

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

Ashdown Lodge

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3PJ

Tel: 01903785251

Date of Inspection: 13 March 2013

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2013

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mrs Janet Tucker
Registered Manager	Mrs. Bridget Hart
Overview of the service	Ashdown Lodge provides support and accommodation for up to thirteen older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 13 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit, there were eleven people living in the home. People that we spoke with told us they were happy with the care and support being provided.

Comments included. "It's very nice here and the people who care for us are lovely. The food is very good and is always well cooked too."

There were care plans in place that included people's individual needs and wishes. The plans also contained clear information regarding staff supporting people's emotional wellbeing.

The home's staff worked with a variety of healthcare professionals including local doctors and district nurses. We saw that people also had access to specialist care when required.

We spoke to staff and reviewed records which showed us that people were protected from abuse and their care was planned and delivered in a safe manner.

People were protected by there being a robust staff recruitment and selection process in place.

There were processes in place for the provider to audit and record the standard of care being provided.

A family member who visited the home regularly told us. "I am so glad we chose this home. There are very good staff and as it is a small home, my mother interacts well with everyone."

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People using the service told us that they were happy living in the home and they said that they felt that their individual choices were respected. Examination of records showed us that the manager carried out an assessment process prior to people making a decision about whether they wished to live in the home. During the visit two new admissions were expected. We saw that assessments had been carried out and recorded and a basic care plan was in place ready for their arrival.

We were told that people had been encouraged to visit the home prior to making a choice about living there. A family member told us. "We visited three homes before this one but this one had a feel about it and was small and friendly."

From our examination of records we saw that each person living in the home had a person centred plan of care in place that had been generated from the assessment process.

Evidence that we saw showed us that people are consulted about the way they wish to be supported and about decisions around their lives. Records showed us that the manager met with each person on a regular basis and completed a questionnaire regarding their changing needs. We saw that this included a choice of where and how they wished their meals to be served.

We saw that people using the service were treated with dignity and respect. Examples of this were, staff knocked on people's doors and asked if they could enter. We observed a staff member asking people if they were happy to have the meal of the day or whether they would like an alternative. One person told us that they had played music all their life and they had been able to bring their piano into the home. People told us that they had been able to bring their own items of furniture with them and we saw that their private bedrooms were pleasant and had been personalised.

Each person living in the home had a copy of the service user guide. We saw that there was a 'Quality Care and Service Charter' displayed in the dining room of the home. This

document explained to people their rights and what support and care they could expect from the home.

Examination of care plans showed us that people's life choices were recorded and respected. This included their religious beliefs, how they wished to be cared for and end of life wishes. This information showed us that people's diversity, values and human rights were respected.

Comments from people living in the home included. "Oh it's perfect for me here, I couldn't complain about a thing. The food is very good, the staff are caring and I can have visitors at any time."

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

For each person living in the home, there was a plan of care in place that was regularly reviewed and updated. The care plans covered all areas of people's lives including their preferred name, family history and physical and emotional healthcare needs. The plans also detailed how staff should promote people's independence and social and wellbeing.

We examined the care plans for three people and this showed us that they had been reviewed and updated monthly to reflect changes in people's needs and choices. The information provided in the care plans enabled staff to carry out their duties safely and in accordance with the needs of each individual. Three care staff that we spoke with told us that they were guided to people's care needs by reading the care plans and daily notes and attending staff meetings.

Care and treatment was carried out and delivered in a way that ensured people's safety and welfare. For example risk assessments were in place to ensure the safety and wellbeing of people. These included, continence care, mobility needs and dealing with people's emotional wellbeing. For one person assessed as having communication difficulties we saw that there were guidelines in place to ensure that staff gave the individual sufficient time to explain their needs.

From talking with people and looking at care plans we saw that a variety of healthcare professionals were involved in people's care. This included local doctors and the district nurse team. During our visit a healthcare specialist visited a number of people living in the home. When we asked their views on the care being provided, we were told. "I go to a lot of homes and this one is very good. They are great with access to healthcare and the manager is very involved. The staff are always pleasant and helpful."

Examination of records showed us that there were plans in place for emergency admissions to hospital for each person and these were kept under regular review. Accidents and incidents were recorded, monitored and reported to the relevant authorities as appropriate.

We saw that a range of activities were available both in the morning and the afternoon. During the day a memory quiz had being undertaken and enjoyed by a number of people. People told us that they also enjoyed musicians, skittles craft and baking. A daily diary

recorded what activities people had undertaken and also recorded if people had not wished to participate.

A person living in the home told us. "There are a choice of activities but mostly I don't always want to be involved. This is respected but I do like to have a manicure in my room."

Comments from three visitors to the home who spoke with us included. "I am always very impressed. It's a really nice home with good activities and a nice atmosphere. It's always clean and tidy and you just sense it's caring."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There was a safeguarding policy and procedure in place and we saw that the local multi-agency policy and booklets were available for staff reference. We saw that a complaints procedure was also displayed and complaints brochures left available for people in the hall of the home. This meant that people and the staff supporting them had easily accessible information and telephone numbers should they need to report concerns or a suspected safeguarding issue.

From talking to staff we found that they had attended safeguarding training. Training records that we examined supported this. We saw that staff also had access to guidelines regarding equal opportunities and mental capacity. Three staff that spoke with us demonstrated that they had knowledge of the process to follow. They were able to give us examples of types of abuse and when it would be appropriate to report concerns.

Staff told us that they were aware of the whistle blowing policy and said that they knew how to use it should they suspect any identified risk of abuse to people. One staff member told us. "Our responsibility is to ensure that people are happy, well cared for and safe. They should be living their lives without fear of intimidation or any neglect."

There were policies and procedures in place regarding keeping people safe. This included appropriate arrangements to manage risks of falls and care of pressure areas.

The manager told us that should people be deemed not to be able to make informed decisions about some areas of their lives; multi-disciplinary meetings would be held in order to ensure their best interests were upheld. A family member told us that they were consulted and kept aware of changes to their relative's healthcare and emotional wellbeing.

A person living in the home told us. "If I was unhappy about anything I would talk to the manager or the owner. I know that they would always take note and do something as soon as possible."

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

In order to ensure that people were safe and that their health and welfare needs were met, the home had an effective recruitment and selection process in place. This included appropriate checks being undertaken prior to new staff starting work.

We examined three sets of staff recruitment files, including one of a recently employed person. We found that the files contained the required information as specified in Schedule 3 of the Health and Social Care Act 2008. This included Criminal Bureau Checks (CRB), references and a medical history.

New staff completed an induction in line with Skills for Care guidelines. This included three days where they shadowed experienced staff and carried out mandatory training such as moving and handling and infection control. Records that we examined confirmed this.

People living in the home were very positive about the management team and the staff team. They told us that there were sufficient staff to meet their individual needs. They said that they thought that staff were attentive and caring.

Comments included. "The staff here are very good indeed, very kind. They will do anything for you."

Training records that we examined showed us that there was training package in place for each staff member. This included mandatory training such as moving and handling, infection control and safeguarding people from risk of abuse. Staff received training that was suitable to their role. Records showed us that this included access to the National Vocational Qualification (NVQ). Some people had attended courses such as diabetes awareness and stroke care. This showed us that staff had the qualifications, skills and experience necessary for their work to be performed safely.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There were processes in place in order to assess and monitor the quality of service being provided. Examination of records showed us that the manager carried out daily, weekly and monthly quality audits checks. We saw that this included areas such as infection control, review of care plans, environmental risks and care plan reviews. There was an annual cycle of audit and review in place carried out by the registered provider. We were shown records that included quality audits for medication, the fabric of the building, health and safety and fire. Following the audits we saw that outcomes were collated and areas for improvement were identified in an action plan. Records showed us that these were kept under review by the provider.

The home had clear policies and procedures in place and we saw that these were readily available for staff reference. This included complaints and concerns. The manager showed us records detailing how the home responded to complaints and concerns. This included complaints being recorded and investigated in a timely manner.

There was an emergency plan in place for the home and also an individual emergency plan for each person using the service. The manager told us that in the event of the home becoming uninhabitable, there was an agreed reciprocal arrangement with another care home in the area, where temporary accommodation had been planned.

A quality survey was carried out annually and questionnaires were sent to people using the service, families, staff and other professional involved in people's care.

Comments that we saw from people using the service included. "I am very happy and everyone is very kind."

A family member wrote. "We are very impressed and think you are all doing a splendid job. Our relative couldn't be in a nicer home."

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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