

Review of compliance

Shine Partnerships Ltd Ashford Lodge	
Region:	London
Location address:	74 Ashford Crescent Enfield London EN3 7HX
Type of service:	Supported living service
Date of Publication:	October 2012
Overview of the service:	Ashford Lodge provides 24 hour support to four people with mental health problems. The service is registered to provide personal care to people. There is a registered manager in place.

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

Our current overall judgement

Ashford Lodge 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 4 October 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The provider had two services located next door to each other called Ashford House and Ashford Lodge. The same staff team provided supported to people living in both houses and everyone entered and left the service via Ashford House. There were four people living in Ashford Lodge on the day of our visit. We spoke with three people who used the service. They were all very positive about the care and support they received. One person told us that staff were "easy to talk to". Another said of the service, "you get all that you need". People felt safe and a person told us, "the manager and staff are all very nice". They knew how to make a complaint and said they would approach the manager if they had any concerns about the service.

Staff received appropriate training and support to enable them to deliver the support to people that they needed. The provider had effective systems in place to monitor the quality of service provided.

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

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

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

The provider was meeting this standard.

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

People who used 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.

The provider was meeting this standard.

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

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

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

The provider was meeting this standard.

Outcome 17: People should have their complaints listened to and acted on properly

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

The provider was meeting this standard.

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 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

We spoke with three people who used the service. Everyone was happy with the service provided. One person told us that staff were "easy to talk to". Another person said, "you get all that you need". They told us their physical as well as mental health needs were addressed. We observed one person being supported by staff to prepare their lunch. Staff supported the person in a caring and sensitive way.

People told us they were supported by staff to take up paid work or volunteering opportunities. They were able to choose which member of staff was their key worker and met regularly with them to review their support plans. This helped ensure their support needs were met.

Other evidence

People's needs were assessed and support planned and delivered in line with their individual recovery and support plan. We reviewed the records of three people. These showed that detailed risk assessments had been carried out and plans were in place to manage the risks identified. These included assessments of risk of vulnerability, relapse and suicide. Individual support plans were in place. We saw that people who used the service had recorded their views and preferences in relation to their support plan. In this way support was tailored to an individual's needs.

People met with their key worker regularly to review their progress. They were encouraged to give their views on their plan of care and support and changes were made where appropriate. This helped ensure people experienced care and support that

met their needs.

People's physical health care needs were regularly monitored and they were supported to access local health care providers when needed. We saw records of blood pressure checks and weight monitoring in people's support records. Staff we spoke with showed understanding of the physical and mental health needs of people.

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in basic first aid. A senior manager could always be contacted out-of-hours. Staff carried a telephone with them at all times in case they needed to summon assistance in an emergency.

Our judgement

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

The provider was meeting this standard.

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

We spoke with three people who used the service. People said they felt safe in the service. One person told us, "the manager and staff are all very nice".

Other evidence

Staff we spoke with could describe different forms of abuse and how they might recognise where abuse was occurring or had occurred. Staff had developed their knowledge and skills in relation to safeguarding from formal training sessions.

The provider responded appropriately to any allegation of abuse. Staff were aware of the provider's safeguarding procedure and knew what to do if they had concerns that a person who used the service was being abused. Staff gave an example of when a safeguarding concern had been raised with the local safeguarding authority. We saw that a complaint made by a person had led to a safeguarding alert being made to the local safeguarding authority. This meant that the arrangements in place helped ensure that people were safeguarded against the risk of abuse.

Our judgement

People who used 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.

The provider was meeting this standard.

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

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

Staff received appropriate professional development. Staff we spoke with told us they had undertaken training pertinent to their role in the last 12 months. This training included topics such as safeguarding vulnerable adults, the Mental Health Act 1983 and fire safety. Staff were encouraged to develop their knowledge and skills. We saw there was a training programme in place for staff and evidence of staff attendance at training. This helped ensure staff were able to deliver care to people safely and to an appropriate standard.

Staff received regular individual supervision and an annual appraisal from their line manager. Staff meetings were held on a regular basis. We saw minutes of a meeting that had taken place in September 2012. These showed that detailed discussion of the needs of people using the service had taken place. The minutes were shared with staff unable to attend so that they understood the care and support people needed.

Staff felt supported by senior managers and able to raise any concerns they had about the standard of care provided. This showed there were arrangements in place to support staff to deliver care and treatment to an appropriate standard.

Our judgement

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

The provider was meeting this 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

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

There were a variety of opportunities for people to give their feedback about the service and influence the way it was delivered. House meetings were held every four to six weeks and people who used the service informed staff of any concerns they had. We saw that people gave feedback on their individual support plans and plans had been modified so that they better reflected people's needs. The manager operated an open-door policy and encouraged people to contact her directly if they had any concerns about the service. A revised annual satisfaction survey was being devised by the provider to make it easier to complete and encourage more responses

The provider took account of complaints and comments to improve the service. Appropriate changes were made in response to feedback. The manager and staff provided examples of changes that had been made to the service following feedback from people who used the service, service commissioners and staff. For example, staffing levels had been increased following feedback from staff.

Our judgement

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

The provider was meeting this standard.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service. None of them had any complaints about the service. They knew how to make a complaint and said they would approach the manager if they had any concerns.

Other evidence

People who used the service were made aware of the complaints process. The complaints procedure was usually on display in the dining room/kitchen area of the service, although this had recently been removed while the room was re-painted. A complaints and suggestions box was provided near the entrance to the service.

Staff we spoke with understood the complaints process. They described how they would identify and handle a complaint and ensure it was passed on to their manager.

People had their comments and complaints listened to and acted upon. Complaints were fully investigated and resolved where possible. We saw a log of two complaints made in 2012. The actions taken to investigate and resolve the complaints were recorded. Managers provided examples of learning and improvements made in response to complaints.

Our judgement

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

The provider was meeting this standard.

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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Author	Care Quality Commission
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