

Ashingdon Hall Care Limited

April Lodge

Inspection report

50-52 Shaftesbury Avenue
Southend On Sea
Essex
SS1 2YN

Tel: 01702466862

Date of inspection visit:
26 July 2018

Date of publication:
10 August 2018

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

The inspection took place on the 26 July 2018 and was unannounced.

April Lodge provides personal care in a supported living scheme for up to twelve people who have enduring mental health difficulties. The service is provided in two converted properties over two floors in the local community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection twelve people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The registered manager had suitable systems in place to assess and monitor the

quality of the service provided.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

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.

This inspection took place on the 26 July 2018 and 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 also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with four people, the registered manager, team leader and one member of care staff. We reviewed three care files and medication records, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us that they felt safe with the staff. One person told us, "The staff are brilliant, they sit and talk to me and listen to my troubles." Another person said, "I feel safe living here there is a nice atmosphere."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition, staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. We saw there was information displayed around the property of contact numbers people could ring if they wished to raise a safeguarding concern. One member of staff told us, "If I had a concern I would report it to my manager and write everything down. I would see if anything was put in place if not I would raise it higher up or contact their social worker." The registered manager was fully aware how to raise safeguarding concerns and had worked with the local safeguarding authority to fully investigate concerns.

People were supported to safeguard their finances and where a concern for a person's finances was raised the registered manager reported this immediately to the police and supported the person whilst this was investigated. The registered manager also reviewed their practices and how people were supported to manage their money.

Staff had the information they needed to support people. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered, how to keep people safe, and how to support people's mental health for example when they become anxious and how to support people with everyday activities such as accessing the community.

People were cared for in a safe environment. The registered manager worked with the landlord to ensure the property was maintained. There was a maintenance person and log kept of day to day repairs. Any issues reported within people's rooms were reported by the registered manager to ensure they were maintained and in good repair. Staff followed processes which lowered the risk of infection and maintained cleanliness and hygiene. We saw some people had specific support hours to help them with maintaining and cleaning their property. There were regular health and safety checks made by staff and fire alarm checks. One person told us, "We practice fire alarms every month and when we evacuate the building we have an assemble point outside." Staff were trained in first aid and knew to call emergency services if necessary.

The registered manager told us that they had adequate staff employed to support people and they kept this under review and recruited when necessary. People told us that they were supported by regular staff who knew them and their routines well.

The registered manager employed staff following the correct recruitment procedures This included processing applications and conducting employment interviews. Relevant checks were carried out including obtaining references, ensuring that the applicant provided proof of their identity and undertaking

a criminal record check with the Disclosure and Barring Service (DBS).

The registered manager had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again. Information was shared with staff at meetings and through the services communication book.

Medicines were managed and administered safely. There was a mixture of levels of support required by people. Some people administered their own medication whilst others needed staff to administer their medication or needed prompting from staff to take their medication. All staff had received training in medication administration and this was regularly updated. Medication was monitored and audited to ensure people had their medication as prescribed and when required. One person told us, "I do my own medication but I don't always remember and the staff remind me to take it."

Is the service effective?

Our findings

Staff were supported to complete training courses relevant to their roles. The registered manager supported staff with training and there was a varied mix of training resources. Some training was provided face to face by trainers and some training was completed through on-line packages. The registered manager had also completed a train the trainer course so that they could deliver training to staff. Staff told us that they were supported to complete nationally recognised training certificates.

New staff had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. One member of staff said, "I completed seven shadow shifts, when I first started and had lots of support from the manager." Staff had regular staff meetings and supervision with the registered manager and team leader, and staff said that they were always available. The registered manager also completed appraisals on staff performance and asked staff for their feedback.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Nobody within the supported living environment had a DoLS in place. We saw assessments of people's capacity in care records had been made. This told us people's rights were being safeguarded.

People were supported to maintain their dietary needs. Staff supported people with their shopping if required and encouraged them to make healthy food choices. Within the supported living environment one cooked meal was included in people's packages every day. We saw this was a two-course main meal served at lunchtime for people. A menu was agreed by people four weeks in advance on a rotation basis. We observed a lunchtime meal which people seemed to enjoy and were given choice over what they were served. One person told us, "The cooking is fantastic, I eat everything."

People were supported to access suitable healthcare provision. The registered manager supported people with healthcare appointments this included attending clinics and hospitals for reviews. We saw if the registered manager was concerned about people's health they contacted healthcare providers directly to convey their concerns. One person told us, "I wasn't feeling well recently and the staff came to the hospital with me."

The environment was appropriately designed and adapted to support people. The landlord provided people with some communal and shared facilities in addition to people living independently in their rooms. We met some people in their rooms, people told us that they had their own keys to the property and to their

rooms. People furnished the rooms as they chose with their own belongings and had access to a small kitchenette area and some had ensuite facilities. The registered manager liaised with the landlord in terms of up keep and redecoration of the property.

Is the service caring?

Our findings

People told us that they felt supported by staff and had positive relationships with them. One person told us, "The staff are very good, they are all friendly." Another person said, "I get on really well with (staff name), they help me with everything."

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and were able to build on their independence. One member of staff said, "I support people with their routines so that they are able to plan their day and organise what they are doing, such as personal care, laundry or shopping."

We saw people had good relationships with staff and engaged in conversations with staff about their day or any issues they were experiencing. We saw that staff took time to show an interest in what people were saying and had meaningful conversations with them.

Staff respected people's privacy whilst ensuring their safety, health and wellbeing. People told us that staff respected their privacy, one person said, "The staff always knock on my door they never just walk in." People had their own door keys and if some people did not wish to be disturbed they had signs up on their doors.

The registered manager told us that people had access to religious support should they chose to have this. In addition, some people had advocates who helped to look after their welfare and ensure that their needs were being met. People were encouraged to maintain contact with friends and relatives and were supported to see them in the community or at the service.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We saw that care plans were very detailed and tailored to each individual care and support needs. Care plans were regularly reviewed and updated so that staff had all the details they needed to support people. People were supported by the same members of staff for consistency. Staff told us that they aimed to build up people's confidence and independent living skills. Before the registered manager agreed to provide support to people they assessed them to see if their needs could be met by the service.

The service remained responsive to people's changing needs. The registered manager was very good at supporting individual people's health care needs to ensure they received all the support they needed. For example, they supported one person to attend regular health and fitness appointments as they were trying to address a weight and fitness issue.

Staff encouraged people to maintain their interests and links with the community. Most people living at the service went out independently to access activities in the community however some people received support from staff. One person told us, "I go out every Wednesday up town for a few hours and I go to church on Sunday." Another person told us how the staff arranged for them to have a trip away and overnight stay at a hotel for their birthday. People told us that staff accompanied them out on walks or to go shopping.

The registered manager had a complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However, people told us they generally did not have any complaints.

The registered manager told us that they did not support anybody with end of life care needs. However, they said if a person became unwell in the future needing this support that they would access the relevant healthcare support.

Is the service well-led?

Our findings

At our previous inspection in February 2016 we rated well led as requires improvement due to the quality assurance systems not being effectively embedded into the running of the service. We saw at this inspection the registered manager now had systems in place and quality monitoring was fully established at the service.

The registered manager had set up quality monitoring systems at the service to give them a better oversight on how the service was performing. They were now completing regular audits for example on health and safety, infection control, medication and care plans. We saw environmental checks were also completed on people's rooms with their consent so that any maintenance issues could be resolved.

People's views and feedback on the service were sought in a number of ways. These included a yearly questionnaire, we saw feedback from the last survey taken and actions implemented. The registered manager had also developed a monthly feedback form to gather people's feedback more frequently. In addition to this staff held house meetings at the service to discuss communal living and to see if people had any issues they needed addressing. One person told us, "We had a house meeting last week, we discussed things like not smoking in rooms and not to bring drugs into the house. We also talk about the food." People told us that they felt their opinions were listened to by staff. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People we spoke with knew the manager and were very complimentary of them and the staff. One person said, "I like (managers name) I get on well with them."

Staff shared the manager's vision for the service. One member of staff told us, "We want to promote independence, care and support. To have the correct risk packages in place to keep people safe and enable them to live their life." Another member of staff said, "I want people to know they can trust me and build their independence."

Staff felt supported and valued by the management team. Staff told us that the registered manager and team leader were always available to give them support. The registered manager and team leader attended regular meetings with other services owned by the provider for support and discussions around the development of services. Staff had regular hand over meetings and used a communication book to share important information.

The registered manager worked in partnership with other agencies and health professionals to provide support at the service. For example, mental health and district nursing teams. They had also built links with local churches who provided coffee and film afternoons that people liked to attend and a local gardening project that helped people develop different skills and interests.