Care Quality Commission

Inspection Report

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

Ashridge

14 Tower Road, Boston, PE21 9AD

Tel: 01205366922

Date of Inspection: 30 December 2013

Date of Publication: January 2014

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

Standard	Result
Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Registered Manager	Ms. Jackalynne Shields
Overview of the service	Ashridge is located in Boston, Lincolnshire. It caters for up to 20 older and younger adults of both sexes with a learning disability or autistic spectrum disorder. Ashridge does not provide nursing care.
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 30 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

Ashridge is two separate homes that are interlinked. Twelve people were living in the main house at the time of our visit, although only eight were actually present during the inspection. A further six people were living more independently in the attached bungalow and were assessed as requiring less staff support.

We spoke with four people and we observed the care and support people received from staff. Staff interacted with people appropriately, showing respect and patience. Staff respected peoples' dignity. One person showed us proudly around their house with support from staff and told us they were, "Very happy here." Another person said, "I like living here; staff allow me to do what I want."

The accommodation was adapted to meet the needs of the people living there and had recently been extensively refurbished. Any risks to people living in the home had been assessed. The home was warm, clean and was personalised to the people who lived there.

We saw that people's support plans and risk assessments reflected their needs and were up to date. Staff that we spoke with were aware of the contents of the support plans, which enabled them to deliver appropriate and safe care.

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. There were enough qualified, skilled and experienced staff to meet people's needs.

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 privacy, dignity and independence were respect and people's views and experiences were taken into account in the way the service was provided and delivered.

Reasons for our judgement

We spoke with four people and we observed the care and support people received from staff. Staff interacted with people appropriately, showing respect and patience. One person showed us proudly around their home with support from staff and told us they were, "Very happy here." Another person said, "I like living here; staff allow me to do what I want."

We saw that people's bedrooms were personalised to them, all being decorated with their personal items, for example photographs of their families. We saw that staff knocked on people's bedroom doors, and waited for a response, prior to entering, which showed respect for people's personal space and dignity.

We observed staff communicating with one of the people in British Sign Language (BSL). In this person's care records there were instructions to staff about how to communicate in BSL. This was called the person's communication dictionary. Communication dictionaries were available in all of the care records that we read. This meant the home was meeting people's communication needs.

We found that the manager organised regular residents' meetings. One person told us they enjoyed these meetings as it was good to, "Say what they wanted to." We read the minutes from the most recent meeting that had taken place a few days before the inspection. They included a section where staff had talked through with people what they should do if they ever saw someone being mistreated. One person told us correctly what they should do. In people's care records we saw minutes of meetings they had on a monthly basis with their keyworkers to review their support plans and risk assessments and discuss ideas for the future. This meant the provider sought the views of people in order to promote their independence, give them appropriate information about their support and develop the support in line with people's wishes.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At our visit we read four people's care records. Care records are documents which identify a person's needs and what staff need to do to meet those needs. This includes risk assessments that detail how staff can reduce any risks to people.

Each of the care records that we read contained an assessment of the person's needs, which covered important areas of support such as mobility, advocacy, health, nutrition and mental capacity. Support guidelines had been developed from the assessments and covered the important areas of care. The support guidelines were outcome-focussed, meaning people were working actively towards achieving goals in their lives. Examples of this were sustaining adult relationships, managing their own money and managing their own medication. These support plans had been regularly reviewed and were easy to read. We spoke with three staff members who could describe peoples' care and support needs in detail. This meant staff were supporting people in line with the information contained within support plans.

Risk assessments had been written for a variety of activities people undertook and for the support they received. For example, the moving and handling assessments explained how people were to be transferred between different environments and what equipment was required to do that safely. The risk assessments had also been regularly reviewed.

During the last year everyone who lived at the home had obtained recognised qualifications in life skills through an educational provider. Some of the people showed us photographs of their graduation ceremony from earlier in the year. One person told us how much they enjoyed artwork and showed us examples of their work with great pride, including a competition they had won. Two people told us about their recent Christmas party. We saw daily records of meaningful activities written in people's care records.

Management of medicines ✓ Met this standard

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

At our visit we looked at the arrangements for people's medicines. We saw they were safely stored in a locked medicine cabinet, refrigerator and trolley in the staff office. A further lockable facility within the room was available for the storage of controlled drugs, which was the correct type to be used for this purpose. Controlled drugs are a group of medicines that have the potential to be abused. For this reason, the handling of these medicines is subject to certain controls set out in law. This meant the service kept medicines securely and in an appropriate manner.

We found that staff monitored the storage temperatures of the office and the refrigerator on a daily basis. Records indicated they were within safe limits. This meant people's medicines were kept at the right temperature.

We saw that people's medication administration record (MAR) charts were easy to read and up to date, with staff having signed appropriately when they had administered each medicine. There were no gaps in any of the records we inspected. Each person had their photograph with their MAR charts. This meant staff could identify people correctly before giving medicines to them. We also saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy.

Bottles containing liquid medicines had been dated upon opening, which ensured that the amount of liquid remaining could be accurately checked. Staff checked the stocks of medicines on a daily basis. When errors in medication administration had occurred the provider acted properly to ensure people were safe and they told relevant authorities appropriately.

We saw that some people administered their own medicines. We read risk assessments in their care records which stated they were able to do so safely. This showed that people were protected by safe systems for the administration of medicines.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found the home was warm and clean and there were no unpleasant odours. We saw several examples of peoples' artwork on display.

The home had undergone significant refurbishment since the last inspection. Some of the people showed us around the house and pointed out where it had been refurbished. New flooring had been laid throughout the communal areas of the house, a new kitchen had been fitted and four of the communal bathrooms had been upgraded. One person told us about choosing their own carpets and curtains for their bedroom and another person told us about choosing the colour scheme for a communal lounge.

The provider had made provision for a second communal lounge in the main house in the form of a conservatory. One of the people told us they liked this room very much and liked it much more than sitting in the other lounge. This meant the provider had invested in the home and had taken people's views into account in the process.

The home had a large garden of over an acre, containing a summer house, a day care room used for arts and crafts and several allotments. One person told us they had their own shed for their gardening tools.

We observed that COSHH (Control of Substances Hazardous to Health) risk assessments were in place and cleaning materials were locked away when not in use. We saw paperwork that showed the gas boiler had been serviced in the last year by suitably qualified professionals and the water systems had been checked for the presence of legionella bacteria. The electrical appliances at the home had been tested for safety, as had the fire alarm systems and all fire prevention equipment such as extinguishers and emergency lighting. The trees in the garden had been checked for safety by a tree surgeon. This demonstrated that the provider had taken steps to provide care in a safe environment that was appropriately maintained.

The provider might find it useful to note that following recent work to the boiler system, the main house was running on only one of the two boilers installed to run the heating and hot water for that part of the house. Whilst the house was warm and there was enough hot

water, staff were concerned this situation could eventually overload the one working boiler and had requested that the provider prioritise this maintenance work.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Twelve people were living in the main house at the time of our visit, although only eight were actually present during the inspection. A further six people were living more independently in the attached bungalow and were assessed as requiring less staff support.

We looked at staffing rosters for the home and assessed the staffing levels for the days leading up to the inspection and those planned for the weeks afterwards. Four care staff were on duty during waking hours. Three care staff told us these care staff were all based in the main house, with one staff member going across to the bungalow periodically to assist people with meal preparation and any queries about their daily living. At night there was one waking carer and another carer who slept in at the home, available to be called in emergency.

In addition to the care staff there was the registered manager, a cook, one domestic staff member and a handyman. Some of the people had some staffing hours allocated for one-to-one support, and these hours were marked on the staffing roster. Two members of care staff and the deputy manager told us they thought the staffing levels were sufficient. There were enough qualified, skilled and experienced staff to meet people's needs.

One staff member said, "There are always enough of us to get everything done." Several of the staff had worked at the home for a long time, including three we spoke with. They told us of a supportive manager and culture which enouraged the staff to develop.

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.

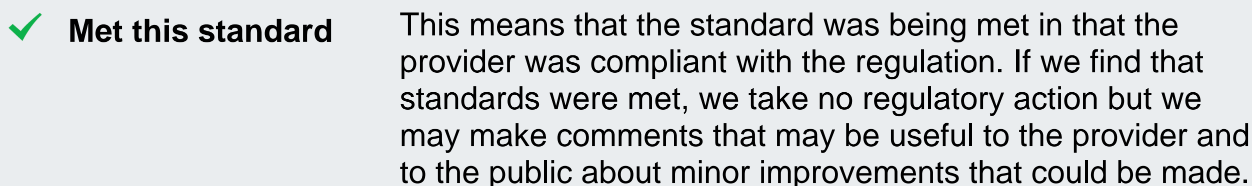
In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

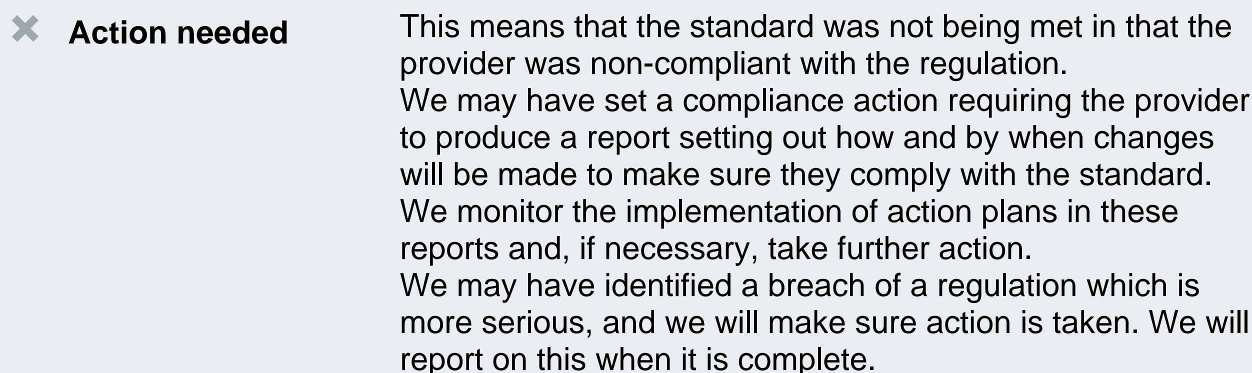
How we define our judgements

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.

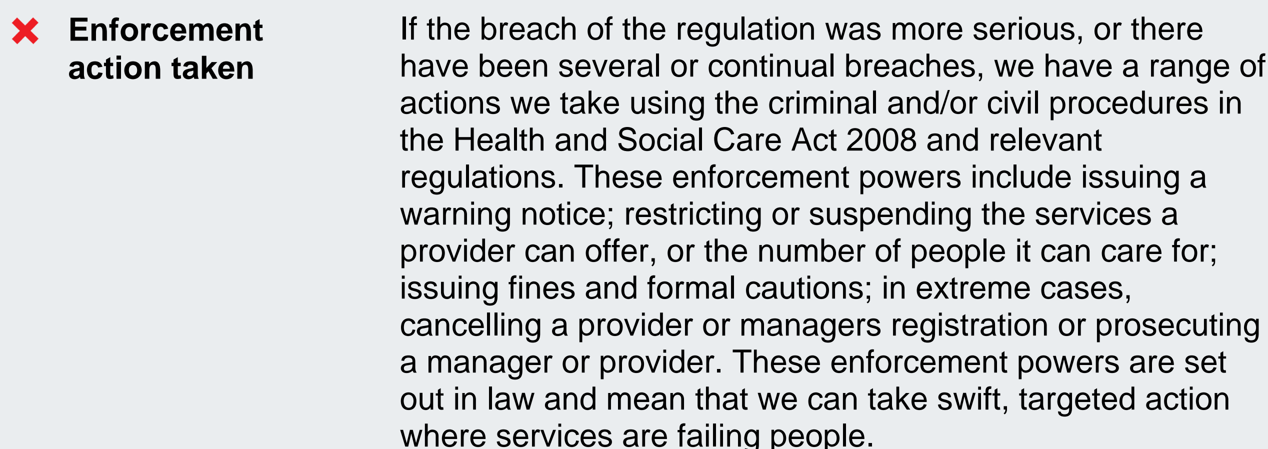
We reach one of the following judgements for each essential standard inspected.



✓ **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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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