

Achieve Together Limited

Ashford Lodge

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

Ashford Lodge is a residential care home accommodating up to 8 autistic people and people with a learning disability. At the time of our inspection there were 7 people using the service. Six people lived in an adapted building and a person lived in an annex in the grounds.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff provided effective support to identify people's aspirations and goals and assist people to plan how these would be met. Staff focused on people's strengths and promoted what they could do. There was a consistent approach to supporting people to learn new skills. Staff enabled people to access health and social care support in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff provided care to people which was person-centred and promoted people's dignity, privacy and human rights. People's individual choices were recognised and respected. Staff promoted equality and diversity in their support for people.

People could communicate with staff as staff understood their individual communication. People were empowered to take part in activities of their choice. People were supported to keep in touch with people who were important to them.

People were protected from the risks of harm, abuse and discrimination because staff knew what action to take if they identified concerns. There were enough staff to provide the support people needed.

Staff understood the risks to people's health, safety and welfare. Risk assessments provided guidance for staff about individual risks.

Right Culture:

The service enabled people and those important to them to work with staff to develop the service.

Feedback was requested from people, relatives or health care professionals. Staff ensured the quality and safety of the service had been assessed to ensure people were safe.

Safe recruitment practices were followed. Staff knew and understood people well. The provider and staff worked hard to develop strong leadership.

Quality monitoring systems had been developed and embedded. Morale within the staff team was good and staff felt valued.

Checks and audits were being regularly completed. Shortfalls were identified and action taken to address these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and

The last rating for this service was requires improvement (published 1 March 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashford Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashford Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Ashford Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashford Lodge is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a manager overseeing the day to day running of the service and they had submitted an application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met all the people living at the service and observed staff interactions with people. We spoke with 3 care staff, the deputy manager, the senior service manager and the regional manager. We reviewed 3 people's care records and associated risk assessments. We reviewed 2 staff files in relation to recruitment and supervision. We spoke with 3 people's relatives about the care and support their loved ones received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Throughout the inspection we observed positive and supportive interactions between people and staff. A relative told us, "[Our loved one] is very safe there. They are very well cared for, and it is clear they are happy."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "We make sure they have a safe environment. Make sure people are living freely from abuse and harm." Staff told us they felt comfortable raising any concerns with the management team, felt they were listened to and the correct action would be taken to keep people safe.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's specific health risks were managed well. People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- When a person lived with epilepsy, they had a support plan in place to guide staff. Any changes in epilepsy medicines or protocol were added to the communication book and their care plan was updated.
- When people were at risk of becoming anxious, there were positive behaviour support plans in place. These provided guidance to staff about signs a person may show if their anxiety was increasing and how to help reduce the anxieties. These support plans were reviewed and updated when a person's support needs changed. Staff reassured people throughout the inspection and were observant in noticing small changes in people's behaviour.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The service used regular agency staff whilst they were actively recruiting permanent staff.
- Staff levels were kept under review and staff worked flexibly to provide the support people needed, when they needed it. For example, a relative told us their loved one had been taken to hospital and a member of staff had remained with them until they had settled into bed, and that they returned the following morning to provide support.
- Staff were recruited safely. We reviewed 2 staff files. Disclosure and Barring Service (DBS) were completed.

DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- New staff's right to work information was obtained from the relevant Government office. Staff's interview notes and application form were recorded. References were gathered from previous employers.

Using medicines safely

- People's medicines were stored, managed and disposed of safely.
- When people needed medicines on an 'as and when' basis (PRN), there were PRN protocols in place. However, staff had not recorded whether a PRN medicine had worked effectively. The regional manager agreed these should be in place. This was an area for improvement.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff spoke knowledgeably about people's medicines. A member of staff said, "[Person] doesn't need their [anxiety medicine] very often. We try and support in other ways first when they get agitated, we can take them to the skills room." Records of daily notes showed when a person had been supported to the skills room it had a positive impact. Staff completed medicines management training and their competency was assessed to ensure they followed best practice.

Preventing and controlling infection

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. Staff had noted some areas of the service needed deep cleaning. This was in progress at the time of the inspection. During the inspection the senior service manager implemented additional daily checks to improve the monitoring.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no visiting restrictions at the time of the inspection.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Accidents and incidents were recorded by staff, including the use of a body map when required. These were reviewed by the management team to identify and patterns or trends. Referrals were made to health care professionals when needed. Concerns were reported, when they needed to be, to the Care Quality Commission and the local authority safeguarding team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. A pre-assessment helped make sure the service and staff were able to provide the right support and meet people's needs. Relatives told us they felt involved in the care and support of their loved ones.
- People's care plans used different assessment tools to ensure people received the right level of support. For example, the motivational assessment scale and the brief behaviour assessment tool. People's equality and diversity needs/preferences were reflected throughout the care plan to ensure their protected characteristics such as religion or sexuality were considered.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans were provided in an easy-to-read format, which included pictures.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. Learning opportunities included mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions. Some staff needed to complete refresher training. This had been identified and a plan was in place to support staff to refresh their knowledge.
- New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Development support plans were used to review, with staff, what works well and any areas of learning and development they felt they needed. Staff told us they felt supported by the organisation in relation to their personal development. A member of staff said, "I haven't done epilepsy training yet but done but I have done first aid. I am booked on a few training sessions next month."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. During the inspection people were encouraged to

do as much for themselves as possible with support from staff.

- People's weights were monitored. One person had been identified as over-weight. Staff encouraged the person to eat healthy meals and they were weighed monthly as part of their on-going support with their weight. This person was also supported by staff to attend the gym and their weight had gradually started to decrease.
- Some food items were locked away in cupboards to reduce the risk of people overeating. Staff supported people to choose foods from these cupboards when they wanted things.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health actions plans / health passports which were used by health and social care professionals to support them in the way they needed.
- People were able to access healthcare services. The GP surgery did a weekly call with the home to discuss people's health. This was then followed up with referrals to other professionals where needed. People were referred to health care professionals, such as occupational therapists, to support their wellbeing and help them to live healthy lives. People were supported to attend dentist and learning disability nurse appointments.
- People were supported to maintain their oral care. There was information for staff about the level of support each person needed. Regular chiropodist appointments were arranged to ensure people's feet remained as healthy as possible.

Adapting service, design, decoration to meet people's needs

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- Staff monitored people's health to ensure any environmental changes were made as needed. For example, a person had been supported to move downstairs due to their health condition and this made it more manageable and safer for them to get around independently.
- There were a number of pictorial signs on the walls to help people with orientation, what activities were taking place and what staff were on shift.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had been submitted when required. Staff empowered people to make their own decisions about their care and support. Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.

- When people were not able to make complex decisions themselves, best interest meetings were held with people, their families and the relevant health care professionals where this was identified as appropriate. This made sure decisions were made in people's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection the provider and registered manager failed to design service users care with a view to achieving their preferences and ensuring their needs were met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Staff saw people as their equal and created a warm and inclusive atmosphere. A member of staff told us, "I am taking [person] out on the bus today. We have a strong bond between us, so I regularly support them to go out."
- Management and staff knew people well and people appeared relaxed in their company.
- Throughout the inspection interactions between staff and the people they supported were kind and caring. For example, a person was drawing, a member of staff sat with them. Staff prompted the person about the pens they were using, such as which colour they wanted use next. Staff were patient and communicated with people in a way they understood.
- People's relatives spoke positively about their loved one's care and support. A relative told us, "The staff are excellent. They recognise from [my loved one's] behaviour any signs of pain and communicate with them well."

Supporting people to express their views and be involved in making decisions about their care

- People were given time to listen, process information and respond to staff and other professionals. Information was provided in different formats, such as easy-to-read.
- Staff supported people to express their views using their preferred method of communication. For example, there were people living at the service who used their own form of hand signals and others who used a white board. Staff knew people and their communication needs well.
- Staff understood when people needed support from their relatives, or an advocate, to make decisions about their care. Staff knew people's likes, dislikes, and preferences well.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff were patient and took time to listen to people.
- People's privacy and dignity were respected. Staff knocked on people's doors before entering. Staff encouraged people to be as independent as possible. For example, some people were able to make their

own drinks and others were encouraged to pick out their cup and point to which drink they would like.

- People's independence in daily living skills were encouraged. For example, keeping their rooms clean, with the support of staff and doing their laundry. Support levels varied and were personal to the individual being supported. For example, a person may be able to carry their laundry basket, or another person may be able to put their clothes in the basket.
- People's social care needs were understood. People were supported to maintain relationships with those who were important to them. A relative said, "I have to say the care is second to none. We are really, really pleased. It is 100%."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider and registered manager had failed to design service users care with a view to achieving their goals. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- People and their relatives were involved in the planning and reviewing of their care and support to make sure they were personalised. Each person had a care plan; these were reviewed and updated when changes were needed to ensure staff had access to the latest information.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them. Staff training was refreshed to ensure they maintained the skills and knowledge to support people in the way that suited them best.
- Relatives told us they were happy with the levels of support their loved ones received. A relative commented, "Staff are very observant. They noticed the changes in [our loved one] first thing in the morning and, over time, they have changed their routine, so they go out in the mornings. This has really made a difference."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At the last inspection we recommended the provider refer to national guidance in relation to accessible communication tools for people with a learning disability or autism.

- Staff ensured people had access to information in formats they could understand.
- Each person had a communication profile as part of their care and support plan. These included important information for staff; such as the signs to observe which a person may use to express emotions or feelings when they do not verbally communicate.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to

facilitate communication and when people were trying to tell them something.

- A relative commented, "[My loved one] has a board now, which staff are using, and that helps show [my loved one] what is going on. It is being used."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we recommended the provider refer to national guidance on supporting people to take part in meaningful social, leisure and domestic activities.

- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff provided person-centred support with self-care and everyday living skills to people. People talked with staff about goals and aims of things they would like to do, and staff supported people to achieve these. Activity planners were kept up to date by staff and this helped people know their plans for the day or week.
- People relatives told us their loved ones were regularly engaged in activities of their choice. A relative told us, "[My loved one] likes going out and walking near the lakes. They love getting the train to Canterbury." [Our loved one] has a liaison book about what they have done when they have been on social leave. That works very well."
- When people chose to, they visited friend and family. Relatives told us they had good levels of contact with their loved ones and that communication was good. A relative commented, "[Our loved one] comes home every other Thursday. After we have eaten dinner, they are ready to go back – it really is their home."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Complaints processes were in place and followed. Relatives told us they felt happy to raise any concerns with staff or the management team and would be listened to. Relatives told us they did not have any complaints about the service. A relative commented, "I don't have any issues and will always talk to the staff / management if there is anything I am not happy about. They are very responsive." One complaint had been received and due process to investigate this had been followed.
- The management team also recorded compliments received. These were shared with the staff team.

End of life care and support

- Staff were not supporting anyone with end-of-life care at the time of the inspection.
- People's end of life preferences were discussed with people and their families. A relative told us, "We have sorted out a pre-paid funeral plan. Ashford Lodge have a copy of the paperwork, so they all know. If we are not around, they know what is planned. It is important to talk about these things."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider and registered manager had failed to ensure accurate and complete records are maintained for each person. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to notify the Care Quality Commission of incidents which occurred at the service. This was a breach of regulation 18 of Care Quality Commission (Registration) Regulations 2009. At this inspection improvements had been made and the provider was no longer in breach of regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- There was a positive, open and inclusive atmosphere at the service. Staff treated people with kindness and compassion.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Relatives told us the care and support were centred on their loved ones. A relative commented, "[The manager] is very caring. When they started working at Ashford Lodge, they spent a lot of time with each person individually and started to get to know them. I think that was superb."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their regulatory responsibilities. They understood the duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment.
- Notifications of reportable incidents, such as an injury or a death, had been submitted to the Care Quality Commission in line with guidance.
- A member of staff commented, "The manager is okay. I have no problems. If I had a complaint, I would go to them. I understand whistle-blowing and who I can go to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.

- Regular checks and audit were completed to monitor the quality and safety of the service. The provider's quality assurance team carried out additional checks. When shortfalls had been identified, plans were implemented to address these.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. People's relatives told us they were involved in the reviews of their loved one's support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. Relatives felt involved in their loved one's lives. A relative said, "Communication with the family is good and they are very transparent."
- People, staff and health care professionals were asked to complete quality questionnaires. They were known as 'your voice matters'. People were supported by their key worker to complete these. Results from surveys were analysed and action plans implemented to drive improvements across the service.
- Staff felt involved in the running of the service. A member of staff said, "We have a staff meeting every month. People we support have a key worker and we do key worker reviews. We ask people how they are and what they would like to do."

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider used an 'our purpose, vision and values' to promote the direction of its services. The service's vision was 'To provide the best specialist support, inspiring a generation to ensure people live happy, healthy and meaningful lives.' Staff spoke passionately about supporting people to lead meaningful lives.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service / the wider system.
- The management team and staff worked closely with people's health care professionals to ensure there was effective, joined-up care and support.