

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

## Ashford Lodge

74 Ashford Crescent, Enfield, EN3 7HX

Tel: 02083509770

Date of Inspection: 11 June 2013

Date of Publication: July 2013

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

**Cleanliness and infection control** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Shine Partnerships Ltd
Registered Manager	Miss Georgia Bakopoulou
Overview of the service	Ashford Lodge provides a supported living service to people in their own homes. Its services are primarily for adults with mental health conditions. At the time of our visit, the service was providing personal care for four people in one supported living scheme.
Type of service	Supported living service
Regulated activity	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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Staffing	10
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 carried out a visit on 11 June 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

People's diversity, values and human rights were respected. Staff understood the needs of the people living in the service and the importance of working in an individual way with each person. People were positive about how staff treated them and said for example "the staff ask when I'm free to do my 1.1 sessions, always work around me and never intrude in my space."

People said they were happy about the care they received from staff at the service. For example one person told us "I've fallen on my feet; staff have time for you here, nothing is too much trouble everything you need is done straight away."

People were happy with the cleanliness standards. People said that "its perfectly clean here, sometimes I help with the communal cleaning."

We saw that staff had attended relevant training courses. Several staff were involved in NVQ training. There were enough qualified, skilled and experienced staff to meet people's needs.

People were happy with the service and were consulted about the running of the service. One person told us "this is an amazing place." Another person said "after coming from hospital this place is a breath of fresh air."

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](http://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.

---

### Reasons for our judgement

---

People's diversity, values and human rights were respected. Staff knew how to communicate with people. We saw staff knock on people's doors and announce themselves before entering. People told us that staff helped them find voluntary work and activities in the community.

We were shown that the service has a monthly activities programme. People in the service would chose where they would like to go. Outings such as the cinema, theme park and a trip to France had happened recently. We saw individual activities also took place and these were recorded in peoples care plans. This showed that the home was encouraging people to be a part of their community.

On the day we visited several people were out working or attending activities. Staff understood the needs of the people living in the service and the importance of working in an individual way with each person. We saw evidence of this in people's care plans. People spoke positively about the support provided. For example, one person told us "the staff ask when I'm free to do my 1:1 sessions, always work around me and never intrude in my space." This showed the staff were allowing people to be involved in making decisions about their treatment and support.

**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**

---

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People said they were happy about the care and treatment they received from staff at the service. They told us they were able to see health care professionals such as doctors, dentists and opticians. One person we spoke with was positive about the service and told us "I've fallen on my feet coming to this service, all the staff have time for you and understand my illness nothing is too much trouble for them."

People's needs were assessed and care and treatment was planned and delivered in line with individual care plans. We saw that each person had an individual care plan. In one person's plan there was a pictorial plan as the person found this easier to understand. People said they met with their key workers every three weeks to look at care plans, but they could talk to staff any time. One person told us that with the support of key working sessions were now able to cook food from all around the world.

The manager told us that people are able to choose their key worker and we saw evidence both in the care plans and from what people told us. One person said "by choosing your key worker it means you will have good support sessions."

People told us they were supported by staff to take up paid or volunteering opportunities. One person told us they work in a local garden centre one day a week and another day they help at a homeless shelter.

People's physical health 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 peoples records. Staff we spoke with showed understanding of the physical and mental health needs of people.

There were risk assessments in place to ensure that people's safety and well-being was being maintained when receiving care. Risk assessments provided guidance for staff on warning signs that someone may be becoming unwell and strategies to manage relapse, for example increasing staff support until risk had reduced. We saw that the manager had debriefing sessions in place after any incidents or accidents to support workers and review or change practice. After a recent incident the manager had changed how professional

meetings took place in the service to ensure people are able to exit the home safely in case of an emergency.

People's care and support was planned in a way that protected them from unlawful discrimination. Staff could explain the cultural needs of people. They could give examples of when they had met and promoted people's cultural identities for example, with better understanding someone's religion so able to support them to maintain it.

**People should be cared for in a clean environment and protected from the risk of infection**

---

**Our judgement**

---

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

---

**Reasons for our judgement**

---

There were effective systems in place to reduce the risk and spread of infection. We observed the cleaning of the service which appeared clean and talked to people who lived at the service. Their comments included "its perfectly clean here, sometimes I help with the communal cleaning."

There was a weekly cleaning rota that the staff signed to confirm completion of. Each person's room was required to be cleaned weekly as agreed in their service contract, for which staff were available to offer support. The manager told us a cleaner came once a month to do a deep clean.

All staff we spoke with were aware of the service infection control policy and the manager showed us records that staff training was up to-date. All cleaning equipment was kept locked in the shed, to prevent accidents. When people were doing cleaning staff accessed these for them. Some cleaning equipment was available such as washing up liquid, antibacterial spray and a Hoover. This enable people to clean rooms when they needed or wanted too.

## 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

---

We looked at the staff rota to ensure there were enough staff available to support people's needs. We saw that a morning shift had two staff members, afternoon shift one staff member and night shift had two staff that slept in. The people we talked with told us there were enough staff to support them. One person told us "my needs are simple should I need staff they are always available to help me."

The provider operated their own staff bank, so that when the service had staff off sick or on training the staff bank could cover. If no staff were available the manager was on 24 hour call and could be at the home with in five minutes.

People we spoke with said that they knew all the staff who worked in the service and confirmed that all were able to support them. One person said "I know all the staff and if I cannot remember their names they will always introduce themselves to me."

We saw that staff attended relevant training courses. This was provided by on line training or outside agencies. Several staff were involved in NVQ training. There were enough qualified, skilled and experienced staff to meet people's needs.

## 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 received.

---

### Reasons for our judgement

---

People who use the service, their representatives and staff were asked for their views about their care and treatment and these were acted on. They confirmed that regular checks were carried out to make sure that people received the quality of care they expected. One person told us "this is an amazing place." Another person said "after coming from hospital this place is a breath of fresh air."

People were happy with the service and were consulted about the running of the service. We were shown the minutes of the residents' meetings that occurred every month. An agenda was drawn up before the meeting. The meeting were well attended by people and we could see that plans and activities from these meetings had taken place. Minutes of the meeting were given to everyone in the service.

The manager showed us copies of the annual quality survey dated January 2013. This showed how people had been involved in making suggestions on how to improve the service. Results of the survey showed that people felt safe and listened too and all agreed the home was kept clean and warm. We saw the manager had analysed the information and feedback to the people who lived in the service and staff.

The manager and staff at the home completed regular audits and we were able to view health and safety, medication and cleaning audits. This showed the service had systems in place to identify, monitor and manage risks to people who use, work in or visit the service.

## 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@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---