

# Royal Mencap Society Ashlea Care Home

## Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

We performed the announced inspection on 15 and 17 October 2014. Ashlea Care Home provides accommodation and personal care for up to eight people with a learning disability. On the day of our inspection six people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

When we last inspected the service on 23 April 2013 we found the provider was meeting all of the outcome areas we inspected.

# Summary of findings

People felt safe in the service and the manager knew to share information with the local authority when needed. Staff knew how to respond to incidents and what incidents needed to be reported. This meant there were systems in place to protect people from the risk of abuse.

People received their medication as prescribed and the management of medication was safe.

Staffing levels were maintained at appropriate levels to support people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and had not deprived people of liberty without applying for the required authorisation.

People could see health care professionals such as their General Practitioners (GP) when their health needs changed. People were supported to eat and drink enough to maintain their health and specialist diets could be provided when required to meet people's health needs and cultural diversity.

People were encouraged to contribute to the development of care plans and the plans provided staff with up to date information to help them deliver appropriate care. People were treated with respect and dignity and we saw staff were proactive in promoting people's decisions and choices.

People were supported to follow their hobbies and interests and to access the community. People felt they could raise concerns if they wished to and these would be acted on.

People were encouraged to be involved in the development of the service and audits were carried out to assess the quality of the service.

# Summary of findings

## 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 was safe.

People felt safe in the service and were supported to maintain their safety in the local community.

The management team and staff were aware of their obligations if they suspected a person was not safe.

People received their medication as prescribed. There were enough staff to meet people's needs.

Good



### Is the service effective?

The service was effective.

People were able to make independent decisions and people who lacked capacity were protected.

People were supported to maintain a nutritionally balanced diet and fluid intake.

Staff received training to meet the assessed needs of people.

Good



### Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and staff treated them in a kind and caring manner.

People's privacy and dignity was supported.

Good



### Is the service responsive?

The service was responsive.

People were involved in the development of their support plans and staff had the necessary information to promote their well-being.

People were supported to pursue their interests and hobbies.

People felt comfortable in approaching the management team if they had any concerns or complaints.

Good



### Is the service well-led?

The service was well led.

People were comfortable in approaching the management team and felt the home was well led.

Staff felt they received a good level of support and direction from the registered manager. They also felt their contributions to the running of the home were valued and respected.

The quality of service was being monitored to identify where improvements could be made.

Good



# Ashlea Care Home

## 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 15 and 17 October 2014. It was an announced inspection. Short notice of the inspection was given because it was a small service and we needed to be assured that people would be in the home when we visited. One inspector carried out the inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

During the visit we spoke with three people who lived at the service and one person's relative, three members of care staff, the registered manager and the deputy manager. We observed the care and support provided to people in communal areas. We looked at the care records of two people who used the service, two staff files, as well as a range of records relating to the running of the service which included audits carried out by the registered manager and the provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe at the care home. One person told us, "I am safe, I like it here." Another person said, "It's nice, it's safe and I don't want to leave." A person's relative told us they felt the staff were effective in promoting people's safety and wellbeing.

We looked at the last service user's satisfaction survey which was undertaken in 2013. All six respondents had recorded they felt safe.

On the day of our inspection three people had been into the community participating in activities of their choice or in further education. We found potential risks to people's safety whilst in the home and in the community had been appropriately assessed and managed. We found that a risk assessment into the suitability of the home's environment in maintaining people's safety had been undertaken. Following the assessment it was decided that people would be relocated to alternative accommodation as the stairs at the home were a potential risk to people whose mobility had deteriorated.

People felt there were sufficient staff on duty to meet their needs. One person told us, "Yes, they help me." Another person told us that staff were always available to help them access the community. Staff told us a minimum of two staff were on duty at all times. They felt there was enough staff to meet the needs of people and the staff team were flexible and willing to cover extra shifts at short notice if necessary. On the day of our inspection we saw there were sufficient staff to meet people's individual needs.

Staff told us an on-call rota system was in place to ensure a member of the management team would be available at all times should staff require guidance in an emergency situation.

Staff told us potential employees were required to provide a Curriculum Vitae (CV) and undergo an interview process. Two written references were also required together with disclosure and barring checks and proof of identity prior to care staff starting employment at the service. The registered manager told us the systems were in place to promote people's safety as staff were only employed once an effective recruitment and selection process had been undertaken. We saw records which supported this information.

We asked people if they received their medication as required. One person told us, "Yes." Another said, "The staff help me with my tablets." We observed people receiving their medicines safely. We also saw a person taking their own medication whilst being effectively supervised by a member of staff.

Staff told us they had received training in the safe storage, administration and disposal of medication. One member of staff told us, "We have had medicines training. We also have on-going assessments by the manager to ensure we remain competent." Records were available to support this. We found systems were in place for reporting medication errors. Staff told us the registered manager had promoted an open reporting culture and felt comfortable in reporting medication errors. The registered manager told us this was to ensure strategy plans could be started to minimise similar errors happening again thus promoting people's safety.

# Is the service effective?

## Our findings

People told us that they felt the staff were suitably qualified and experienced to perform their duties. One person told us, “All the staff are very good.”

Staff told us they were given effective training which provided them with the skills and knowledge to support individuals. Records showed a comprehensive staff training programme was in place. Staff also told us they had received a structured programme of supervision which provided them with an opportunity to discuss their training and development needs with the management team. They also said they felt comfortable in highlighting where they felt additional training was required.

We saw staff were proactive in involving people in making decisions about their support, we also observed staff obtained people's consent before any support was undertaken. The registered manager was fully aware of the principles of the Mental Capacity Act 2005 (MCA) and staff also had a good understanding of the MCA and described how they supported people to make decisions. We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. The registered manager was fully aware of their responsibilities in this area but told us there was no one living in the home who was being deprived of their liberty.

People told us they liked the food they were offered. One person said, “I like all the food,” Another person told us, “It's nice.” On the day of our inspection we saw people were provided with a choice of meals which looked appetising. There was a menu on display in the kitchen which showed people had contributed to the meal planning process.

We found that assessments were undertaken when people moved in to the service to identify any preferred dietary needs or specialist diets. The registered manager also told us the assessment process would provide them with the opportunity to identify diets which were determined by the religious and cultural backgrounds. People attended annual health checks with their GP. As part of the health assessment process people's weight was monitored to determine if they had maintained a healthy weight.

People told us they felt the staff provided good support to maintain their health and wellbeing. They told us they attended appointments with health care professionals such as General Practitioners (GP) on a regular basis and felt their health care needs were being addressed. One person said, “We go and see the doctor when we need to.”

Support plans were individualised and described the needs of people and how they were to be supported. Staff told us that they valued people's support plans and believed they provided relevant information to promote people's health and wellbeing. They also said the documentation was available at all times should it be required for reference and guidance. We found that the staff were able to provide an accurate account of people's individual needs as recorded in their support plans and knew about people's likes, dislikes and the type of support they required.

We saw people's support plans also contained an ‘NHS traffic light system’. The system was designed to ensure that should a person be admitted into a hospital environment the hospital staff would have important information to effectively care for the person which would include people's communication needs, their likes and dislikes and the medicines they had been prescribed.

# Is the service caring?

## Our findings

People told us that when staff assisted them with their personal needs they were caring and patient. A person's relative also told us they felt the staff were caring and attentive to people's needs.

Throughout our inspection we observed the interactions between the staff and people who used the service. Staff responded to people's needs and requests in a sensitive and caring manner.

We saw staff were sensitive to people's individual needs and aspirations and had a clear understanding of their likes and preferences. We saw staff had developed effective ways of communicating with people who had specialist communication needs.

We saw the registered manager incorporated an open door policy. People told us they were encouraged have informal chats with the management team at any time. Throughout our inspection process we saw people entering the registered manager's office and it was clear the registered manager had developed a relationship with people that was both caring and empowering. We also established through conversations with staff that they had a caring approach towards the people they were supporting. One member of staff told us, "It's all about meeting their needs."

People told us their key workers encouraged them to contribute to the review process should they wish. This process ensured staff were aware of the needs of the people they were supporting and therefore support them to make choices.

One person told us they were encouraged to make independent choices and said, "I can choose what I want to eat. I also like to watch my television in my room." We saw staff responded to people's requests in a timely manner

and always explained what they were going to do prior to giving support. They actively encouraged people's independence by involving them in developing their daily living skills such as making their own drinks and snacks.

People told us staff were proactive in promoting their independence in areas such as meal preparation, laundry duties and cleaning tasks. People also told us they enjoyed doing these tasks and felt staff were supportive and encouraging in this area.

People told us they were supported to attend meetings, which were undertaken on a regular basis. They told us they were encouraged to express their views about the quality of the service. Records showed that topics of conversation included the provision of meals, social activities and annual holidays.

We found a consultation process had ensured people were fully informed of a planned closure of the service in December 2014 and they were aware the closure was due to the inappropriate design and layout of the building. The registered manager told us that whilst it had been a difficult time, with some uncertainty, they had actively involved people in decisions and the effective communication process had promoted a caring environment.

People felt staff were respectful of their privacy and dignity at all times and our observations supported this. People told us that when staff supported them with personal care, they ensured their privacy was respected as bedroom doors were closed and curtains were drawn. We also observed people's choices being valued and acted on. We saw a staff member knocking on a person's bedroom door and waited to be invited in. They asked if the person if they were ready to get out of bed. The person said they were not ready and would prefer to have a lie in. The member of staff respected the person's decision without question. We later spoke to the member of staff and they demonstrated good knowledge on how to promote people's respect and dignity and how to support their choices.

# Is the service responsive?

## Our findings

People told us they were encouraged to be involved in their support plans and said they attended reviews with their key worker on a regular basis. One person showed us their support plan and it was clear the person was very proud of their contribution to the planning and evaluation process. A person's relative also told us the staff kept them up to date with any changes in their relation's health or welfare.

We found one staff member had been nominated for a national learning disability award. The member of staff was entered by senior managers within the organisation in recognition of their work in the service. Their aim was to develop communication and understanding within the staff team of the complexities of caring for people with autism. We looked at the support plan developed by the nominated member of staff and found it was in very good detail and would have given staff a thorough insight into the needs of people with autism which would have a positive impact on the standard of care provision.

Staff told us support plans had been developed which they described as being well maintained. Support plans provided comprehensive information about people's individual needs and preferences. They were individualised and described how people were to be supported within the home and the community setting. We found that people's support plans also contained risk assessments which were reviewed on a regular basis to ensure people's changing needs and aspirations could be responded to in a timely manner.

People told us they were encouraged to participate in a varied range of social and educational opportunities within the home and the broader community. The activities included going to the local cinema, day trips to London, boat trips on the river Trent and attendance at a local drama group. We also found that people were encouraged to promote their life skills and could participate in an accredited educational programme at a local college. People were also supported to go on annual holidays. One person told us about a recent holiday they had been supported to go on and they told us they had really enjoyed this. They said, "We also go out in town to have meals."

We asked people if they felt comfortable in highlighting any concerns to the registered manager and if they felt their concerns would be responded to in an appropriate way. One person told us they had never had any issues of concern whatsoever whilst another person said they were very happy at the home but would talk to any of the staff if something was 'bothering' them.

We saw a complaints procedure was on display in the foyer of the home. It was available in a pictorial format to aid people to report any concerns they might have. The contact details of the organisation were also available via a web site. This provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of the service. One complaint had been received by the registered manager since our last inspection was performed and records showed that the complaint had been managed effectively.



# Is the service well-led?

## Our findings

People told us they felt all the staff employed at the home were approachable and receptive. They told us they felt respected and comfortable in talking to any of the staff. A person's relative also told us they felt the registered manager was committed to providing a good quality service and felt they could discuss any areas of service provision with them.

We found people were encouraged to participate in a satisfaction survey so they could make comments about the quality of the service provision. The registered manager told us that the purpose of the survey was to glean information which would be analysed and form part of the organisations future business development plans.

The registered manager had ensured staff meetings were undertaken on a regular basis to provide forums for staff to discuss their personal development needs and any issues relating to service provision. The process also encouraged staff to highlight good practice and discuss where improvements could be made.

Staff told us they felt their contributions within the consultation processes were empowering as they felt the registered manager valued and respected their opinions and felt the meetings were valuable as they enhanced communication within the home.

Staff told us they had received training in the safeguarding of adults as part of their induction process, with additional on-going refresher training in this area. Records were available to support this. Staff also told us they had access to up to date documentation, which included the organisations whistle blowing and safeguarding adult policies and felt confident in using the policies without fear of recrimination. Staff told us they felt confident in reporting any concerns to the registered manager or escalating them to external agencies if required. Records showed the registered manager had shared information with the local authority following a report of two minor incidents of concern. Should this really be in well led as advised.

Staff told us that they felt valued and supported by the management team. They told us they were provided with formal supervision sessions called 'shape your future' which were undertaken four times per year. Staff also told us they were required to attend annual appraisals which they felt was useful in highlighting any areas of personal development. One member of staff told us, "Our achievements are discussed throughout the year and evaluated at the end of the year. It's a continuous development for us."

The registered manager told us, "As the manager I try and ensure that there is a positive attitude through providing a positive role model to staff, enabling staff to feel comfortable to engage with me about issues and concerns about the service. This means allowing time for conversations to happen and being available." Staff told us they felt comfortable approaching the management team. They told us the registered manager had had adopted an open and transparent management ethos which encouraged high morale and mutual respect. Staff also said they found working at the home to be satisfying and enjoyable as they felt they were included in decisions about any development within the home.

We found the registered manager had notified CQC of two minor incidents involving people who used the service. This satisfied their legal obligation to report any events to CQC which had an effect on the health and welfare of people. We also found the registered manager had initiated measures to minimise similar incidents happening again.

We found auditing systems were in place that monitored aspects of service provision. A senior manager from the organisation visited the home every month to monitor the quality of the service. They looked at areas such as people's support plans, medication management, an analysis of accidents and incidents and audits of the homes environment. This meant there were effective systems in place to monitor the on-going quality of service provision and to ensure the service could be responsive to change when needed.