Inspection Report

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

Ashcroft Lodge - Doncaster

18 Field Road, Thorne, Doncaster, DN8 4AF

Tel: 01405812128

Date of Inspection: 05 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Autism Plus Limited
Registered Manager	Mr. Ian Parish
Overview of the service	Ashcroft Lodge is based in Thorne on the outskirts of Doncaster. The service provides accommodation and care for six younger people who have autistic spectrum disorders. It consists of two integrated units. The Lodge is a four bedded unit for people who have complex needs and who require one to one staffing for their care. The Cottage provides care and accommodation for two people who are relatively independent and working towards semi-independent living.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Some of the people who used the service were unable to speak with us because of their complex needs. We were able to speak to two people who used the service and observed the care people received. People who spoke with us were positive about living at the home. We found people were happy and relaxed with the staff who supported them.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff enabled people to make choices about their care and how they wanted to spend their time, even where their understanding and communication was limited.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff demonstrated a good knowledge of people's needs.

People were provided with a choice of suitable and nutritious food and drink. Staff encouraged people to eat their food and drink as independently as possible, providing support and assistance where required.

Appropriate arrangements were in place for the safe administration of medicines. Staff had received training in medicine management.

There were enough qualified, skilled and experienced staff to meet people's needs. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

There was an effective complaints system available. People who used the service were encouraged to raise any concerns or suggestions.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We looked at three care plans. We found capacity assessments had been carried out. Where people were unable to make informed decisions there was evidence best interest meetings had been held with people who knew and understood the person using the service. The manager told us there was also access to independent advocacy services for people if they required.

We found people who used the service were encouraged to make choices in all aspects of their care and treatment. Where people had communication difficulties we saw staff used a range of communication tools including pictures and symbols to ensure people could make choices. The manager told us the provider was also developing an easy read guide for consent to treatment. This would support people to make decisions about the care they received and the reason for it.

We spent time in communal areas observing how staff interacted with people living in the home. Staff enabled people to make choices about their care and how they wanted to spend their time, even where their understanding and communication was limited. We observed staff effectively offering support, explanations and reassurance to people who used the service.

We found senior and newly appointed staff had received training in the Mental Capacity Act and Deprivation of Liberty safeguards. However, some care staff we spoke with told us they had not received this training. We discussed this with the manager. They told us the provider was in the process of rolling out this training to all staff.

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

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We found care plans were person centred and set out in detail people's healthcare, personal and social care needs. Records reflected professional guidance issued by external organisations, for example, The British Institute of Learning Disabilities (BILD). This ensured staff delivered the care required and people's needs were identified and met.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found assessments were carried out in areas such as communication, mobility, self care and daily living skills. There were yearly reviews which showed people's achievements and their goals for the following year. Staff told us care plans were reviewed on a six monthly basis or sooner if there were changes to a person's care or treatment.

People using the service had a health action plan in place, which was completed by the person with support from their key worker. The plans contained important information about the person's health and wellbeing and about the help available. There was evidence that people received regular health reviews and appointments with other health professionals, such as the GP, psychologist and, speech and language therapist.

For people with challenging behaviours we found support plans were in place. The plans were personalised to meet the needs of the individual. They recorded personal feelings, triggers for the behaviour and the support required.

During our inspection staff demonstrated a good knowledge of people's care and support needs. Staff told us there were good verbal and documented handover procedures at each shift change. This ensured staff were aware of changes to people's needs.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. One person we spoke with said they liked curry. We observed during our inspection staff encouraged people to eat their food and drink as independently as possible, providing support and assistance where required.

We looked at three care plans. This showed people who used the service had a choice of food which took account of their individual preferences, needs and cultural requirements. For people who were unable to communicate staff showed them different foods to enable them to make choices.

We found people were supported to be able to eat and drink sufficient amounts to meet their needs. Food and fluid monitoring charts had been completed each day. The food recorded was suitable and nutritious. Any dietary requirements were also identified and reviewed. Care plans stated what support was needed for people, and contained approaches and strategies to deal with any issues or concerns. For example, food was cut into small pieces and supportive equipment provided.

Staff we spoke with were knowledgeable about people's nutritional requirements. They told us they weighed people each month. However, some records we looked at showed people's weight had not been regularly recorded. We discussed this with the manager who assured us they would review care plans to ensure these were completed appropriately.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Records we looked at showed the receipt and administration of medicines were recorded correctly. Staff told us if medication was refused, the reason for this was documented on the medicine chart. We found risk assessments were maintained of current medications for people within the service. This included information about short and long term goals, interactions and side effects. Where people who used the service went out for the day records showed medication was signed and accounted for on their return.

Medication was given using a monitored dosage system. We found medicines were locked in a secure area. Staff told us best interest decisions had been taken before administering medications covertly. We saw these decisions were recorded in one person's care plan. There was input from other healthcare professionals, this included the person's GP and a pharmacist.

We saw written protocols to help staff decide when to administer 'as required medicines' (PRN) to a person. The protocol included information about the medicine and its side effects. Staff told us they informed the team leader before giving PRN medication. They said where medicine was given PRN, they carried out observations of the person and recorded the effects of the medicine. Staff also told us there was a procedure for administering PRN medicines to people who were unable to communicate. This included monitoring physical signs and behaviours to see if a person was in pain or unwell.

We found there were suitable arrangements for the safe disposal of medicine. Any medication which was out of date was returned to the pharmacy. We saw records which showed returns were signed by staff and the pharmacy to confirm receipt.

We observed one person being given medication. The staff member carried out the task safely and spoke to the person in a kind and respectful way. Staff told us they had received medication training. Records we looked at confirmed training was in place.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The manager told us staffing levels were based on the dependency of people who used the service. This included one to one staffing. Staff we spoke with confirmed there were sufficient staff on each shift to meet people's needs. During our inspection we observed staff were able to meet people's needs in a timely way. Where required one to one care and support was provided.

We found there were systems in place to respond to unexpected circumstances, for example, to cover sickness absences and emergencies. The manager told us they would use existing staff where possible or bank staff who were familiar with the home. This meant people who used the service had consistency of care.

Staff we spoke with told us they received good support from the manager. They told us there was an 'open' culture where they could raise any concerns with team leaders or the manager and these were acted on. They told us they worked well as a team and provided a good standard of care to people who used the service.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff told us they received a yearly appraisal and supervision. They confirmed training and development was discussed at supervision sessions, including any care issues they had concerns about. Records showed staff had received appraisals and the supervision programme was being maintained. The team leader told us they would be reviewing objectives set for staff every two months. This ensured staff were being supported to provide care and treatment to people who used the service.

The service provided an internal training programme and employed a designated training officer. Staff confirmed they had received induction and mandatory training. The annual mandatory training programme covered a range of topics including: moving and handling, safeguarding, first aid, medication and infection control. Records we looked at showed where staff required refresher training this had been booked for the forthcoming year.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance. The provider had a complaints procedure in place. This set out the steps people could follow if they were unhappy about their care and treatment.

The manager told us there were no formal written complaints received in the last 12 months. They told us there was an open door policy where people were encouraged to raise any concerns or suggestions about the service. The provider also held a relatives forum where concerns were discussed.

The manager told us complaints would be reported to head office and any lessons learnt discussed at team meetings. This ensured people's complaints were listened to and acted on effectively.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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