

Review of compliance

Parkcare Homes (No 2) Limited Ashridge	
Region:	East Midlands
Location address:	14 Tower Road Boston Lincolnshire PE21 9AD
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	Ashridge is a care home owned by Parkcare Homes (No 2) Limited and is situated in the market town of Boston in Lincolnshire. It is registered to provide accommodation for persons requiring nursing or personal care. It caters for older and younger adults with a learning disability or autistic spectrum disorder. Ashridge can accommodate up to twenty people and does not provide nursing care.

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

Our current overall judgement

Ashridge was meeting all the essential standards of quality and safety inspected.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

On the day we visited 17 people were living in the home. We were able to speak with the manager, two members of staff and eight people who lived there.

People in the home said they were treated with dignity and respect and supported to be as independent as possible. They said they had access to all the activities they wanted.

People told us they liked living in the home, they felt safe and staff were kind and friendly and knew what they were doing. They also said they could get access to a doctor or other health professional if they needed to.

People also said they knew what to do if they wanted to complain about anything and felt sure something would be done about it.

What we found about the standards we reviewed and how well Ashridge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

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

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

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

Outcome 07: People should be protected from abuse and staff should respect their human rights

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.

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

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.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with eight people living in the home and they all told us they had choices about everything in their lives. This included their leisure activities, what they ate and how the home was run. For example, one person who had to go for a hospital appointment, was given the choice whether to go in the minibus or in their wheelchair. They chose their wheelchair because it was raining.

One person said, "I have the freedom to come and go as I want". Another person we spoke with, who had a sensory impairment, told us they were in and out of the home all day and could do what they liked.

People also told us that they were encouraged to do as much for themselves as they could in order they could be as independent as possible, for example cooking, shopping and washing and ironing their own clothes.

In one area of the home called The Beeches, we saw some of the people were able to do their own cooking in a fully equipped kitchen. The amount of support they needed to do this was dependent on their individual needs.

People told us the care staff always explained things to them if they did not understand something and always helped them.

One person, who enjoyed gardening, showed us the patch of garden they used to grow vegetables. They told us anything they grew they gave to the cook who used it when they prepared meals for people.

All the people living in the home had locks on their bedroom doors so that they could have private time if they wanted to. The people we spoke with all said they felt that their privacy and dignity were respected. One person told us, "I always lock the door when I go out but I like to have it unlocked when I am in, so care staff can get in to help me if I need it." We saw their room had been personalised with pieces of their own furniture. This person told us their room was just the way they wanted it.

We saw another person's room had just been decorated in the colour they had chosen. They were very pleased with it and told us, "I wouldn't change anything."

Everyone we spoke with knew they had a care plan, what was in it and how to have a discussion about it. They also knew they needed to sign it when it was changed or reviewed. They told us they felt a real part of the process and could say how they felt about it.

Other evidence

During our visit we saw people in the home treated in a respectful and friendly way by care staff. For example one member of care staff asked a person if they wanted them to be present when they talked to us. The person told them they did and the member of care staff came into the lounge with us but did not answer for the person when we asked them about their experiences. At other times care staff left us to talk with people in the home privately.

We also saw care staff speaking to people using their preferred name.

Our judgement

The provider was meeting this standard.

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

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

All the people we spoke with told us they were happy living in the home and the staff were always kind to them and helped them if they needed it.

One person told us if they wanted to speak with a GP about anything they asked care staff to make an appointment for them and went with them.

Some people in the home had more complex needs and when we spoke to one person with these needs, they told us they were going to have an appointment with a specialist who they hoped would help them with their current problem. This had been documented in their care plan and evidenced that their care needs were being met.

One person told us they cut the grass in the garden and they had needed to have a risk assessment done to make sure it was safe for them to do that. We saw the risk assessment in their care plan.

People told us about the activities they enjoyed, for example going out to the pub and the Gateway club. The Gateway club is a special place people with a learning disability can go to enjoy themselves. One person showed us their club card and their snooker cue they took to play snooker there. They told us how much they enjoyed going. Other people told us they enjoyed going to the pub or dancing and staff told us people were supported to do what they preferred.

In one of the lounges we saw three photo albums full of pictures of the people in the

home enjoying various leisure activities over the past twelve months. People in the home were keen to show us the photos and tell us about their experiences.

We saw the home had just had a new mini-bus delivered for the people to use when they went out anywhere. It had been adapted to take people in wheelchairs.

When we spoke to the manager, she told us all the people in the home had the opportunity to have a holiday and they were making their minds up about what to do and where to go. Some people had decided they wanted to go away on holiday although they had not yet decided where they wanted to go. Others had said they preferred to go out just for days.

All of the people we spoke with knew the home kept records about them and told us their care needs were discussed with them. One person told us if they didn't like what was in their care plan they would say so and it would be changed.

People said they were looked after well and we saw care staff had created a good rapport with people.

Other evidence

One member of staff told us, "If I had to choose a place to go, I'd choose here because the care is so good."

We looked at the care plans for the people we spoke with and saw they had been signed by them to show they agreed to their care. We saw the plans were very comprehensive, person-centred and covered all aspects of people's needs. For example, in each plan there was a pen portrait (a short account of each person), their goals and aspirations and a detailed life history. There was also a plan that explained their funeral wishes if anything happened to them.

They also included all their care needs and the best way staff could support them to achieve these. These included their physical well-being and any mental health issues. The care plans had been reviewed regularly but we were told this would happen more often if care needs changed. They also contained good risk assessments and how the risks could be minimised.

We also saw every person had a small concise document called 'my health passport'. This was taken when people were admitted to hospital and contained a photograph of them and any relevant information for the health professionals looking after them.

Our judgement

The provider was meeting this standard.

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

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All the people we spoke with told us they felt safe living in the home. One person said, "Of course I feel safe. If I didn't, I would go to the senior (member of care staff) or the manager or the deputy and they would sort everything out for me." They also told us, "I won't stand any nonsense from anybody."

Another person told us one particular member of care staff always sorted any problems out for them.

One person explained to us how they looked after their own money in their room and how they kept it safe. This made sure all their money could be accounted for. They also had their own bank account which a member of their family supported them with.

Other evidence

When we spoke with care staff about protecting people during our visit they knew what abuse was, the different forms of abuse and what to do about it if they witnessed it. We also saw the number of the local safeguarding team on the wall for all staff to access if they needed to.

The manager knew what abuse was and the procedure to follow if an allegation was made. The home's safeguarding vulnerable people policy reflected that of Lincolnshire County Council, the lead agency in all safeguarding matters.

From looking at the care given by members of care staff and the manager, we saw that people in the home were treated in a friendly, courteous and respectful way which people responded well to.

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.

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

The observations we made during our visit showed us there were enough staff on duty at the time to meet the needs of the people in the home. We saw that care staff knew how to care for each person and they did so in a knowledgeable and respectful manner.

All the people we spoke with told us they were happy with the staff and praised them. For example one person said, "The staff are good. They know what they're doing. They've had 100% training." Another person told us, "The staff would come to my rescue if I needed them. They're OK."

They were also very appreciative of the manager and what she did for them. We saw the manager's office door was always open and people and care staff walked in and talked to her all the time.

Other evidence

All the members of care staff we spoke with told us they felt very well supported by the manager and could take problems or concerns directly to her at any time. One care staff member told us, "She really does her best."

The care staff also told us they had the knowledge to do their jobs well. One member of care staff told us, "I love it and giving them (the people who lived there) the chance to do things we take for granted."

They also told us they received lots of training, the majority of which was done on-line via an e-learning process. The organisation uses 'foundations for growth' which is their

staff training and professional development programme.

Care staff were prompted about which modules they needed to complete each time they used the computer and logged onto their intranet. Some staff said they enjoyed learning that way, while others preferred to have more face to face training. However, certain modules are always undertaken on a face-to-face basis, for example, first aid and managing violence and aggression.

Care staff knew the care needs of all the people in the home. An example of this was found when we spoke about the needs of the people we case tracked during the day and found the care staff knew their needs very well. We observed one member of care staff talking with a person with complex needs. They were able to deal with the person because they understood them.

Other courses that staff had done related to specific conditions that some of the people in the home suffered from, for example autism and asperger's syndrome. The training gave them the opportunity to understand specific conditions and support the people in the home with more knowledge and understanding.

We found that of the twenty members of care staff employed in the home, eighteen have completed at least a level 2 in a formal health and social care qualification. We saw staff had received regular two monthly supervision sessions. Supervision sessions are where the staff talk with their manager on a regular basis about the work they do, any problems they have and the sort of training they need to make sure that people are well cared for.

One staff member's last supervision session had been dated June 2012 and they told us they found them very useful as they could discuss any issues they had. Appraisals took place for every staff member on an annual basis. Appraisals are a way that managers look at how well their staff are doing their job.

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.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The people we spoke with said they were happy with their rooms and the general facilities the home provided. During our visit we saw it was clean and tidy. It was acknowledged by the manager some of the areas of the home needed upgrading, for example the bathrooms and toilets on the first floor. However we were told by the regional manager, who was visiting the home during our inspection, approval had just been given to undertake this work and would commence shortly.

The eight people we spoke with during our visit did not raise any complaints with us. Everyone we spoke with told us they enjoyed living there. When we asked what they would do if they did want to complain about anything or raise any issues, they told us they would talk with the manager, or her deputy, who they felt sure would put things right.

When we asked one person if they thought they were listened to they said, "Yes, I would have no hesitation about complaining. They would have to put it right." Another person told us, "I know what to do. I would just tell them." They felt confident that something would be done.

People also told us they went to regular meetings in the home where they discussed things that mattered to them for example, what they would like to do and what the 'comfort-fund' money should be spent on. The 'comfort fund' is money from donations and fund raising events that is used for the benefit of the people living in the home. People have already benefited from goalposts and also a gazebo for the garden this

year.

Other evidence

We were told by the manager that the people in the home had meetings approximately every four or five weeks and we saw evidence of these. The people we spoke with said they attended nearly every one of these meetings, although they did not have to attend if they did not want to.

They also discussed any ideas people may like to take forward to the 'Your Voice' committee meeting. One of the people in the home was the area representative for 'Your Voice'. This is an organisation-wide committee made up of people from the organisation's homes. The committee meet with board representatives on a regular basis to discuss things which are important to people living in the homes.

One person told us they had been involved in recruiting new members of care staff to the home. They told us they liked doing that as it helped them make sure they were going to get on with the new member of staff.

Staff told us they had monthly staff meetings and we saw these were minuted. We also saw there were comment cards in the entrance to the home for anybody to use to give positive and negative feedback on the care or the service.

We saw copies of the previous questionnaires people in the home had completed about the quality of the service provision. The questions were comprehensive and we saw the results were mainly positive and no issues had been raised. However we were not able to see the analysis of the answers and a written report on them.

Staff questionnaires were undertaken on an annual basis and we were informed by the regional manager that the comments from the last one, "Were mainly very positive." The manager undertook various monthly audits including care plans and medication. Care plans were audited on a minimum of every three months. We saw actions were raised if the plans were found to be not satisfactory and a completion date given. These were then audited again.

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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