Inspection Report

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

Ashley Lodge Residential Care Home

Odiham Road, Winchfield, Hook, RG27 8BS

Tel: 01252843172

Date of Inspection: 17 December 2013

Date of Publication: January 2014

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
Meeting nutritional needs	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

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

Contents

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

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 17 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At the time of our inspection there were ten people living at Ashley Lodge. Some people living at Ashley Lodge had complex needs and were not able to tell us what they thought about the care and support they received. We were welcomed into the house by one of the people who lived there. We noted that all the people who lived in the house were involved in making decisions about what went on. We observed staff speaking to people in a respectful manner, staff addressed them using their preferred name. We spoke with four people who lived at at Ashley Lodge. One person we spoke with told us about their forthcoming visit to see the horses at Olympia. Another person told us "all the staff are nice to me. They help me get up out of bed".

People expressed their views and were involved in making decisions about their care and treatment. There were regular residents meetings where everyone living in the house was able to raise any concerns and tell others about ideas they would like to introduce. We saw that these were minuted.

People were supported in promoting their independence and community involvement. There were numerous activities which took part both on and off site. While we were inspecting some of the people living in Ashley Lodge went out on a shopping trip to choose and buy presents for each other for New Year's Day.

We found that people were provided with a choice of suitable and nutritious food and drink. People we spoke with told us that they had a choice of food. We observed that at lunchtime people were offered a variety of choices of what they wanted to eat.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We spoke with seven members of staff and the home manager. Staff we spoke with told us that they had access to regular supervision and training. They also told us that they felt comfortable with raising any concerns and felt supported by the management team and other staff. One staff member we spoke with told

us "I feel very supported, the management are always there for you to talk to".

The provider had effective monitoring systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. We saw that the provider, management team and staff all undertook regular checks to ensure the quality of service provision.

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 respected.

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 who used the service understood the care and treatment choices available to them. During our inspection we noted that people were involved in activities both on and off site. We saw that after lunch, where people were able, they were encouraged to load their dirty dishes into the dishwasher. One person we spoke with told that they enjoyed helping the cleaner with their tasks.

People were supported to make choices and maintain their independence. Support plans we reviewed contained guidance for staff on how to promote people's independence whilst respecting their dignity and privacy. Staff we spoke with described how they supported people to be involved in making choices about the care and support they wished to receive. We observed an individual and staff discussing their plans for that afternoon. The person was being encouraged by staff to make a choice about what activity they would like to do. Care plans we reviewed had been signed by the person's representative to say they understood and agreed with the contents.

Consideration had been given to the capacity of each person to make decisions and this was recorded in a mental capacity assessment held with each person's care plan. It included information such as how people made choices about their food and drink and what activities they would like to take part in.

People expressed their views and were involved in making decisions about their care and treatment. We saw that each person was involved in their annual review if they wanted to be. We saw the outcomes of these reviews and that care plans were updated and amended accordingly.There were also regular resident meetings where everyone living at Ashley Lodge was able to discuss topics that were important to them. We saw that these were minuted.

One member of staff we spoke with showed us a book they were compiling with an individual to help support their understanding of their health needs. The book contained pictures relating to the person's health issues. It also contained information on why the person was being asked to complete certain exercises each day. A list of everybody involved in supporting the individual including health professionals was available. This meant that staff were supporting the person to understand and manage their own health needs where possible.

People were supported in promoting their independence and community involvement. The provider employed a community access support worker. They explained that their role was to organise, along with people living in the house, weekly activities. There were numerous activities which people took part in both on and off site. During our inspection people were supported to go shopping to buy presents for each other for their New Year's Day party. We saw other people returning from a walk. People also accessed their local supermarket to do the weekly food shop. One staff member explained that the people in the supermarket had now got to know the people living at Ashley Lodge and were happy to chat with them.

People's diversity, values and human rights were respected. Care plans we reviewed contained information about people's needs in relation to age, gender, culture and religion so that these needs would be met. Staff we spoke with told us about the importance of treating people as individuals and respecting their choices and 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

We saw evidence that good care and support was being provided by staff. During our visit we observed staff treating people with dignity and respect.
People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan. We looked at five support plans and saw that they were comprehensive and contained sufficient information about the care and support required by each person.

Care plans we reviewed clearly documented where the person needed support and what they could do independently. The plan covered each aspect of the individual's needs such as personal care, relationships, spiritual needs, food and drink and health needs. The support plan recorded individual's preferences and choices. There was guidance for staff on how best to provide the required support whilst promoting people's independence. We observed that support staff provided to people reflected the guidance in their care plans. Annual reviews were held. Parents and a representative from social services attended along with the individual whose review it was.

Care plans contained records of healthcare appointments showing that people's health care needs were met. We reviewed one person's care plan where their health needs could change daily. Where this was happening the manager explained that changes would be updated and then highlighted so that staff could see quickly what changes to support were needed. This meant that staff had access to the most up to date information required to support the individual.

People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were separate assessments for aspects of care that posed a risk to people. These identified the risk to the person and contained details of how the risks were to be minimised. We found the risk assessments to be comprehensive and covered areas such as accessing the community, moving and handling and personal care. These were also crossed referenced to the support plan. Information in the support plans held current information and were reviewed monthly with any changes being documented.

Peoples care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw in one person's care plan information relating to their cultural needs. It identified support required from staff to meet the person's cultural needs, including dietary requirements and what support their parents provided.

There were arrangements in place to deal with foreseeable emergencies. Each person had emergency contact details contained within their file. Staff had access to an 'on call' system should they require additional support. The home had a fire procedure and staff had been trained in first aid and health emergencies. There were procedures in place to support staff to know what to do in the event of such things as loss of power or water.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. During our inspection we observed that people were offered drinks and snacks throughout the day. People also had the opportunity to have drinks and snacks whilst accessing the community. People's food and drink preferences were recorded in the care plans.

Staff explained that they would support people to compile a weekly menu plan. They showed us pictures they used to support some individuals to make choices. People also had the opportunity to be involved in the weekly shopping trip. Staff told us that if people picked things from the shelf they were encouraged to put the item in trolley. This meant that people had the opportunity to try different foods and drinks.

Staff we spoke with explained that whilst there was a daily menu plan this was flexible. They said that there was always an alternative available if the person did not want what was being offered. We saw at lunchtime that soup was on the menu. However one person did not want this and had chosen to have beans on toast instead. Lunchtime was relaxing and we observed staff interacting positively with people. One person told us that they were able to choose their own food. They said "for breakfast I have had eggs, bacon and mushrooms". Records we reviewed noted that this was a preferred breakfast for this particular individual.

Staff explained to us how they supported and encouraged people to make healthy choices. We observed that there was plenty of fresh fruit available and that people were encouraged to take this if they required a snack in between meals.

People's food and drink met their specific needs. We saw recorded on one person's care plan that due to cultural needs they were not to eat particular foods On another person's care plan they required a 'soft diet'. We saw that there was guidance in their care plan about what foods they could eat and what foods should be avoided. There was clear guidance for staff to follow and this was supported by a risk assessment.

Care plans for individuals recorded their daily food intake. They also contained guidance from specialists where they had been involved with the person. Staff explained that they would use the records to monitor people's appetite. If any changes were noted a referral to a healthcare professional would be made. This included dieticians and speech and

language therapists.

Supporting workers ✓ Met this standard

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

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.

Reasons for our judgement

Staff received appropriate professional development. New members of staff completed an in-house induction checklist with the registered manager. The manager showed us the common induction standards that staff also completed. This was in the form of workbooks which covered topics such as health and safety, person centred support and communicating effectively. They were also required to complete core training during their induction period. Additionally new staff members shadowed more experienced staff members before being allowed to work independently. We saw that staff signed to say that they had read and understood policies and procedures as part of their induction. The competency of new staff was monitored and signed off by the registered manger.

Staff we spoke with told us that they received regular supervisions and appraisals. Supervision records we reviewed confirmed this. The provider may wish to note that whilst staff all received supervision and appraisal the registered manager did not. Whilst they told us that they felt supported by the provider and were in daily contact with them there were no formal recordings of this. This meant that the provider would be unable to evidence the support and personal development offered to the registered manager.

Training records we reviewed showed that staff were mostly up to date with their training. Where training was required this had been highlighted by the manager and had been organised.

Staff were able, from time to time, to obtain further relevant qualifications. Records we reviewed showed that staff had been able to access training in managing challenging behaviour care to support their roles. Staff told us they were provided with information about their role and how to perform it correctly. One staff member we spoke with told us that they discussed in supervision what training they needed to support their role and personal development. A number of staff told us that they had completed their National Vocational Qualification (NVQ) in health and social care at levels two and three.

We spoke with seven members of staff who were all positive about their work. One staff member told us that "I feel very much supported, there is always someone from management to talk to if I need it". Staff said they felt supported and that they were able to

raise any concerns or queries with management.

There were meetings for care staff and management every two months. We saw minutes of a recent team meeting. Staff we spoke with said they could add to the agenda if they had anything they needed to discuss.

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 to regularly assess and monitor the quality of service that people receive.

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the results of last year's satisfaction questionnaire that had been sent to the family members of people who used the service. It asked people to comment on areas such as social activities, satisfaction with care and staffing. Overall we saw that people were satisfied with the service their family member received. We noted that one family member had written "staff are very caring and well aware of my son's needs". Another person had written "my son enjoys many more social activities than I could manage. The social activities are tremendous".

People who used the service had residents meetings every two months with staff. Records we reviewed showed that people could discuss such things as menu planning and events taking place. They also had yearly reviews of the services provided. Records we reviewed showed that care plans were reviewed and updated where needed.

Staff we spoke with told us they received regular supervision and training Records we reviewed showed that staff received an annual appraisal of their personal development. This meant that the provider assessed and monitored the quality of staff providing care and support.

There was evidence that learning from incidents/investigations took place and appropriate changes were made. We saw records of any incidents that had taken place. There were details of the incident recorded and any actions arising. We saw that for one person their care plan and support had been reviewed and amended.

The provider took account of complaints and comments to improve their service. We saw records of complains that had been made since our last inspection. Both formal and informal complaints were recorded. Records reviewed showed there had not been any complaints recorded since our last inspection.

We saw that there were various audits carried out periodically throughout the year. There was a monthly 'walk through' audit carried out by staff. This included all areas of health and safety. The provider and manager carried out an audit every two months. This covered areas such as paperwork, training and residents. Actions arising were recorded and 'signed off' once completed. The local authority social services department had carried out an inspection in 2012 but had not completed one since. We reviewed records of servicing of equipment that took place throughout the year. This included the testing of electrical equipment, servicing of hoist equipment and fire testing.

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

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