We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Records</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Alo Care Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mr. Francis Nyatsanza</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Service that provides care and support for up to four people.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
</tbody>
</table>
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<td>How we carried out this inspection</td>
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<td>What people told us and what we found</td>
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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 27 January 2014, 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 staff.

What people told us and what we found

People who used the service understood the care and support choices available to them. We saw evidence that demonstrated that people were provided with suitable information to make decisions about their care.

We looked at the care and support records for one person who used the service and found that an assessment of their needs and care plans, including risk assessments were in place.

During our visit we inspected the storage and records of medicines held in the home. We saw that all medicines were stored in a locked cabinet. This meant that medicines were kept safely.

Appropriate checks were undertaken before care workers began work. We saw evidence that staff were subject to the Disclosure and Barring Service (DBS) checks.

Care records including medical appointments were documented and provided accurate information that reflected 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 respected.

Reasons for our judgement

People who use the service understood the care and support choices available to them. Care workers told us that the person who used the service was provided with enough information to enable them to make decisions about the care they received. We saw evidence which demonstrated that the service encouraged the person to participate in making decisions. One care worker we spoke with explained that a pictorial time table helped ensure that the person was in control of making their own decisions, they said: "The time table is large and has lots of pictures of different care and support activities. The pictures can be stuck and removed and placed on any day". Another care worker said: "(The person) has only just moved in but they do use the time table and they do make decisions about what they want to do". This demonstrated that the service provided information in an appropriate format to support and involve the person to make decisions about their care.

At the time of our inspection the registered manager told us that two care workers had left to support someone to a GP appointment. On their return, one care worker explained that it was the first appointment at a new practice since moving to Ado Lodge. They said: "they were very nervous so we had to make sure that (the person) was comfortable and safe. They decided to stay in the car as they were nervous so we respected their decision and we spoke with the Doctor". This shows that the provider respected the person's views and decisions.


### 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

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## 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.

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## Reasons for our judgement

We spoke with the registered manager, three care workers and one person. The registered manager explained that the service had recently opened and told us they had been supporting one person in the home for almost two weeks.

We looked at the care and support records for one person who used the service and found that an assessment of their needs and care plans, including risk assessments were in place. We spoke with one care worker who explained the assessment and transition process they had implemented to help support one person move into the service in a planned and person centred way. They said "we worked with the previous home to assess and identify any risks associated with moving from one home to another. We actually visited the other home in Devon several times to make sure that the support package and the environment of the Ado Lodge was right". Another care worker explained that they used pictures to help the person become familiar with the environment of Ado Lodge. They said "(the person) was very nervous about moving to another home so we took lots of pictures of Ado Lodge and we spent time with the other care workers to make sure (the person) got used to us". Records demonstrated that the initial assessment, care plans and risk assessments were developed with the support of the previous care home, a speech and language therapist, Ado Lodge care workers, the registered manager and a behavioural psychologist.

The registered manager told us that care plans and risk assessments would be reviewed on a two weekly basis. He said "we need to review the care plans and risk assessments regularly because (the person) will take time to get used to the environment and things may change quickly. All care workers we spoke with confirmed that care records would be reviewed every two weeks but updated before then if a change in care was identified. This meant that the provider had appropriately assessed this person's needs to ensure that the service was able to meet their individual care requirements.

Care workers were knowledgeable about the person's needs and were able to describe the support and intervention techniques that were detailed in the person's care plans. For example, one risk assessment explained the different verbal and physical behaviours that may be displayed when the person is anxious. Staff were able to tell us what they needed
to do in order to support the person to become less anxious, for example, provide the person with reassurance, ask them if they wanted a book or offer the person an opportunity to try a different activity. This meant that the care staff were able to understand the triggers to specific behaviours.
Management of medicines

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

During our visit we inspected the storage and records of medicines held in the home. We saw that all medicines were stored in a locked cabinet. This meant that medicines were kept safely. Care workers told us that at the time of our inspection nobody in the home required controlled drugs. These are medicines which may be misused and there are specific ways in which they must be stored and recorded. However the registered manager told us that they had suitable arrangements in place in should anyone require controlled drugs.

The service had a medication policy that stated all medicines administered must be recorded in the people's medication administration record (MAR). We looked at the MAR for one person and found that medication administered was correctly documented as stated on the person's medication care plan.
Requirements relating to workers

People should be cared for by staff who are properly qualified and able to do their job

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before care workers began work. We looked at the personnel records for four care workers and the registered manager. These confirmed that they had been interviewed, that references had been requested and that the provider had completed appropriate background checks before they started work at the home. We saw that care workers had completed application forms; however the provider may find it useful to note that we did not see that all care workers had provided a full work history.

The personnel records for care workers contained evidence of the interview they had undergone prior to appointment. Interviews were appropriately conducted and staff were asked a standard set of questions. Care worker personnel records included proof of identity, including photographic identification, proof of residency and two references, one of which was from their previous employer. We saw that checks had been undertaken for all new care workers with the Disclosure and Barring Service (DBS).

Care worker personnel records showed that the service had taken note of care workers previous experience and training and there were copies of certificates to verify that training courses such as safeguarding of vulnerable adults and food hygiene. This helped to ensure that care workers had the right skills and experience to fulfil their role. This meant that there were effective recruitment and selection processes in place.
Records

Met this standard

People’s personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We spoke with three care workers and the registered manager who all told us that people’s care records were stored in a safe place. The registered manager explained the service had a computerised system in place where people’s care plans and assessments were held. We were able to see that the records on the computer system were shared with the person who used the service.

We observed that staff were able to access the records when necessary. At the time of our inspection the registered manager told us that the person who used the service was attending a GP appointment. Care workers told us that they recorded the care and support they delivered each day and that they documented any visits to medical appointments. We looked at the daily record for the day we inspected the service and found that the visit to the GP was documented.
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 reinspect 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.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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.
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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