

Indigo Care Services Limited

Ashlea Lodge

Inspection report

Hylton Road
Sunderland
SR4 7AB

Tel: 01915109405

Website:

www.orchardcarehomes.com/carehomes/ashlea-lodge-millfield-sunderland

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashlea Lodge is a care home that provides nursing and personal care to a maximum of 37 older people, some of whom are living with dementia. At the time of inspection there were 35 people who were using the service.

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

People and their relatives were very positive about the care provided. People told us they felt safe and staff had the skills to support them. Relatives provided positive examples of how staff had helped improve people's lives since moving to the home.

Staff were safely recruited and received an induction followed by training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. There was enough competent staff to meet service user needs.

People and relatives were involved in every stage of care planning. Systems and records were in place to ensure people received person-centred, safe care.

The registered manager had an effective quality assurance system in place. Regular audits and checks were completed. These were used to identify relevant action and lessons learnt. People, relatives, staff and professionals were offered opportunities to provide feedback about the care provided at the home.

All staff ensured people living in the service were happy with the environment and found ways to promote their independence; their passions and interests maintained wherever possible.

The service was following safe infection prevention and control procedures to keep people safe

Medicines were managed safely. Risks to people were assessed and action taken to reduce the chances of them occurring. The registered manager acted on feedback immediately. People were safeguarded from abuse.

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.

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

Rating at last inspection

The last rating for this service was good (6 April 2018).

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 is safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service is responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service is well-led.

Details are in our well-led findings below.

Good ●

Ashlea Lodge

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

One inspector carried out this inspection.

Service and service type

Ashlea 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. Ashlea Lodge is a care home with 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager, the nominated individual, 3 relatives and 3 members of staff. We reviewed a range of records. This included 4 people's complete care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed regularly and managed in a way that kept people safe.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care. The assessments included information and guidance for people with complex needs, communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Care plans contained positive behaviour support information; this included identifying triggers which impacted on people's wellbeing and behaviours, as well as techniques for staff to use to reduce any behaviours which may challenge.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely by the provider and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included photo identification, work history, references and a Disclosure and Barring Service (DBS) check in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs. One relative said, "I've never had any problems with the staff, they're lovely and so helpful, and they know [person] and what their needs are."

Using medicines safely

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and

prescribing instructions.

- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.
- People and relatives told us that they are confident in the medicine's management within the service, one relative said, "The staff are great with medications, [person] had lot's to take but with the experience and help of staff that changed and [person] became more content and happy."
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow. Staff had received training on identifying and reporting abuse.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I wouldn't have a problem raising any concerns, management would certainly take it seriously."
- People reported feeling safe when receiving their care. One relative said, "My family trust the staff in Ashlea Lodge, we know [person] is safe and in good hands."

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- There was a clear emphasis on promoting people's choices where possible. Care plans clearly described people's daily routines and the level of support they required. For example, choosing clothes and dressing, what food they liked to prepare, general interests such as tv, what shops they like to visit and indicated any potential risks.
- Care plans were in date and comprehensive, they detailed people's health, emotional, behavioural, medical, and mental health needs.

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.

- People had their communication needs fully assessed by staff. Strategies were in place to support people with communications.

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

- Staff supported people to attend activities in the local community and maintain relationships that were important to them.
- Relatives were positive about the activities provided. A relative commented, "The staff have done a good job of providing activities to people, I know they have recruited a new person for this so I'm sure they'll get even better."

Improving care quality in response to complaints or concerns

- People and relatives did not have any concerns about the service and knew how to raise a complaint if they needed to. A relative said, "I know how to raise my concerns and I know they would be heard but luckily I've never needed to, the staff have always been helpful to us."
- Any complaints or concerns received were used by the registered manager to improve the service provided and shared with staff to improve the overall care delivery.

End of life care and support

- At the time of inspection no one was receiving end of life care and support. The provider had an end of life policy and staff had received training around this as part of their induction.
- When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way and this was recorded in their care plans.

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.

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

- Governance was fully embedded within the service; the registered manager as well as the regional manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The management team led by example, and we saw they were highly visible and known to staff and relatives.

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

- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "I feel supported by my manager and management team, it's a lovely place to work."
- The registered manager communicated with people, relatives and staff. Relatives told us the management team were approachable. One relative commented, "The registered manager is great, they treat us respectfully and seem to have a good relationship with all the staff too."

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 service had a duty of candour policy in place and the provider understood their responsibility to be open and honest when something goes wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

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

- People had the opportunity to discuss things that were important to them through residents' family meetings and feedback forms.
- The provider held regular team meetings with staff where their views were heard, these included meetings for general staff, senior staff and nurses.
- Feedback from staff, people and relatives was very positive, and we saw the provider had taken on feedback and suggestions provided.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.