor a window had a broken restrictor and could be opened wide enough to allow a person through, which would place them at risk of harm.
- On the same floor a large radiator cover was loose and easily came away from the radiator when touched. This could put a person at risk if they touched or leant against it.
- The garden was in a poor state with an accumulation of bags of rubbish, old furniture including mattresses, dead leaves, and cigarette ends. Paving stones were uneven which could result in a person tripping. A person was using the garden regularly and independently, and we could not be sure they were safe due to the hazards present.
- People were not always protected from the risk of infection. Although the premises were visibly cleaner, damage to the environment and fittings and fixtures, exposed porous surfaces, made thorough cleaning difficult. This presented a risk of bacterial build up, increasing the risk of the spread of infectious diseases.
- In bedrooms we found the following: worn laminate flooring exposing porous surfaces; a rotunda with chipped paint, rust, and damaged rubber handles; worn bedlinen; stained and peeling wallpaper; a skirting board that had come away from the wall exposing an area where dirt had collected; a piece of furniture with torn stickers on it and glue residue; and damaged and chipped doors and doorframes.
- In communal and ensuite toilets we found: a cracked toilet bowl; damaged boxing around pipes with accumulated dust and dirt evident; damaged paintwork and wallpaper; ill-fitting skirting boards with accumulated dirt behind and underneath them; and a metal grab rail next to a toilet with chipped paint.
- In lounges, dining rooms and corridors we found: damaged paintwork, wallpaper, and flooring; ill-fitting skirting boards; and chipped handrails. In the medicines area the medicines trolley had a damaged surface with rust showing through, and the light switch and fabric pull-cord in this area were dirty.

- The provider did not always learn lessons when things had gone wrong. Some of the issues we identified were present at our last inspection. This meant lessons had not always been learnt regarding the safety, condition, and cleanliness of the premises.
- People were safeguarded from abuse, but avoidable harm remained a risk due to hazards in the environment.

The provider had again failed to effectively assess the risks to the health and safety of people receiving care and failed to do all that was reasonably practicable to mitigate those risks. There was also a failure to take effective action to prevent and control the spread of health infections. This is a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we reported the broken window restrictor, radiator cover, and risk to the person using the garden to the registered manager they took action to address these issues. The broken window restrictor was repaired on the day we reported it, and the radiator cover after our inspection. In addition, managers wrote a detailed risk assessment for the person who used the garden independently.
- Following our last inspection the provider made improvements to the premises including: replacing some floor coverings and carpets; redecorating some areas; boxing in exposed electrical wires; replacing some damaged blinds; replacing missing floor tiles and damaged ceiling tiles in the laundry; replacing wooden shelves in a washroom; replacing a damaged shower chair; removing a worn leather chair; and replacing dirty antibacterial hand sanitiser bottles with clean ones.
- Fire safety at the service had improved. The provider had: replaced fire doors, fire detectors, and emergency lights as required; fitted magnetic locks on some doors; and completed fire boarding in the cellar, attic, and laundry room. Some fire compartmentation work was outstanding but in hand.
- Following the improvements, the fire service inspected the service and judged it to be 'broadly compliant'. The provider was made aware of their on-going responsibility to maintain fire safety standards and carry out periodic reviews to ensure fire safety provision remained adequate.
- People were able to receive visitors without restrictions in line with best practice guidance.
- People felt safe at the service. A person told us, "The staff look after me."
- Staff were trained in safeguarding and understood how to protect people who use care services from abuse and knew who to tell if they had concerns about a person's well-being.
- If safeguarding incidents occurred managers reported them to the local authority and CQC and acted to ensure people were safe at the service.

Staffing levels and recruitment

- The provider ensured there were enough suitable staff on duty. Staffing levels had improved since our last inspection. A person told us, "I don't have to wait long when I press the call bell."
- Some staff said they thought extra staff were still needed, particularly in the mornings. We discussed this with managers who said the provider was currently advertising for another senior staff member to work at the service.
- Staff were safely recruited and had the right documentation in place to show they were safe to work with people using care services. This included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely. The provider had introduced a new system of managing people's medicines. Staff said this was an improvement, being better organised and easier to use.

- Medicines records were complete and up to date. Only trained senior staff administered medicines. Medicines were kept securely. Staff followed set protocols to ensure people had their medicines when they needed them.
- We observed part of a medicines round. Staff involved people in their medicines administration, for example by asking them to count the number of tablets they were having.
- Only one of the two staff giving out medicines was wearing a 'do not disturb' tabard (said to reduce interruptions leading to a decrease in the number of medication errors). We reported this to the managers who said the service's other tabard was damaged and unusable. They said they would order another one immediately.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to ensure the care and treatment of people was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement, and the service was no longer in breach of this regulation.

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

- Staff had improved the way they assessed people to ensure their care and support was delivered in line with current standards to achieve effective outcomes. Staff visited people prior to them coming to the service and carried out detailed written assessments covering all their care and support needs.
- Staff liaised with families, and health and social care professionals to help determine if the service was suitable for the person in question. The service only admitted people that staff were trained to support. Staff signed people's care plans and risk assessments to confirm they had read and understood them.
- A person told us how staff had visited them in hospital and discussed their needs prior to them coming to the service. The person said, "They asked me all about myself and they told me all about the home. I wanted to come here, and I am happy that I did."

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

- The menu had improved to meet people's personal and cultural preferences. The chef prepared a wide variety of dishes meaning a person who had previously relied on takeaways now had their food cooked for them on the premises.
- People had food and fluid charts so staff could ensure they were getting enough to eat and drink. Some people were assessed as needing pureed food to enable them to eat more safely. Staff provided assistance to people who needed support with their meals.

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

- Although further redecoration was needed, improvements had been made to the premises since our last inspection. A redecoration plan for 2024 was in place and had been approved by the provider.
- The furniture in communal areas had been rearranged to better promote social interaction. People sat together, or alone if they preferred, at small dining tables giving them the opportunity to socialise if they wished to.
- The service's new activities coordinator ensured art and craft items and games were accessible in the lounges. They ran activities groups which provided a focus for people and the opportunity for them to chat and get to know each other.

- Communal areas were no longer being used as storage spaces and people's personal possessions were now kept in their bedrooms. Mirrors were moved to a better height so people could use them.
- Four bedrooms had been redecorated/personalised, and others were on the service's redecoration plan for 2024. People had been consulted on how they would like their bedrooms redecorated/personalised.

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

- Staff referred people to healthcare professionals as necessary and acted on their recommendations. For example, staff observed a person had signs of tissue damage, so they arranged a video call with a GP who prescribed antibiotics which staff ensured the person took.
- People's healthcare needs were addressed in their care plans/risk assessments. Records showed people had access to a range of healthcare professionals including GPs, district nurses, speech and language therapists and mental health workers. People had emergency grab sheets to aid quick information handover to healthcare professionals in an emergency situation.

Staff support: induction, training, skills and experience

- The improved staff training programme ensured staff had the training they needed to meet people's needs. Training records showed the majority of staff had completed their essential training and managers were aware of any shortfalls and booked training on an ongoing basis to ensure staff skills and knowledge were up to date.
- Staff were satisfied with the training provided which enabled them to work effectively with the people they supported. A staff member told us, "The training is much better than it was. It's good. We cover everything we need and [deputy manager] checks it's done and that we understand what we've learnt."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- The provider was working in line with the Mental Capacity Act. Managers completed MCA assessments for people who needed them and submitted DoLS applications as necessary. These were monitored and reviewed as required.
- The service's risk management strategies minimised restrictions on people's freedom of choice and control, in particular when people did not have the mental capacity for specific decisions.
- A relative said they were involved in decisions about their family member receiving medical treatment and consenting to their care and support. They told us best interests decisions were made as their family member did not have the capacity to make these decisions themselves. This is in line with the MCA.

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 Requires Improvement. At this inspection the rating has remained the same. This means the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although the provider had made some improvements, the service was still in breach of this regulation.

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

- At the time of our inspection, environmental and other audits had not identified safety issues at the premises including a broken window restrictor, a loose radiator cover, and numerous tripping and other hazards in the garden.
- Although infection prevention and control audits addressed some cleaning issues, they failed to identify the risk posed by multiple exposed porous surfaces throughout the service. Porous surfaces tend to get dirty more easily (since dirt and debris can get trapped in the pores) and allow germs and pathogens to survive for longer periods of time. Routine cleaning may not be sufficient to keep porous surfaces free of pathogens.
- The provider's quality management and assurance policy still did not identify how often audits and checks should take place. The registered manager said this had been agreed but the policy had not yet been updated.
- The registered manager had re-instated the service's 'daily walk rounds' but had not always kept a record of these, so it was unclear what shortfalls, if any, had been identified.
- Lessons had not always been learnt. Some of the safety issues with the premises, for example the state of the garden and the porous surfaces throughout the premises, were identified at our last inspection but had still not been addressed.

The provider had again failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and after our inspection, and in response to our initial findings, the provider acted to improve the safety of the premises and put new risk assessments in place where necessary.
- Although some shortfalls had still not been addressed, the provider had made other significant improvements to the premises to increase safety and make the environment more homely and

personalised.

- The provider has created a detailed redecoration plan for 2024 and submitted a copy to CQC. This aims to ensure the premises continue to be improved until they meet the required standards.
- The service had a new DBS tracker in place to ensure staff had up to date DBS checks.
- Care plans had been reviewed and updated to ensure information about people's needs was clear and easy for care workers to find.
- The staff training matrix had been updated to ensure any gaps in training could be identified and addressed.

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

- Care plans had been reviewed and rewritten to ensure they were personalised and provided clear guidance to staff on how to meet people's individual needs. Staff were knowledgeable about the people they supported and got on well with them.
- Staff said the culture at the service had improved after managers made changes to the staff team. A staff member said, "Overall, it's lovely, I really enjoy working here."
- Staff enjoyed working at the service and interacting with the people living there. Staff supported people with activities and involved them in events at the service, for example, preparing for Christmas.

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

- People took part in group and individual activities provided by the service's activity co-ordinator. These were advertised in the entrance hall, so people knew what was on each day.
- People's cultural needs were met. One person attended a local place of worship accompanied by a member of staff. Another person's communication needs were addressed using sign language.
- People were consulted about the running of the service. For example, they were involved in the redecoration plan for the premises and asked for their suggestions for colour schemes.
- Staff said managers were supportive of their work/life balance and any caring responsibilities they had. A staff member said, "They [managers] are responsive and helpful." Staff had regular supervision meetings with managers and staff meetings where they were invited to contribute to the agenda.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their responsibilities to be open and honest with people when things went wrong.
- Managers submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.

Working in partnership with others

- The managers and staff had worked closely with the local authority to improve the service and ensure that only people whose needs could be met were accommodated there. This had resulted in better care outcomes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had again failed to effectively assess the risks to the health and safety of people receiving care and failed to do all that was reasonably practicable to mitigate those risks. There was also a failure to take effective action to prevent and control the spread of health infections.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had again failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people.</p>