Aitch Care Homes (London) Limited

Ashford Lodge

Inspection report

Ashford Lodge
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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

Care service description
Ashford Lodge is a residential care home for nine men and women with learning disabilities ranging from the age of 20 to 60. Ashford Lodge is a detached property in the village of Chilham, on the outskirts of Canterbury. At the time of our inspection, there were eight people living in the main building, and one person living in the on-site annex.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Rating at last inspection
At our last inspection on 20 April 2016, we rated the service as 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.

Rating at this inspection
At this inspection we found the service remained Good.

Why the service is rated Good
People had been safeguarded from potential harm and abuse. Risks had been assessed and mitigated, and people were encouraged to take positive risks. Staff had been subject to the relevant pre- employment checks and there were sufficient staff to keep people safe. One person told us "I feel safe because the door is locked at night, and there is enough staff." People received their medicines when they needed them. The service was clean and protected by the prevention of infection control. The provider ensured lessons were learnt and improvement plans put in place when necessary.

People received effective care, in line with best practice, that achieved good outcomes for them. Staff received training tailored to the needs of the people they supported. People told us they were supported to eat and drink sufficient levels and were encouraged to live healthy lives. People received coordinated care when they moved between healthcare services. The service had been adapted to meet the needs of the people living there. Consent to care and treatment had been sought.

People told us they were treated with kindness and respect, and were given emotional support as and when they needed. People were actively involved in making decisions about their care as far as possible. People's privacy and dignity were respected and all documentation was held securely.

People received person centred care that was responsive to their needs. People told us they were involved

in activities that were meaningful to them. All complaints and concerns were logged and responded to appropriately. People and their relatives told us they knew how to raise concerns and felt confident they would be addressed. The service was not supporting anyone at the end of their lives.

People, staff and relatives told us the day to day culture of the service was positive, inclusive and focused on good outcomes for people. There were suitable arrangements in place to ensure the regulatory responsibility was met. The provider sought feedback from people, relatives and staff and used it to learn, improve and ensure sustainability for the service. The manager had formed relationships with external agencies including safeguarding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Ashford 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 30 April 2018 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed previous inspection reports, notifications and any other relevant information we had received. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people, spoke with one member of staff, the manager and area manager. We sampled records such as two care plans, medicine records, audits and daily notes. Following the inspection, we spoke with three relatives and two staff members.

Good

Is the service safe?

Our findings

The service continued to provide safe care and treatment. People told us they felt safe, and a relative told us how they felt their relative was safe at the service, and that they were happy they lived there.

People continued to be protected from potential harm and staff knew how to recognise and report abuse. The provider had robust processes for staff to report safeguarding incidents. One person told us they felt comfortable to raise concerns with staff. Staff told us how they would manage incidents and felt confident that any concerns would be investigated. One staff member told us, "Looking after everybody is important and we make sure people here are safe and continually monitor to ensure this is the case." Staff were aware of the services' whistleblowing policy had they felt their concerns would be acted on by management. Staff felt confident that if people were not being treated fairly they could contact other external agencies to raise their concerns if they needed to. One staff member said, "We can call CQC if we are unhappy [with the action the provider had taken]."

Risks to people continued to be managed, with risk assessments containing up to date information to keep people safe. Risks to people such as accessing the community, finances and personal care had also been assessed and mitigated, these documents were reviewed regularly. People were supported to take positive risks, such as accessing the community independently. One relative told us, "They have as much freedom as possible, which I think is brilliant."

People had personal emergency evacuation plans (PEEPS) in place. A PEEP is a Personal Emergency Evacuation Plan which tells staff how to support people in an emergency. There was an 'in/out' board by the front door that people would update when they left and returned to the service. Staff told us this was important to get people involved in fire safety.

There continued to be enough staff to keep people safe and meet their needs. Staff were not rushed; and spent time chatting with, and supporting people. One relative told us, "They definitely get the hours supported that they should." Rotas showed that staffing levels were consistent and one to one staff provided continuity of care. There was also an on-call rota which gave staff extra support should there be an emergency during a shift. Recruitment processes were robust and policies supported protected characteristics. Thorough employment checks completed before staff started to work at the service. These included information around employment history, references and Disclosure Barring Service (DBS) checks. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff told us "We have fantastic new staff."

Medicines continued to be stored, administered and ordered safely. One person told us they felt safe because staff, "Give me my medicines when I needed them". Medicines were stored in a locked room and in separate lockable cupboards. Some people were prescribed medicines, on an as and when required basis, and there was guidance in place about when these medicines might be needed. Staff were trained to manage and administer medicines safely. Medicines administration records (MAR) were clear and confirmed that people had received their medicines. Senior staff completed regular audits on medicines to ensure they

were being administered and recorded safely.

The service was clean and smelled fresh. People were supported to keep the service clean: two people told us with pride that they cleaned their own bathrooms. Staff told us they liked to, "empower people to do the housework". There was sufficient Personal Protective Equipment (PPE) available throughout the service, and we observed staff using PPE appropriately.

There continued to be arrangements in place to enable lessons to be learned and improvements made when things went wrong. When incidents occurred the provider had analysed them and fed back to the manager to implement any improvements.

Good

Is the service effective?

Our findings

People told us they were supported by a staff team that knew them well and responded to their needs. One relative told us "I've never felt the team are not fully aware of what they're doing."

People's needs continued to be assessed in line with evidence based guidance. People's needs were assessed by the manager prior to them moving into the service. The assessments considered people's background, support needed and risk assessments that were in place. People were asked if they had a preferred name, and religious and protected characteristics were reviewed. Before the person moved in, the manager met with them, their relatives if they wished, and the staff team currently supporting them in order to provide consistency and the least disruption to the person.

Staff continued to have the training to enable them to support people effectively. The provider organised 'master classes' on individual subjects for staff to attend including safeguarding, mental capacity act, and medicines management that was specific to the people they support at Ashford Lodge. Staff told us this helped them implement their training in a person centred way specific to the people they supported. Staff told us with enthusiasm about an autism training course they attended delivered by someone with autism which staff told us 'drew them in' and gave them a better understanding of the people they supported. One staff told us of the training, "It's much better, you feel more valued." The provider induction process allowed new staff time to get to know people. During the induction period, staff were given the opportunity to shadow staff providing support to people, and read care plans. New staff completed the care certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care services are expected to uphold.

People continued to be supported to eat and drink enough to maintain a balanced diet, and told us they enjoyed the food. People were involved in planning, purchasing and preparing meals. Staff were aware of people's like and dislikes and we observed people being given food and drink choices. People's cultural preferences had been discussed, and one person chose to have fish on specific religious days. One person was identified as not enjoying meal times in a busy environment, and was supported by staff to eat where they felt most comfortable.

Staff worked with internal and external organisations to ensure people received consistent support when being transferred between services. The manager was able to demonstrate how the staff supported someone to move to another service. The provider shared the documentation for the person with the new service, and supported the person with a two week staff handover to provide the least disruption to the person.

People had hospital passports in place to take with them if they were admitted to hospital. A hospital passport is a resource for people with learning disabilities or autism to explain their needs when they have to receive hospital treatment. This included information for healthcare staff, such as how to communicate with the person and what medicines they were taking in order to provide consistent support to the person and address any anxieties the person may have had about going into hospital.

People continued to be supported to live healthier lives, and had access to healthcare services. Staff ensured everyone was registered with the GP, dentist and optician. One person told us they visited their GP on their own. They told us, "I go to the GP on the bus, or staff take me." We reviewed care plans, and saw that a wide range of professionals were involved in people's care. Staff took people's weight regularly and took action when people lost or gained too much weight. One person was supported to go swimming and to the gym to keep them healthy.

The premises had been adapted to meet the needs of the people living there. There were different floor types to help people with visual impairments define which room they were entering. When any improvements were completed people were informed and in some cases had been taken on holiday or on days out, to reduce their anxiety whilst work was completed. People's rooms had been personalised with photos and personal items, and people told us they chose the decoration of their room. One person had photo references on their cupboards to remind them what items of clothing were being stored in them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that provider was working within the principles of the MCA, and that any conditions on authorisations to deprive a person of their liberty were being met. People were encouraged to make their own decisions where possible. One person with capacity decided they did not want a device others used to support them in their rooms. People who were unable to make decisions, such in relation to medical treatment, were involved in best interest meetings with relatives, healthcare professionals and the staff to ensure the best outcome for the person. One relative told us of a best interest meeting, concerning their loved one having the influenza vaccine, which they told us was 'amazing.'

Good

Is the service caring?

Our findings

People and their relatives consistently told us staff were kind and caring towards them. The manager told us, "Every person's best interest is at the heart of what we do."

Throughout our inspection we observed kind interactions, with staff reading to one person with a visual impairment, and singing along with other people. One relative told us, "All the staff are very fond of (name)." We observed people smiling, hugging and looking pleased to see one staff that had just returned from leave. Staff had time to have meaningful conversations with people. One person enjoyed having their hair done by staff, and we observed this being done, with other staff members complimenting the person on their hair, which made the person smile. A relative told us, "(Name) is always keen to get back to Ashford Lodge, which makes me think they are happy there."

Staff continued to understand how to support people if they became distressed. For example, one person was known to remove their clothes if they became distressed. Staff told us they ensured blackout curtains had been put in communal areas to protect the person's dignity whilst they supported them. Another person had been supported to make contact with a 'pen pal' for peer support from another service run by the provider.

People continued to be supported to express their views and make as many decisions as possible. From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Care plans had been created in a format that was meaningful for the people living at the service. People and their relatives told us they made choices, including what they ate, what clothes they wore, and what activities they were involved in. Those with sensory impairments were supported to choose their own clothes by the texture of the clothes. Another person made their choice on bath or shower known by removing the plug from the bath to indicate they wanted a shower.

Staff knew people well, and were able to communicate with them in a way that was meaningful for them. Staff created a photo reference book for one person to support them to understand, for example when improvement work was being completed to the premises . People had access to sensory items, with different sounds and textures that they enjoyed relaxing with whilst listening to music. Staff told us of one person, "They absolutely love it here. They vocalise and you can see it by their smile." People were encouraged to go to bed and get up when they chose. One person had been supported by an advocate. The person was then able to decide when they felt they no longer needed the support of the advocate, and staff review this with them regularly. People's goals were tracked and individual to them. One person's goal was to make a cup of tea without support. Another person's goal was to prepare meals without support.

People's privacy and dignity continued to be respected, and their independence promoted. Staff told us they sought peoples permission to enter their rooms, and we observed staff knocking on doors before entering. Before supporting people with personal care, staff told us they would ask the person if they were

happy to be supported at that time. If the person declined support with care, staff would respect the person's wishes, and ask them again later.

People were supported to maintain relationships with those important to them. On the day of our inspection, one person told us with excitement that they were going for a coffee with their relative. One relative visited their loved one by bus, and was driven home by staff to enable them to spend time with their loved one. Relatives told us the service had a 'family feel.'

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. People's care plans continued to be person centred and included people's backgrounds and history. Care plans had been created in a format that was useful to people, and people had in put in their care. One relative told us, "They involve (name) as much as possible, they have person centred planning." People's care plans contained detailed information for staff on how best to support them, including supporting them with personal care, washing, dressing and in one case how someone wanted their hair done by staff. We observed, and people told us they received the level of support they wanted from staff. Care plans had been regularly reviewed by staff and the manager to identify any changing needs people had.

Some people had positive behaviour support plans (PBS) in place to help staff support people with behaviour that could challenge. A Positive Behaviour Support (PBS) plan is person centred guidance for supporting people who are at risk of displaying behaviours that may challenge others. During our inspection, we observed someone become anxious. Staff remained calm with the person, and tried to divert their attention to reduce their distress as detailed in their care plan.

People continued to be involved in meaningful activities that they chose. People had activity planners and were supported to take part in a range of activities they told us they enjoyed including trampolining, swimming, going to the pub and visiting local towns and villages. Some people were supported to attend college. One person told us, "I am going to college tomorrow, I do sewing." One person regularly accessed the community independently. During our inspection, we observed the person making the decision to go to the local village, despite bad weather. Staff made sure the person had their mobile phone in case they wanted to be picked up, and the person wore a rain jacket to protect them from the elements. One person had an electronic tablet they used to watch programmes they enjoyed and keep in contact with their relatives. Another person was being supported to attend computer classes.

People continued to be part of the local community. People were known by name in the local village, within the pub and at the newsagents. The provider had organised a community day, where the manager told us they had invited the community to attend and offer donations for the raffle to go towards their charity fundraising. The manager told us they had an 'overwhelming' response from the local community. People were supported to maintain their cultural beliefs. Some people were supported to attend church on a Sunday.

Complaints and concerns had been logged by the manager, and responded to appropriately. There continued to be a complaints policy in place, which signposted people to where their complaint could be escalated, including the provider and the Local Government Ombudsman. There was a complaints folder, which documented the complaints received and the outcomes to resolve the complaints. All complaints were signed off my senior managers, and the provider had oversight of the process to ensure lessons were learnt, and action plans implemented where necessary. People and their relatives told us they felt confident to raise concerns. One relative told us "I know it would be dealt with. I know they would tell me if there were any issues."

At the time of our inspection, no one was being supported at the end of their life. Some people had arrived at the service with an end of life plan in place, others had made the decision that they did not want to discuss end of life at that time. The manager told us they would re-visit completing end of life care plans with people and their families during the next care reviews. The area manager was able to tell us how they previously supported people living at the service following the death of another person. The service had an Abba themed day to celebrate the person's life, and dedicated a bench to them in the garden where people could reflect.

Good

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager 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 2008 and associated Regulations about how the service is run. The previous registered manager left in March 2018. The manager started working at Ashford Lodge in March 2018, and had submitted their application to become registered with CQC in April 2018.

People and relatives told us they were happy with Ashford Lodge, and staff told us there was a positive culture. The manager told us "It is very person centred. I had only been here a few days, and it felt like I was coming home." People were at ease with staff and we witnessed several genuine kind interactions. Staff told us it was a nice place to work and that; "Everyone is really willing to help everyone out." Staff and the manager worked to ensure people achieved good outcomes.

The manager told us they had been well supported by the provider, and managers of the providers' other local services. During their induction, the manager was being supported by another manager for three days per week at the service. The area manager also supported regularly, and had detailed knowledge of the service. The manager told us "Being valued is the best thing about working here. People value each other; it's a nice place to work." The provider held regular managers meetings where best practice and ideas for improvements for people were shared, including discussing information from the local registered manager's forum. The manager told us the strategy of the organisation aimed to put people first and ensure staff were well supported in their roles. One relative told us of the manager, "They seem very caring and responsive."

The provider and manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The manager had conspicuously displayed their rating in the service and the provider had displayed the service's rating on their website. All documentation including care plans were stored in the manager's office in lockable cabinets. The manager told us, when there was no staff in the office, the door was locked to safeguard the documentation. During our inspection, we observed people freely entering the office to engage with staff, and the manager told us people reviewed their documentation as and when they wished.

Feedback about the service had continued to be sought by the provider. People had regular resident meetings, where subjects such as menu choices, fire drills and safeguarding issues were discussed. People were also asked to provide feedback in the form of an annual survey, which was available in different formats including easy read to ensure it was meaningful for people. The provider held 'make it happen' forums where people throughout their services were invited to meet with the provider to discuss changes they wanted to implement, such as changing activities and accessing different day centres. Relative surveys were sent out annually. We reviewed the most recent surveys and saw that the feedback was positive. All the relatives we spoke with advised us they had been invited to meet the manager, which made them feel

valued.

There continued to be arrangements in place to learn, improve, innovate and ensure sustainability. The manager worked with staff, overseeing practice and offering coaching for staff where necessary. The area manager completed regular audits on the service to resolve any issues that had been brought to light. This included reviewing any processes or issues that had been highlighted by other providers, such as reviewing PEEPs in response to a fire in an external provider's service. The manager had completed audits on care plans, and updated risk assessments as a result.

The registered manager and staff continued to work in partnership with other external agencies, including the local authority safeguarding team, commissioners and care managers.