Ashingdon Hall Care Limited

April Lodge

Inspection report

50-52 Shaftesbury Avenue
Southend On Sea
Essex
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Tel: 01702466862

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15 February 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The unannounced inspection took place on the 10 and 15 February 2016.

April Lodge provides personal care in a supported living scheme for up to twelve persons who have enduring mental health difficulties.

The service is required to and did have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service needed to improve their quality assurance systems. Systems were in the process of being adopted from sister services to achieve uniformity from the provider. The registered manager had been appointed to this existing service in November 2015 and actively supported the deputy manager, who was also new to their role, in the development and implementation of quality assurance systems. Although systems were in place to make sure that people's views were gathered, analysis and action plans were not in place to make effective use of people's views.

Staff delivered support effectively. People's safety was ensured and care was provided in a way that intended to promote people's independence and wellbeing. A robust recruitment process was in place and staff were employed upon completion of appropriate checks. Sufficient members of staff enabled people's individual needs to be met adequately. Qualified staff supported people satisfactorily with the administration of their medications and the monitoring of their own health.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to apply such measures appropriately.

Staff supported people to ensure they received access to healthcare services when required. Staff also worked with a range of health professionals, such as social workers, community mental health nurses and GPs, to implement care and support plans.

People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. Staff were respectful and caring towards people ensuring privacy and dignity was valued. People were supported to carry out their own daily interests independently or achieve them with the assistance of staff, if requested.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported to take and store their medications safely. Management responded to discrepancies immediately.

People felt safe living at the service. Risk assessments and support plans were implemented to ensure peoples safety.

Staffing levels were adequate to meet the needs of the people.

Appropriate checks had been carried out making the recruitment process effective in recruiting skilled staff.

Is the service effective?

Good

The service was effective.

People were supported to access healthcare professionals when required.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected.

Staff were supported to advance their training, which enabled them to apply knowledge to support people effectively.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and respected people's privacy.

Positive relationships were created between people and staff, who had got to know each other well and reported a sense of being surrounded by family.

Staff supported people to be independent, in a caring manner.

Is the service responsive?

Good

The service was responsive.

Care plans contained all relevant information needed to meet people's needs.

People were being supported to maintain their independence and carry out their own daily activities.

Complaints were responded to in line with service policy.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager and deputy manager were new to their roles in the service. Effective quality assurance systems were in the process of being developed and implemented.

There were systems in place to seek the views of people who used the service however systems were being developed in order for them to be fully effective.

Staff felt supported within their roles and guidance was provided to promote a high standard of care for people.

April Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected April Lodge on the 10 and 15 February 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with seven people, one member of staff, the deputy manager, registered manager and the provider. We observed interactions between staff and people. We looked at management records including samples of rotas, three people's individual support plans, risk assessments and daily records of care and support given. We looked at three staff recruitment and support files, training records and quality assurance information. We also reviewed six people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "We are like a family here we all look after each other, I have a roof over my head and I'm warm and safe."

Staff knew how to protect people from harm and keep people safe. Staff told us what they could do to protect people and how people may be at risk of different types of harm or abuse. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. The registered manager and deputy manager told us that safeguarding was part of the staff mandatory training. One member of staff showed us their Safeguarding and Deprivation of Liberty Safeguards (DoLS) training certificate and told us, "I have had my training and I know who to report concerns to if I have any. I can also report concerns to the CQC." The registered manager had a good understanding of their responsibility to safeguard people and supported staff to deal with safeguarding concerns appropriately. An example was given of how they had involved a person and their support worker to ensure their safety when accessing the community. There was also a quick reference flow chart displayed on the wall of the office for staff to follow if they needed to raise a safeguarding concern.

Staff had the information they needed to support people safely. The deputy manager who had been promoted to the position in November 2015 had recently reviewed and updated support plans and risk assessments. Support files had current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. For example, in one person's support file we saw risk assessments enabling the person to manage their finances with potential risks. This documentation displayed how to support and protect the person whilst their freedom was respected to make their own choices. In turn, we saw other risk assessments covering areas such as; isolation, supporting people to access the community safely, managing medication and supporting personal hygiene.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service and documentation was completed when repairs were identified and carried out. There was a policy in place should the service need to be evacuated and emergency contingency plans implemented. Staff were trained in first aid. If there was an emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service. One person told us, "We have a monthly fire drill and we know to meet at the sign that says assembly point, the back fire escape exit is clear down the alleyway and there is also an in and out board so staff know if we have gone out or not, it's for our safety."

There were sufficient staff on duty to meet people's assessed needs. People were also visited by support workers for varying hours dependent on need, for example if people required support when going out. There were three permanent members of staff and if required regular bank staff were used. The registered manager told us she was always on call. One person said, "The staff are so dedicated here, I am independent but there is always someone to support me when I need it." The sample of rotas that we looked at reflected sufficient staffing levels, our observations also supported sufficient staffing levels.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Medication management in the service was safe and where needed management response to concerns was robust and appropriate. All staff had received training in medication administration and management and supported people to take their medicines. We also found staff knowledgeable about people's medicines and the effect they have on the person. Peoples medicines were locked in personal safes within their own rooms and the keys to the safes were kept in the manager's office until required. We observed a person being supported to take their medication. Staff spoke with the person about their medication and in turn checked medication administration records (MAR) before they supervised the administration of medication and then recorded documentation appropriately. However, on the second day of inspection we found three peoples MAR's had not been recorded by staff from the previous day. When highlighted the deputy manager and registered manager responded immediately by checking that people had been supported to take their medications, asking people directly, checking safes and contacting the staff responsible. The incident was documented along with findings that although people had been supported to receive their medications the recording of MARs was overlooked. Staff were supervised appropriately to reduce risk of reoccurrence. We were satisfied that the deputy and registered manager responded appropriately to errors to ensure people's medications were always managed safely.

Good

Is the service effective?

Our findings

Staff were supported to obtain the knowledge and skills to provide continuous good care. People received effective care from staff who had completed nationally recognised qualifications in Health and Social Care. Staff were also being supported to advance to higher levels of qualifications. Staff told us they received refresher training in the necessary elements of delivering care as well as additional training courses. One member of staff said, "I have done a lot of training this year already; challenging behaviour, stress management, suicide and self-harm, these are all subjects that help me understand the best way to support people." Another member of staff told us, "I really enjoy learning." We viewed staff training certificates within staff files.

Staff received an induction into the service before starting work. Staff files indicated that all staff had received an induction. The induction allowed new staff to get to know their role and the people they were supporting. One member of staff said, "When I started here I shadowed for 6 days, everyone is different so I was given time to learn people's needs, how they are and how I can support them." The induction also incorporated training such as first aid, person centred care, food hygiene, medication management, infection control and health and safety.

Staff received appropriate supervision to develop in their roles and express their views. Supervision was documented in staff files which corroborated the manager's remarks that supervision occurs every three months or sooner if required to ensure best practice. One member of staff told us, "I feel supported; when I ask for support I am given it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager and staff had a good understanding of the Mental Capacity Act and confirmed their awareness of how to make an application if it is deemed necessary.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The registered manager confirmed that people were not subject to continuous care and supervision and did have capacity to consent to such arrangements. Subsequently there were not any current DoLS in place and people's freedom was not being inappropriately restricted.

People had enough to eat and drink and were supported to remain well nourished. People were provided with a two course meal every lunch time, seven days a week. The menu provided an alternative option and a vegetarian option. People enjoyed the food, one person told us, "Love the food, we had a delicious roast dinner yesterday, it was beautiful." Another person said, "We have BBQ's in the summer once a week, they

are tasty." People were independent in the making of their own breakfast and dinners. Support plans contained risk assessments regarding dietary and healthy eating specific to individuals' needs and identified the importance of supporting weight monitoring and encouragement of consuming healthier foods.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted that when people requested support to attend any scheduled appointments it was provided. People were supported when liaising with their GP, mental health professionals, chiropodists and other health care professionals. One person told us that he had recently not been feeling well and the staff helped him book and attend a GP appointment. The deputy manager and care plans supported this statement. On the day of the inspection we saw a support worker accompanying a person to a scheduled appointment.

Good

Is the service caring?

Our findings

Staff had positive relationships with people who were supported to be as independent as they chose to be. People told us they liked living at the service. One person joked that the service had been built up around them; they'd been there so long and they did not want to leave. People and staff were really relaxed in each other's company. Another person told us "The people in this home are my support network. We've lived here a long time together – like family. Seen lots of staff come and go and the people here now are kind and helpful." There was free flowing conversation and exchanges about how people planned to spend their day encouraging people's independence and well-being.

Staff respected people's privacy whilst ensuring their safety, health and wellbeing. One person told us, "We all have keys to our own rooms and no-one can come in unless invited or they suspect something is wrong. Our privacy is respected." Another person told us, "I've recently been unwell and staff regularly knocked on my door to check on me, to see if I was ok, they brought my food upstairs for me and looked after me when I was feeling ill."

Staff knew people well, their personal histories and support needs. The deputy manager told us that one person had needed support and prompting to clean their own living space and was now taking more pride in their room as a result of the support staff provided. We spoke to this person who was clearly proud of how they had chosen to decorate the room and keep it clean, they were eager to show us their room. They told us, "[Staff name] has really helped me. I wake up every morning here with a new lease of life, the staff are kind and I feel happy." People were aware of their support plans and one person told us, "Staff are very good here, they talk to us about what we need and we have support plans." Staff also told us if someone needed extra support it is documented in a communication book and specific information was handed over every morning to the member of staff on duty to ensure that the appropriate care could be arranged as required.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. We observed one person being visited by a relative and entertaining in their own living space for privacy. Interactions between the relative, provider and managers were relaxed and when the relative asked for assistance with a task the provider and all staff responded in a caring nature.

Good

Is the service responsive?

Our findings

Staff supported people to maintain their independence and choice was listened to by staff which ensured people's individual preferences were supported, such as meal choices, healthcare decisions and interests. One member of staff expressed that, "We are simply trying to support people to live independent, happy lives." Before people came to live at the service their needs were assessed to see if they could be met by the service. Support files contained completed pre-admission assessment forms and people signed terms of living contracts. The manager met with health professionals to plan and discuss people's transfer to the service. This process ensured that medications were organised prior to the transfer date thereby avoiding any omitting of medicines. People and their relatives were spoken with and encouraged to spend time at the service to see if it was suitable for their needs and if they would like to live there. People's needs were discussed with them and a support plan put in place before they came to live at the service.

People's care and support needs were well understood by the service. This was reflected in detailed support plans and individual risk assessments which had recently been reviewed and updated by new management. One person told us, "Every three months they go through our support plans with us." Each support plan included information about the person's health, medication and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. Although support plans did not consistently contain much life history detail, people commonly stated they were like a family as many of the people had lived there for several years. The staff we spoke with had also worked at the service a considerable length of time so knew people's histories well. The deputy manager informed us life histories would be documented and added to support plans for potential future needs. Support plans included information that was specific to the individual.

We observed high levels of independence from people and they chose to fill their days with their own activities independently or activities together. One person told us, "We are all very independent here, sometimes I will walk with [person's name] over the road, to the park, for company." Another person told us, "We play games and watch videos but I enjoy the most looking after April our cat. We are all happy just doing our own thing." People were also allocated a number of hours a week with a support worker; one person told us, "My support worker comes once a week for an hour, I look forward to those Mondays when I see them, we go for a coffee and they help me with my shopping."

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and one staff member said, "If anyone complained I would try to sort it out straight away or tell [registered manager's name] if I needed to." Complaints were documented in line with the policy. One person reported, "We know the management well, we can tell them if there's anything wrong or need anything. Morning and night they are on the ball if you need anything."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place and the manager and provider were very visible within the service. People approached the provider and registered manager with ease and we saw regular and consistent friendly interactions.

The quality assurance processes were not effective and although being developed had not yet been imbedded to allow for robust quality monitoring of the service. The registered manager reported that this had been due to poor implementation of quality assurance systems prior to them starting in November 2015. However, the registered manager, deputy manager and provider all expressed their keenness to deliver a high standard of care and support to people using the service and developments were being made. The registered manager and provider also informed us that with new management now in place the current objective is to strive for uniformity across all three sister services, which was actively being developed. The deputy manager told us that the registered manager was dedicating one day a week to support them within their role and effective quality assurance systems were in the process of being implemented. The registered manager provided quality assurance templates from a sister service which was an example of what was being developed at April Lodge.

Some of these were already in place. The deputy manager ensured health and safety checks were completed monthly, for room and communal areas which were signed by staff and the people. The manager used questionnaires to gain feedback on the services from people. However, the information from these questionnaires had not been used to identify if any improvements or changes that were needed at the service. The registered manager reported that findings from questionnaires distributed to people, relatives and health care professionals would be analysed and an action plan produced as part of the on-going improvements to quality assurance systems. This was not the only means of gathering people's views. The registered manager also gathered people's views on the service through regular house meetings every three months and on a daily basis through their interactions with people. Minutes of the house meetings were detailed and clearly showed staff monitored whether improvements could be introduced. For example, people were asked if they would like changes to the menu. People reported that they were happy with the food choices already provided. This showed that despite some quality processes still requiring improvement, there was an open and inclusive culture in which people felt comfortable expressing their views to staff in order to continue enjoying where they live.

The principle of the service was to support and enhance the wellbeing and independence of the people that live in the service. This principle was put into practice by recruiting staff who had received a robust induction process and continued training to apply their knowledge to the service. As a result the service had retained the majority of these staff members for several years who provided valuable, effective support to people. The registered manager valued their staff and told us, "I feel supported by [deputy manager's name and provider's name], I would find this job very difficult without the support they are providing. We are all working together to provide a good service for the people." Staff reciprocated the opinion of the registered manager which demonstrated a positive culture with an open door policy.