

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

Ashdown Close - Southport

37 Ashdown Close, Southport, PR8 6TL

Tel: 01704549889

Date of Inspection: 09 July 2013

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

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	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	Autism Initiatives UK
Registered Managers	Mr. Stephen Barry Mr. Stephen Frederick Barry Mr. Kenneth Ian Morrison
Overview of the service	Ashdown Close is a detached property in Southport which can accommodate up to two people with a learning disability. The property is situated in a residential area, close to public transport links, shops and other community facilities.
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 9 July 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

The two people who use the service could not tell us about their experiences of using it or comment about the care and support they received, due to a variety of complex needs. On the day of our inspection they were not at home as they were attending their day time activities.

We spoke to their relatives to gather their views and experiences of the service. Some of their comments included: "Staff understand my relative's needs. They have helped them develop their skills", "They have become more independent since moving into Ashdown Close" and "I am always kept informed of their health appointments and the outcome."

We looked at the care records and found they contained all of the relevant documents to support a person safely. We looked at the policies and procedures kept at the home.

On checking medication management we found that people received their medicines as prescribed. Records regarding medication were completed correctly.

We spoke with the Registered Manager, the home's Link Manager and one support staff employed at the home.

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

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

We looked at the care records of the two people who lived in the home and we saw that up to date person centred care plans were in place which supported staff to be able to deliver the care required. Care records were well organised and included detailed assessments of need, risk assessments and strategies to manage those risks.

Each person had a completed health action plan and hospital support plans in their care record. Hospital support plans are documents that detail the person's health needs, support and communication needs. They are given to assist nursing staff to support the person correctly if admitted to hospital.

We found that assessments and care plans were reviewed regularly with formal annual reviews in place to monitor progress and meet the changing needs of people. Records we looked at had been reviewed within the last three months, which showed the information recorded was up to date.

We spoke with the manager and staff on duty about how they supported the people who lived at Ashdown Close with their personal care, emotional and health needs. They showed understanding and insight about their range of needs. We were given general examples of how to support them when they had felt particularly vulnerable, agitated or anxious in mood. This showed that people receiving a service in the home were supported by staff that understood and knew how to meet their needs.

People who lived in the home had individual activity plans which showed what they did each day. We saw they took part in activities in the community. They had staff to support them and transport to enable them to go out.

People who lived at the home were supported to keep in contact with their relatives. We saw that staff took them to visit on a regular basis. One person we spoke with told us their relative was able to do so much more for themselves since moving to Ashdown Close.

They said "They have become more independent."

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We looked at how the service worked with other providers to ensure people's care and treatment was coordinated and information about people was shared when necessary to do so.

We looked at the care records of the two people who lived in the home. We saw evidence of regular communication between people's day service provision and themselves. The Registered Manager told us that each service completed a daily diary to inform staff of the person's welfare and there was a telephone call each day with each service. This ensured each provider was given up to date information about the person and were made aware of any on-going health concerns so they supported them safely.

We found evidence in the care records people had received visits from or attended appointments with health professionals such as their GP, chiropodist, dentist, hospital consultant and learning disability nurse. One relative we spoke with told us "I am always kept informed of the various health appointments and their outcome."

We saw people attended hospital and their GP for emergency and follow up appointments following periods of ill health. Clear records of all appointments with these professionals were kept in the care records to show what was discussed and the outcome of the appointment. This showed that people's health and well being was monitored by the staff and ensured all staff had relevant and up to date information to support the person safely.

We saw evidence of regular contact with social care professionals. Each person had annual reviews of their service to ensure their needs were being met.

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

We looked at how the service managed its medication systems. We found the home kept medication in a locked cabinet. The medication administration records (MAR) we viewed were signed to indicate medication had been given and at the correct times.

The MAR for people who lived at Ashdown Close was kept in a separate file. Each MAR had the person's photograph on it. This helped ensure they received the medication prescribed for them. There was also an information sheet regarding each medication the person took and any side effects they might display.

A record of staff signatures was present in the medication file to show who had administered medication to people at particular times.

Medication for each person was dispensed in individual 'blister' packs or liquids from bottles from the pharmacy. This was a clear system for the staff administering the tablets.

The home had systems for the ordering and receipt of new and repeat medication, as well as a procedure for the safe disposal of unused medication. The care staff audited (checked) the medication every week. We saw the records indicating this had been completed and was up to date. The provider may find it useful to note that staff informed us both tablet and liquid was checked but we found only a stock record of tablets was recorded.

We saw training records which showed all staff had attended medication training. This meant staff knew how to administer and complete medication records correctly. The Registered Manager informed us they needed to attend training as the last training course had expired twelve months ago. They said they would book onto the next available course.

We saw a copy of the home's medication policy, which had been updated in 2012. This included protocols for giving prescribed medication covertly (without the persons knowledge) and 'pro re nata' (PRN) which means that medication is taken as it is needed.

We spoke with the manager and staff about how people's medication was administered.

We found there were historical practices for one person in how they took their medication, relating to a best interest practice, which needed clarification. The Registered Manager assured us this would be sorted out. We asked them to inform us when this was done.

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

We looked at how the service recruited staff. We found the provider had a comprehensive recruitment procedure in place. Vacant posts were advertised both within the organisation and at three external sources. The Registered Manager confirmed they were involved in the recruitment and selection process for staff for Ashdown Close. This ensured staff with suitable skills and knowledge were recruited to work with the people who lived at Ashdown Close. We asked one relative about the staff who worked at the home. They said "The staff understand their needs. They have helped them develop their skills."

The provider had a human resources department who managed the recruitment process. This involved the sending out and receipt of applications, requesting two references for suitable candidates and completing the application to the Disclosure and Barring Service (DBS). This checked the applicant was suitable people to work with vulnerable groups, including children. The DBS has recently replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

We looked at the policies the provider had relating to employee welfare. These included absence management, disciplinary, grievance, bullying and harassment and redundancy. This showed there were procedures for dealing with staff who were unable to manage the work they were recruited for.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at how the service managed complaints. We saw a copy of the provider's complaints procedure. The procedure supported a system to deal with comments and complaints at three stages and by local and more senior managers should the complainant not be satisfied with the first response.

We saw the home had a document to record all complaints. We found no complaints had been made directly about the home, the staff or the welfare of the people who lived in the home. However, in 2010 and 2012 complaints had been made about issues relating to the property. We saw evidence of how the Registered Manager had met with the complainants and the issues were resolved satisfactorily.

We spoke with two relatives of people who lived in the home about the complaints process. They told us they were aware of the provider's complaints process. They said they had not made any complaints. One told us they addressed any issues directly with the Registered Manager and usually received a satisfactory response and outcome of the issue.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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