Review of compliance

Autism Plus Limited Ashcroft Lodge - Doncaster	
Region:	Yorkshire & Humberside
Location address:	18 Field Road Thorne Doncaster South Yorkshire DN8 4AF
Type of service:	Care home service without nursing
Date of Publication:	September 2012
Overview of the service:	Ashcroft Lodge is registered with the Care Quality Commission to provide accommodation and care for six younger people who have autism. 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.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Ashcroft Lodge - Doncaster was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Ashcroft Lodge - Doncaster had made improvements in relation to:

Outcome 14 - Supporting workers
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 March 2012 and talked to staff.

What people told us

When we visited the service in November 2011 we spoke with people who used the service. They told us they were very satisfied with their care and felt safe in the home.

At this follow up visit, people who used the service were out in the community so we did not have an opportunity to speak with them.

What we found about the standards we reviewed and how well Ashcroft Lodge - Doncaster was meeting them

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Improvements to the staff training programme meant that staff received the learning and development opportunities they needed to carry out their roles and keep their skills up to date. However support for staff through supervision was not fully embedded in practice.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Records about people who used the service were used to plan appropriate care, treatment

and support.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
At this follow up visit, people who used the service were out in the community so we did not have an opportunity to speak with them.

Other evidence
We visited the service in November 2011 and we found there may have been some risks to people because some refresher training was overdue, staff were not always appropriately supervised, and staff had not received an annual appraisal interview to discuss their performance in providing care and support. We made a compliance action that stated the provider must take steps to become compliant with this outcome.

This visit was to review the progress of the service in meeting our compliance action. During our visit we looked at the staff training, staff supervision and staff appraisal records.

The majority of staff members had an appraisal carried out in January 2012. The manager told us that the remaining two staff appraisals would be completed by the end of April 2012. The provider used a personnel profiling system for supervision and appraisal of staff. We were informed that six "Achievement and career evaluation profiles" were intended to be carried out each year.

The appraisals completed in January 2012 were the first of these sessions and the next were planned for March 2012. We were unable to assess if the supervisions were robust and sustainable, due to the limited amount of time since they were introduced. We will look at them in more detail when we undertake our next inspection of the

service.

A training plan was in place for individual staff members and the manager had an overall plan for the service. We were informed that all training took place at the Autism Plus head office, and was carried out by their training officer. The manager was informed of the available training dates and the names of staff who had to attend. He was then responsible for amending the staffing rota so staff members were free to attend the training.

We saw from the training plan that there was a rolling programme of training available to staff and the provider was working towards ensuring all staff were up to date with their mandatory training and other more specialist subjects. Where staff required refresher training, this had been booked with the training officer and we were able to track this using information supplied by the manager.

Our judgement
Improvements to the staff training programme meant that staff received the learning and development opportunities they needed to carry out their roles and keep their skills up to date. However support for staff through supervision was not fully embedded in practice.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
At this follow up visit, people who used the service were out in the community so we did not have an opportunity to speak with them.

Other evidence
We visited the service in November 2011 and we found that there were some risks that people's personal care records were inaccurate. This was in relation to risk assessments and mental capacity assessments. We made a compliance action that stated the provider must take steps to become compliant with this outcome.

This visit was to review the progress of the service in meeting our compliance action. During our visit we looked at care plans, risk assessments and mental capacity assessments.

Discussion with the manager indicated that the staff reviewed the risk assessments for people who used service and amended them as the person's needs changed. Those assessments we looked at were up to date and showed what the risks to people were and when they had last been reviewed.

The manager informed us that mental capacity assessments were not carried out routinely for people who used the service. However, information about each person's ability to make decisions around their care and their wishes and choices was recorded

in their care plan. This was looked at when we reviewed the care plans and found to be accurate.

When a decision about care or treatment arose that was not routine, then the manager completed a mental capacity assessment. The manager also arranged for a best interest meeting to be held with the person who used the service, their representatives, funding authority and health care professionals who had input to their care. We were able to look at completed mental capacity assessments which were kept in people's care plans. These assessments were signed and dated by the staff who had completed them.

Our judgement
Records about people who used the service were used to plan appropriate care, treatment and support.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	Why we have concerns: Improvements to the staff training programme meant that staff received the learning and development opportunities they needed to carry out their roles and keep their skills up to date. However support for staff through supervision was not fully embedded in practice.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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