

Ashlee Lodge Limited

Ashlee Lodge

Inspection report

5 Jameson Road
Bexhill On Sea
East Sussex
TN40 1EG

Tel: 01424220771

Website: www.alliedcare.co.uk

Date of inspection visit:
04 October 2016

Date of publication:
07 November 2016

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

This service was last inspected in July 2013 when we found it was meeting the requirements of the five areas we inspected. This is the first comprehensive rated inspection under the Care Act 2014. This inspection took place on 4 October 2016 and was announced. We gave short notice as this service is small and we needed to ensure people were available as well as to access records.

Ashlee Lodge is registered to provide care and support for up to five younger adults. People living at this service have a learning disability and may also have autism. The service does not provide nursing care. At the time of the inspection there were five people living at Ashlee lodge.

A registered manager was in post. 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 2014 and associated Regulations about how the service is run. The registered manager was present throughout the inspection and was responsive to feedback and suggestions.

People's needs were well met by staff who understood people's needs, wishes and preferred routines. Staff had training and support to do their job effectively and safely.

People were protected because there were good recruitment practices whereby any potential new staff were fully checked to ensure they were suitable to work with vulnerable people. All staff received training in understanding about abuse and knew how and when they should report any concerns.

People were supported to take part in activities which were meaningful to them. This included trips out using a vehicle owned by the service, as well as activities within the house. The service was close to shops, cafes and the seafront so people could walk to local amenities.

People's nutritional needs, likes and dislikes were taken into consideration when planning menus. People were offered a balanced diet to maintain good health. Mealtimes were relaxed and staff sat with people to make it a sociable event.

Care was well planned, with risk assessments in place to keep people safe and ensure care and support was being offered in the least restrictive way. Staff knew people well, understood their needs and what they enjoyed doing. This helped staff to provide a person centred approach and ensured individualised care.

People were supported to express their views in a variety of ways. Staff understood people's ways of communicating and this helped to ensure people were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives, friends and relevant

professionals were involved in best interest decision making. This ensured people's rights were protected and the service consulted and worked with others to ensure the right care and support was being offered.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they live in a care home and do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. People's consent to care and treatment was sought. Where they were unable to provide informed consent the principles of the MCA and DoLS were followed, so people's legal rights were upheld.

There were sufficient staff with the right skills and support to enable them to provide safe, effective and responsive care and support to people. Staff received training in all areas of health and safety as well as more specialised areas around people's needs and health conditions. Staffing levels were flexible to meet people's changing needs and wishes.

Medicines were appropriately managed and monitored. Where minor errors had been made, these had been picked up quickly via audits. Staff received training to ensure their competencies were kept up to date in medicine management.

Well managed systems were in place to ensure the quality of care and support were continually reviewed and monitored. Where improvements were needed, prompt action was taken to drive up improvements.

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.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

There were sufficient numbers of staff to meet the number and needs of people.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect. Staff had developed strong and compassionate relationships with people

The ethos of care was person-centred and valued each person as an individual. Staff were skilled at helping people to express their views and communicated with them in ways they could understand.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on

Concerns were taken seriously and acted upon

Is the service well-led?

Good ●

The service was well-led.

The home was well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.

Ashlee 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.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 4 October 2016 and was announced. We gave short notice as this service is small and we needed to ensure people were available as well as access to records.

The inspection was completed by one inspector who spent a short time talking to people who live at the service. We spoke with six staff and reviewed the records in relation to three people's care and medicine management. We looked at staff training and recruitment files as well as audits relating to how the service checked the environment and safety of equipment and the building.

Following the inspection, we telephoned four relatives and one healthcare professional for their views on the service.

Is the service safe?

Our findings

People were unable to express in words whether they felt safe at Ashlee lodge. However, our observations of people moving freely around the home, interacting with staff showed people were relaxed in their home environment.

Relatives agreed they had confidence in the service keeping their loved ones safe. One relative said "I am very happy my daughter came to live at Ashlee Lodge. She is safe, well cared for and happy."

People were protected because staff understood the signs and types of abuse which could occur. They knew who they should report any concerns to and were confident their concerns would be followed up. One staff member said "I have raised concerns about practice, not in this service, and I do believe the manager would act quickly. She and the staff here are very good, we want the best for people here and we would report anything which we thought put our clients at risk."

There were sufficient staff available throughout the day and night to ensure people's needs were met. There were usually three staff on each morning and afternoon shift with one waking night staff and one sleep in staff throughout the night. The registered manager worked weekdays and was supported by a deputy manager who worked some shifts as part of the care team. They also had some additional time to work as supernumerary and support the registered manager in running the service and ensuring records were maintained.

Some people required two staff to support them when out in the community. The registered manager said they had some flexibility in how staff patterns worked to ensure that at key times there were more than three staff available so people who required extra support could access the local community.

People were supported to stay safe both within the home and when out in the community. This was because the service had developed a range of risk assessments for each person to show what the risk was and how staff should work with the person to minimise that risk. This included clear guidelines for staff to follow to ensure there was a consistent approach to behaviours which may challenge and may place people and others at risk. Staff were aware of people's risk assessments and spoke confidently about how they worked as a team in the least restrictive way, to ensure people's needs were met. One staff member talked about how staff needed to have specific training in order to be confident in taking some people out in the community. They said although they had received some of this training they did not yet feel confident and other staff members were aware of this when planning for the day.

The environment was kept clean and staff said they had access to the right cleaning products and protective clothing and gloves when needed. We noted the freezer was located in the laundry room.

We recommend the provider seeks advice from their local Environmental Health Officer as to whether these arrangements promoted good infection control practice.

People's individual monies were well managed by staff. There were systems to ensure receipts and records were kept of all transactions. These and people's individual accounts were audited and monitored on a

regular basis. When we checked two people's monies, the balance was right and we could see there were receipts and records to show what people had bought and when.

People's medicines were well managed. Medicines were dispensed by a local pharmacy in blister packs. Staff received training and ongoing monitoring of their competencies to safely dispense and record medicines. Protocols were available for staff to refer to in respect of PRN (as needed medicines) which helped to ensure a consistent approach to medicine management. A professional from the local pharmacy had recently completed an audit and recommended some small changes which had been implemented. For example the pharmacist recommended the service monitor the temperature medicines were being kept in. The registered manager had purchased a thermometer to record temperatures inside the medicines cupboard.

There were effective recruitment and selection processes in place. The registered manager ensured potential new staff completed application forms with details of any gaps in employment. During interviews with potential staff, this was explored further, when needed. In addition, pre-employment checks were carried out, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. The service had developed individual personal emergency evacuation plans which were easily accessible in case of fire. Fire checks and other maintenance checks were part of the service's weekly and monthly audits. The provider information return (PIR) stated 'Home maintenance is taken very seriously and any issues dealt with promptly by repair or replacement, to ensure the living and working environment is safe and comfortable. Health and Safety checks are regularly made alongside a health & safety plan.'

Is the service effective?

Our findings

People said they enjoyed living at Ashlee Lodge and enjoyed the company of staff who worked with them. One person said "This is my home. I like to go out in the car." Relative's felt the care and support provided was effective and met people's needs. One said "This is the one place where (name of relative) has been happy and staff know her, better than me, and they really look after them."

People's needs were well met by staff who had the right training and support to do their job effectively. Staff spoke confidently about how they worked with people to ensure their needs and wishes were met on a daily basis. Staff confirmed they had received a variety of training, which included all aspects of health and safety as well as more specialist areas such as positive interventions, working with people with autism and challenging behaviour. Staff described how they worked well as a team and how they met people's individual needs. For example, encouraging people to be relaxed by offering foot spas, hand massages and sensory lights and smells.

People benefitted from staff who were supported and encouraged to develop their skills. Staff had regular one to one supervisions with the registered manager to discuss their role and training needs. One staff member said "The manager is very good, she listens to us, and if there is training available she will make sure we have time to do this." The registered manager said they tried hard to promote best practice through staff training supervisions and staff meetings. Where people's competencies needed updating, this was discussed and an action plan put in place to ensure the staff member received the right training.

Induction training ensured new staff were effective in their role. Care staff completed an induction when they started work at the service. New care workers were introduced to people and shadowed an experienced care worker for as long as it was felt necessary. New care workers who started at the service without any previous experience of working in care were supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities.

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. People had consented to their care where they were able to make an informed decision. Where people could not make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. There were examples of where decisions had been made in people's best interest, by people who knew them best. Relatives confirmed they were regularly consulted about aspects of care and were asked their opinion as part of best interest decisions.

People can only be deprived of their liberty so that they can 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 Liberties Safeguards (DoLS). The registered manager and staff

understood their responsibilities to act within this legal framework. One authorisation of DoLS had been granted and four others were pending. This ensured that people were not unlawfully restricted.

People were supported to access a varied diet. Their choices, likes and dislikes were taken into account when planning menus. Any known food allergies were clearly recorded so staff were aware of this when planning and making meals. Staff said they tried to encourage people to have a balanced diet to ensure good health. People were offered drinks and snacks throughout the day. Eating out was also seen as an important part of people's lives and records showed people did regularly go out for coffee and meals in the local community. People were unable to give their views on the meals offered. One relative confirmed their daughter enjoyed the varied diet. Staff members said people would indicate to them if they did not wish to eat a particular choice.

People's healthcare needs were being effectively met. Records showed there were a variety of appointments for people to access healthcare professionals and specialist support as needed. This included their GP, specialist nurse and consultant psychiatrist. It was clear from discussions with staff that people's healthcare was carefully monitored as some people were unable to say if they felt unwell. Staff observed changes in people's physical and emotional well-being and contacted health professionals appropriately. Relatives confirmed they believed people's health care needs were being met and that they were kept informed. One relative said "The staff are brilliant at keeping us up to date with (name of person) health. I have no worries on that front."

Is the service caring?

Our findings

People benefitted from having a staff group who showed kindness, respect and compassion. All relatives described staff as caring. One said "The staff make the big difference at Ashlee, I cannot praise them enough. They are very caring and kind." Another said "Staff have a lot of patience. They work with people with very complex needs and they always stay calm."

It was clear staff had developed strong bonds and relationships with people living at the service. They talked about their qualities and how much they enjoyed working at Ashlee Lodge. In a handover meeting, staff spoke about each person in a respectful way, showing concern for people's emotional well-being. Staff who had been off duty, asked questions about what people had been doing and showed genuine interest in people's daily lives and well-being.

Staff described ways in which they ensured people's privacy and dignity. For example, always knocking on their bedroom door before entering. The staff group showed ways in which people's dignity was upheld in their everyday practice. After mealtimes people were encouraged to have a freshen up. Staff encouraged people to change into clean clothes when needed. People's individual style was promoted and encouraged. Staff talked about the sort of things people liked to wear as part of their individual identity.

It was clear from our observation staff showed a great deal of kindness and compassion when working with people. Staff understood people's different ways of communicating and spent time checking people were happy.

People were offered choice and staff understood the importance of ensuring this was offered and respected. For example, although they liked to encourage people to socialise, they respected the fact some people preferred to spend most of their time in their room. Staff said they would keep checking on the person and try to encourage them to join in an activity and could usually persuade them to do this for a short period a few times per day. One staff member said "(name of person) is most happy spending time in their room. We have to respect that, although we do offer other things that we know they may like."

The service had received thank you cards and survey feedback, which showed relatives and professionals, believed the service was caring. For example one said 'Very pleased with the kind and caring staff at Ashlee and I have found an amazing positive change in my daughter.'

Is the service responsive?

Our findings

One person said they had enjoyed going out in the car and trips to have coffee. Relatives said they felt the service was responsive to people's needs. One said "I asked about having an en-suite before (name of person) moved in, the manager said, no problem, we will sort that and they did. I was so pleased. You don't get more responsive than that."

Prior to people being admitted to the service, a pre-admission assessment was completed looking at all aspects of their care needs and wishes. This was done in consultation with the person's relatives and other care givers where appropriate. This was then used to develop a care plan for staff to follow. This detailed each aspect of people's care and support needs and was reviewed on a monthly basis and agreed with the family. Staff confirmed they referred to people's plans to ensure they delivered the right care in a consistent way. Staff also had handovers between shifts which ensured people's changing needs were discussed. Staff who had been away from work for any length of time were brought up to date with people's current needs.

Care plans were comprehensive although some details were repetitive. The plans, together with people's daily records showed the service was responsive to people's care needs and were working in a way which promoted individualised care for people. For example the plans described what each person enjoyed doing and how staff should engage with them.

The provider information return detailed that communication was an important part of being able to be responsive to people's needs. It said 'One of our key aims is to meet the current and future needs of people who use our service. We can only do this if we first ascertain what those needs are. The majority of the people that use our service have limited or no verbal communication, so it is vital that the home takes time to understand their needs and support them in all areas of their lives as well promoting individuality and independence. We then design and deliver services that meet these needs in the way that people prefer with a person centred approach.' It was clear from our observation and discussions with staff they had a good understanding of people's non-verbal cues and ways of communicating their needs and wishes. Staff said that if they noted someone looked unhappy or distressed, they would offer them an opportunity to spend time with a member of staff. Staff said they knew each person had specific ways of being diverted. For example we saw one person was becoming distressed before lunch. Staff asked them if they wanted to look at some new photos which had recently been put up. They then guided the person to the photos and began talking to them calmly about each photo, when it was taken and who was in it. This had a calming effect on the person.

At each shift an activity plan was drawn up and staff decided who would work with each person and what activities they would offer. This was flexible and based on people's moods, health, interests and willingness to participate. During the morning of our visit, several people went out for a car ride, had snack and returned for lunch. During the afternoon, one person was assisted to go to a medical appointment. Others were supported to have foot spas and relax with candles music and sensory lighting. People were also offered a range of activities which suited their hobbies and interests. For example, sessions with a music therapist, cooking at college and visiting calm farm, a local resource for arts and craft sessions.

The service had a complaints policy and process. People living at the service would be unable to make a formal complaint because they might not be able to comment specifically on their care. However, staff described ways in which they watched for cues to ensure people were happy with the care and support being delivered. Relatives were unanimous in their view that if they needed to raise a concern, this would be taken seriously and dealt with. One said "The manager is all about the rights of the residents, she is passionate about her job and would definitely sort any issues if we raised them to her."

Is the service well-led?

Our findings

People and their relatives could be confident the service was well-led by a registered manager whose ethos was to provide the high quality care for people and ensure the service was run to be their home. It was clear she had inspired the staff group to promote the same ethos as this was evident in the way they worked with people in a supportive and encouraging way. The registered manager was present throughout the inspection and was responsive to feedback and suggestions.

Relatives were complimentary about the management of the service. One said "You can go to the manager about anything, she is very good. I have peace of mind knowing such a lovely person is running that service." They felt they were consulted and involved as such as they wished. One described how the service had social events twice a year and family and friends were invited.

The provider information return stated 'families are regularly involved with the service in a meaningful way. The company mission statement was developed with staff and people who use our services. It is underpinned by a set of values that include: honesty, involvement, compassion, dignity, independence, respect, equality and safety.' The registered manager said they had developed good relationships with families and she regularly chatted to them to gain the views in an informal way.

Staff said their views and opinions were valued and listened to. Staff expressed confidence in the registered manager and described her approach as open and inclusive. One staff member said "We all work well as a team. Our manager does listen to us and we can go to her about anything."

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, there was a near miss where staff accidentally left the building unattended for a short period leaving some people without supervision or support. No one came to any harm during this time. The registered manager immediately instigated a new system. Staff now sign in each time they and/or people living in the service leave the building. There have been no further incidents.

The registered manager said that quality assurance visits by the organisation had been introduced. These were carried out by a company quality assurance team. The visits produced an audit inclusive of action plan from which the registered manager can work. For example making improvements to care plan records. This ensured that standards were maintained and effective. There were also a range of audits to ensure the environment, records and medicine management were all safe and well maintained. These were completed weekly or monthly by the registered manager or a delegated member of staff. The registered manager said that being a small team, she was able to monitor staff competencies, relationships with people who lived at the service and their development in their role as a care worker.