

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

Ashley Lodge Residential Care Home

Odiham Road, Winchfield, Hook, RG27 8BS

Tel: 01252843172

Date of Inspection: 28 November 2012

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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
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ms M Sowerbutts
Registered Manager	Mrs. Janis Swinstead
Overview of the service	Ashley Lodge Residential Care Home provides a service for up to 11 people who have a learning disability. Ashley Lodge Residential Care Home is situated in the village of Winchfield near Hook, Hampshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 28 November 2012, 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

We spoke with three of the people using the service who all said that they liked living at Ashley Lodge. They told us that their families could visit whenever they wanted and that all staff were helpful.

We heard that people had opportunities to get involved in planning their care or support. They were able to choose when they wanted to take part in activities. People told us they enjoyed a variety of activities which included swimming, music, horse riding and trips out. We were told about a recent holiday at Butlins and a forthcoming trip to the Theatre.

We found that staff demonstrated a good understanding of the individual needs of the people living at Ashley Lodge and how they should be met.

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.

Where people did not have capacity to consent, the provider acted in accordance with legal requirement.

Reasons for our judgement

People living at Ashley Lodge had an individualised service user's guide. We looked at three of these which had been produced in an easy read format to meet the communication needs of each person. They gave a clear overview of what each person could expect from their stay at Ashley Lodge.

Where people were unable to make decisions there was a mental capacity assessment which identified areas where the individual could currently make decisions and where they were unable to. The assessment encouraged staff to make comments about observations on capacity. Comments and preferences made by the individual were clearly documented. We saw in one individual's plan that they could choose their own meals, but at times might not make healthy choices. We observed staff at lunch time supporting this person's food choices and offering healthy alternatives. We saw in another support plan details about a person lacking decision making around their health and that any interventions needed would be done in their best interests.

We also saw that parents had signed the support plans and had been involved in the planning along side their relation.

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 support plan. We looked at four support plans. These contained a comprehensive range of information about the care and support required by each person. Three of the plans contained a section entitled 'My story so far' which was a life history of the individual compiled by their family. One person was keen to show us their support plan and it was apparent that they were aware of its contents.

Each plan contained an assessment of the individual's needs, covering such areas as personal care, relationships, food and drink. The support each person required in order to meet these needs was recorded, as were any preferences or choices. The plans gave staff clear guidance about what each person could do for themselves. This guidance was detailed and offered practical advice around such things as people's communication needs or things which could trigger behaviours which might pose a challenge.

Separate assessments had been carried out in relation to specific risks to the individual. One person had a risk assessment in relation to their sleep habits. Another risk assessment included a multi disciplinary team approach to support the management of an individual's epilepsy. There were clear actions documented to ensure their epilepsy did not restrict activities and had a minimal impact on their lifestyle. In each case staff had assessed the level of risk the activity posed and risk management strategies were clearly documented.

We spoke with four staff members and observed others as they went about their work. They all demonstrated a very good awareness of people's needs. We heard that staff read the support plans regularly and would always look at the care summary at the start of each shift.

One person's support plan indicated that they needed encouragement to eat. We heard the morning staff tell their afternoon colleagues what this person had eaten for breakfast. We then saw them offer him a range of choices at lunchtime. The items they suggested were all included in a list of favourite foodstuffs in his support plan. The individual told us afterwards ' I like staff, they are very helpful. They made my lunch for me'.

Staff told us that any changes to support plans were actioned immediately. They described to us how they would explain these changes to a person using the service. We heard that each person's support plan was formally reviewed by their social worker and staff in the home each year. The review documents we saw showed that the individual concerned and their family members were encouraged to take an active part in the process.

We spent a period of time informally observing people in one lounge areas. We saw individuals moving freely around the home and making choices about whether they wanted to join others in the living room or go back to their own bedroom. During our visit staff took a group of people out to a local park. On their return one person was keen to tell us that they had been to a cafe and bought a snack. Another person told us about a variety of other activities they enjoyed, particularly horse riding and trampolining.

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

Appropriate arrangements were in place in relation to obtaining and storing medicines. Policies and procedures were in place to guide staff in the safe management of medicines. We asked three staff members to explain these procedures to us.

They told us that medication was prescribed by the GP and delivered to Ashley Lodge by a local pharmacy. On arrival these medicines were checked in by two staff members to ensure that they were correct.

All medication was stored in a large plastic box with the individual's photo on the front. These boxes were then locked in the medicine cupboard.

Appropriate arrangements were in place in relation to the recording and administering of medicine.

All medicines were recorded on a medicine administration record (MAR sheet). Staff told us that there were two staff present at all times during the process of administering medication.

We checked the MAR sheet for two individuals. These clearly identified which staff had been responsible for administering the medication and included the dosage and time given.

Staff were able to talk us through the process of administering medication, the recording procedure and the consequences should any errors take place.

Staff told us that they had been given training about medication. Once they had completed this they would first observe others administering medication. They would then be observed before being deemed competent. Staff also told us that if an error occurred that they would report this immediately to a senior member of staff and that the consequence of this could be disciplinary action.

We observed staff giving people their medication. This was done in a sensitive way and reflected people's individual needs.

Medicines were disposed of appropriately. The policy stated that all unused medication must be returned to the pharmacy for disposal. Staff were able to explain the importance of following the medication policy and ensuring that all medicines were handled and

disposed of appropriately.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

We looked at two staff files. One of these files was for a new member of staff and we saw that prior to starting to work the relevant checks had been made.

Staff files contained proof of identity, an enhanced criminal records bureau check (CRB), at least two references, eligibility to work and a full employment history. The manager told us that she had recently requested a third reference for a prospective staff member. This was because the first references did not contain sufficient information about the individual.

Staff told us they were required to go through an induction workbook when they first started and to also complete mandatory training in areas such as manual handling. The manager told us that all new staff would shadow an experienced worker for a period of time before being allowed to work alone. The manager explained that this meant new staff would be gradually introduced to people using the service.

Staff told us that they had good access to training opportunities. They said that if there were any areas of their work they did not feel comfortable with then the manager would support them to access additional training. The manager showed some additional training staff had recently undertaken in the 'Understanding safe handling of medications'.

Staff told us that they received regular supervisions and appraisals where training needs were discussed.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

Ashley Lodge complaints policy contained contact details for the local authority and Care Quality Commission if people wished to raise their concerns with external organisations.

The manager informed us that whilst individuals were unlikely to make a complaint verbally staff were aware of the need to observe people's body language for signs they were not happy. She said that family members would make complaints on people's behalf where necessary. People would be given support by the provider to make a complaint or comment where they needed assistance.

People's complaints were fully investigated by the manager and reports containing actions taken made available. Matters would also be referred to the local authority where necessary.

We looked at the complaints file. No formal complaints had been made for some time. We saw evidence in daily records for an individual who had been concerned about loud music. This person had contacted their relative to express their concerns. Their relative had then rung the manager who immediately resolved the complaint to the satisfaction of both the person using the service and their relative.

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.

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