



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Ashford Lodge

**Ashford Road
Bagham Cross
Kent
CT4 8DU**

Lead Inspector
Wendy Mills

Key Unannounced Inspection
27th February 2007 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Ashford Lodge
Address	Ashford Road Bagham Cross Kent CT4 8DU
Telephone number	01227 731437
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Precision Care
Name of registered manager (if applicable)	Ralph Trevor Muller
Type of registration	Care Home
No. of places registered (if applicable)	9
Category(ies) of registration, with number of places	Learning disability (9)

SERVICE INFORMATION

Conditions of registration:

N/A

Date of last inspection

N/A

Brief Description of the Service:

Ashford Lodge is a new residential home providing care and support for up to nine people with learning disabilities. It was registered in accordance with the Care Standards Act 2000, in July 2006. The registered providers are Precision Care and the registered manager is Mr Ralph Muller.

The home is situated just outside the village of Chilham where there are a few local amenities. Colleges, shops, churches, and other amenities are a short drive away in the nearby towns of Ashford and Canterbury.

Ashford Lodge has eight single bedrooms in the main house. All the bedrooms have ensuite baths and/or showers. One of the bedrooms is situated on the ground floor and has a specialist bath suitable for a service user with a physical disability in addition to a learning disability. There is a pleasant lounge, conservatory, kitchen and dining room.

Outside, situated just across the well-maintained garden, there is an annexe. This provides a bedroom, bathroom and kitchenette/dining room. It is suitable for more independent living.

There is ample car parking space within the grounds of the home.

The weekly fee for this home is £1,200. This may vary with the assessed needs of the service user.

SUMMARY

This is an overview of what the inspector found during the inspection.

The unannounced visit formed part of the annual inspection process under the Care Standards Act 2000. The home is newly registered with the Commission for Social Care Inspection (CSCI). This was the first inspection of the home since it was registered.

At present there is only one permanent resident, another service user is on planned respite care. On the day of this visit, the permanent resident was at home, the respite resident was at college and a prospective resident was visiting the home for an overnight trial stay.

During the course of this visit it was possible to speak with one of the residents; observe a prospective resident and talk with his supporters; talk in private to staff and to have in-depth discussions with both the registered manager and one of the Company's representative. Comments from relatives and health and social care professionals were taken into account. A tour of the home was made and documentation, including care plans and sample policies and procedures, was examined. Both direct and indirect observation was used throughout the time spent in the home.

The residents, their relatives and supporters, the staff and the registered manager are all thanked for the welcome they gave and their assistance throughout the process of this inspection.

What the service does well:

The home provides a high standard of accommodation in which the residents can maximise their independence.

The staff have received a significant amount of both statutory and specialist training. They are enthusiastic, knowledgeable and kind.

The home is well managed and both the company and the registered manager have invested a lot of time in pre-admission assessments to ensure that only those service users whose needs they can meet are offered a permanent place.

The residents are involved as much as possible in the running of the home.

The home communicates and co-operates well with the CSCI.

What has improved since the last inspection?

This was the home's first inspection; therefore this section is not applicable.

What they could do better:

The home should review some of its key policies and procedures, for example, the procedures for the management and administration of medicines, to ensure they cover all the needs of the residents.

The home must ensure that any adaptations to the home for an individual service user meet regulations and do not impinge on the freedom of existing residents.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1 & 2

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Appropriate pre-admission assessments are made.

EVIDENCE:

The home provides the residents, their relatives and supporters, with comprehensive information about the home. There are sound admissions policies and procedures in place. One resident has now been admitted. He says he is very happy. Direct and indirect observation showed that he is comfortable living in the home and understands his rights and responsibilities. He is very much "at home" and loves helping in the kitchen. The welcome he gave showed that he sees Ashford Lodge very much as his own home.

A prospective resident was visiting on the day of inspection for a trial overnight stay. Records show that there is very good information on file and that careful assessments have been made.

Another resident has been admitted for planned respite. He was staying in the home but was attending college at the time of this visit.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 & 9

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The homes supports the residents to make informed choices and to maximise their independence.

EVIDENCE:

Observation of the resident and the prospective resident showed that they moved freely around the home. There is a good range of choice in activities. Already the new resident is attending college. He was proud to show a diary of his life in the home. He also shared photographs of his family and friends. He was pleased to tell how much he enjoyed their company and how they had enjoyed outings together.

Staff said that they have had comprehensive training and this included ways of helping the residents to make appropriate choices. These choices are recorded in the care plans.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 15, 16 & 17.

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home supports the residents to maximise their independence.

EVIDENCE:

The home works hard to support the residents to become as independent as possible. Risk assessments are in place. These will be adapted as the residents settle in and their choices and aspirations become clearer.

Care plans are up-to-date and in order for the two residents who are in the home. They already attend college and have activities around the home. One enjoys helping out in the kitchen. He is in the process of personalising his room. Staff are helping the residents to make timetables of their activities and to keep picture diaries.

There is a sound restraint policy and procedure in place. This is necessary because the home is likely to admit residents with epilepsy. Epilepsy can sometimes leads to uncontrollable behaviours either before or after major fit. Therefore it may be necessary, on occasions, to physically restrain a resident for his or her own protection.

Direct and indirect observation showed that staff respect the resident's choices and speak to them in a kindly, caring and respectful way.

The home makes visitors very welcome. On the day of this visit there were a number of people visiting. It was good to see how one of the residents greeted them all and offered hospitality. The visitors' policy is good but would benefit from revision to ensure it protects the rights of all the residents to enjoy the freedom in their own home.

There was plenty of good quality and nutritious food available in the home on the day of this visit. One resident helped prepare a sandwich lunch. Residents help with the shopping and say that they like the food.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 & 20.

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home promotes the health and well being of the residents.

EVIDENCE:

The home has made contact with local health and social services. They have ensured that the residents are registered with local GP and dental practices.

Residents have already undergone "Healthy person" checks with the local GP services. The home has discussed medication needs with the local GP practice.

There are sound procedures for the management of medicines within the home. However, this could be improved if the home were to review its procedures for leave and respite care management of medicines.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22& 23

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

There are sound policies and procedures for dealing with concerns and complaints.

EVIDENCE:

The home has sound policies and procedures in respect of complaints and protection of vulnerable adults. The home is newly opened and there have been no complaints so far.

There is a letter on file praising and thanking the home for the care they are giving.

Staff have been trained in the protection of vulnerable adults. They are clear about what to do if they suspect abuse of any kind. They said that they would have no hesitation in reporting any concerns to the manager.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24, 29 & 30

Quality in this outcome area **good**. This judgement has been made using available evidence including a visit to this service.

The environment is very good. It provides a safe, comfortable and homely place for the residents.

EVIDENCE:

The home was taken over by Precision Care in 2006. Since that time, the whole building has been refurbished.

Every room is of a good size, two are very large, and all have ensuite facilities that include bath and/or shower. One en suite facility has a special bath suitable for a physically disabled person.

A letter from a relative said "the house itself is of the highest standard."

A tour of the home showed all areas to be clean, sweet smelling, safe and homely. Residents are beginning to personalise their rooms and one resident

was very proud to show off his room and talk about his interests, using photographs of his friends and family that are displayed on the walls of his room.

Discussion with the registered manager and a company representative showed the dilemmas that they face when requests for specific adaptations are made on behalf of prospective service users that may impinge on the freedom of existing residents. The home must ensure that any adaptations that they carry out do not restrict the freedom of existing residents.

Outside there is a pleasant garden. It is safe but the gate is beyond the parking facility. The home is planning to fence of the parking area to make the garden safer.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 34, 35 & 36

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Staffing levels are good and there is an enthusiastic and well-trained workforce.

EVIDENCE:

Staff were spoken to in private. They said that they are very pleased not that there are residents moving into the home. They very much enjoy caring for them. They said that the time when the home was open but did not have residents was used to do a lot of training. Staff spoke very positively about the way the home is run. They said that there are enough staff to meet the needs of the residents.

There has been extensive staff training, including specialist training in epilepsy and the management and administration of medicines. One-to-one supervision is established and records support this.

Examination of staff files showed that all appropriate checks, including Criminal Records Bureau and two validated references, had been taken up prior to a candidate being offered work at the home.

A letter from a relative said, "The staff are excellent, they are very professional."

On the day of this visit an additional member of staff had been put on shift to support the trail visit of a prospective resident. This member of staff was from an agency. He said, " I have been here a few times now. Ralph (the registered manager) is very good. Of all the homes I've been to, I've been given more and better information here. This makes it easier for me to care for the residents."

Direct and indirect observation showed that the staff interact well with the residents, each other and the manager.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 38, 39 & 42

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home is well managed. It protects the health and safety of the residents and staff.

EVIDENCE:

The registered providers have a good track record in care provision. The company has a small number of care homes in Kent and Essex. The manager, Ralph, has many years experience of working in care, ten of these being in a unit for young people with epilepsy. For two years he was the acting manager of the unit. He has also managed a supported living scheme. He started working for Precision Care in 2005 as manager for one of the company's other homes. He was appointed as manager for Ashford Lodge in 2006. He gained the RMA in 2006 and has maintained his continuing professional development.

Discussion with Ralph showed that he has a clear understanding of care and specifically the care needs of the residents and prospective residents at Ashford Lodge.

Staff praised Ralph's skill as a manager and said that he is very easy to talk to. They say he listens to their concerns and that he is not afraid to take action if necessary. Staff also said that the company's representatives visit the home and are also ready to listen to their views.

Observation showed that Ralph has a kind and relaxed way of interacting with the residents, the staff and visitors.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	X
9	3
10	X

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	X
26	X
27	X
28	X
29	3
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	X
34	3
35	3
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	3
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	YA20	The home should further develop its policies and procedures for the management of medicines when residents go on home leave or are admitted for respite care.
2	YA29	The home should ensure that any adaptations carried out in the home are appropriate and safe and do not impinge on the freedom of movement of existing residents.

Commission for Social Care Inspection

Maidstone Local Office

The Oast

Hermitage Court

Hermitage Lane

Maidstone

ME16 9NT

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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