Caretech Community Services (No.2) Limited

Ashwood Place

Inspection report

Sunnyside Close
Hitchin
Hertfordshire
SG4 9JG

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04 April 2017

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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

This inspection was carried out on 4 April 2017 and was unannounced. At their last inspection on 20 January 2015, the service was found to be meeting the standards we inspected. However, activities for people living at the service required improvement. At this inspection we found that they had continued to meet all the standards and had improved activities for people living at the service.

Ashwood Place provides accommodation for up to eight people with physical and learning disabilities. At the time of the inspection there were eight people living there, however, one person was in hospital.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

People indicated they felt safe at the service and there were individual risk assessments in place for people's varying needs. Relatives told us they felt people were safe.

People were supported by sufficient numbers of staff who had been safely recruited, had received the appropriate training and felt supported. We found that medicines were managed safely.

People had their capacity assessed and where they were unable to make decisions independently, a best interest decision was recorded. There was appropriate support to maintain a healthy and balanced diet and there was regular contact with health and social care professionals.

People were treated with dignity and respect and had meaningful relationships with staff. We found that people and their relatives were involved in the planning and reviewing of their care. Confidentiality was promoted, however, staff needed to ensure the cupboard where records were stored was kept locked.

People received care that met their needs and their care plans were clear, up to date and person centred. The provision of activities for people had been improved and there were many more opportunities for people to do something they enjoyed. Complaints and concerns were responded to appropriately and this information was shared with staff.

The registered manager knew people well and was invested in providing good care to people. Staff at the service shared the registered manager's views about what type of service they wanted to provide. There were effective quality assurance systems in place to identify and address any shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was consistently safe.

People were comfortable with staff which indicated that they felt safe at the service.

There were individual risk assessments in place for people's varying needs.

People were supported by sufficient staff who had been safely recruited.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and felt supported.

People had their capacity assessed and where they were unable to make decisions independently, a best interest's decision was recorded.

There was appropriate support to maintain a healthy and balanced diet.

There was regular contact with health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People had meaningful relationships with staff.

People and their relatives were involved in the planning and reviewing of their care.

Confidentiality was promoted, however, staff needed to ensure the cupboard was kept locked.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs.

Care plans were clear, up to date and person centred.

The provision of activities for people had been improved.

Complaints and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager knew people well and was invested in providing good care to people.

Staff at the service shared the registered manager's views about what type of service they wanted to provide.

There were quality assurance systems in place to identify and address any shortfalls.

Ashwood Place

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.
The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with one person who used the service, observed staff supporting people who used the service, three relatives, four staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Good

Is the service safe?

Our findings

People were unable to tell us if they felt safe due to their complex health needs. However we observed staff interacting with and supporting people who were relaxed and calm while being assisted. Relatives told us that they felt people were safe. One relative said, "Oh yes, definitely safe." We saw that there was information displayed in relation to recognising and responding to concerns of abuse. All staff spoken with were able to tell us confidently what they would look for and how they would report this.

People's individual risks were assessed and staff supported people in accordance with these assessments. For example, in relation to supporting people with eating and transferring with the aid of a hoist. Staff confirmed that people needed two staff for all transfers with the hoist and each person has at least two slings which they had been assessed for. One staff member said, "When they go to day centre we always pack a spare one, we pack for all eventualities." They went on to say for example, if the sling they were using got wet or soiled.

Accidents and incidents were logged and reviewed by the registered manager. Anything that was out of the ordinary, for example, an unexplained bruise, was reported to the local authority and this was monitored appropriately.

People were supported by sufficient numbers of staff. We saw that during the inspection people had their needs met in a timely manner. Those that were going out were up and ready in time for them to have breakfast unrushed. Staff told us that there were normally enough staff and in case of staff sickness, regular casual staff or agency staff covered. We spoke with a member of agency staff who told us they enjoyed coming to the service and they clearly knew everyone well, as they described people's routines, like and interests to us. We also found that staff employed were done so through a robust recruitment process. Agency staff were accompanied with a record of pre-employment checks.

People's medicines were managed safely. We saw there was a record of staff signatures, that staff had read the medicines policy and a record of daily stock checks for all boxed medicines. Emergency medicines, such as medicines for epilepsy had a protocol in place to instruct staff when and how they were required and a log of when they were in or out of the building if the person had gone out. We saw that that medicine records were completely consistently, stock levels tallied with records and medicines were held securely. This helped to ensure that people received their medicines in accordance with prescriber's instructions.

Good

Is the service effective?

Our findings

People were supported by staff who were trained and felt supported. We saw training covered subjects such as nutrition, first aid, safeguarding people from abuse and moving and handling. We observed that staff worked in accordance with this training. Relatives told us that they felt staff were skilled for their roles. One relative said, "They work with a specialist group and we couldn't expect better." We noted that training was up to date and there were plans for additional training. For example, planned the day following the inspection, a professional from the speech and language team (SALT) were providing training and guidance to staff on blending or pureeing food for people who had a soft diet. All staff spoken with told us that they felt equipped for their role. Staff also told us that they felt supported. One staff member said, "I can go to [registered manager] anytime, I just walk in." We saw that one to one supervision happened regularly which covered a range of subjects and annual appraisals were also ongoing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

People had their capacity assessed and where they were unable to make decisions independently, a best interest's decision was recorded. This was in relation to lap belts on wheelchairs and bedrails for safety, and also in relation to receiving personal care. Applications for DoLS had been made appropriately and staff were reminded that they needed to adhere to the care plan in relation to the DoLS.

There was appropriate support to maintain a healthy and balanced diet. People were seen to be enjoying their food. Staff assisted them appropriately or set up and monitored their PEG feeding machine. A PEG (Percutaneous Endoscopic Gastrostomy) is a tube which is surgically inserted into a person's abdomen when they are unable to swallow food and drink orally. Staff told people what they were giving them and chatted while supporting them to eat or drink. We noted that the lunch was cooked from scratch and people were encouraged to participate in the process. Where staff were concerned about a person's intake, they referred them to the appropriate health professional. We found that where people had been admitted to hospital, staff were encouraged to visit them over mealtimes to support them with eating and drinking. The registered manager told us, "I think it's best for us to do it where possible as we know them best so maybe will help them eat and drink more, also relieves pressure on nurses who may not have the time." A staff member told us, "We are encouraged to visit and if we go at lunchtime we can make sure they have enough to eat."

There was regular contact with health and social care professionals. We saw that people were visited by

social care professionals to ensure their placement was appropriate, advocates when they did not have a relative who could act on their behalf, GPs, occupational therapists and dentists. We also saw that there was a visiting chiropodist and hairdresser.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. A relative told us, "[Person] is happy, the staff are all kind and helpful." Another told us, "They are absolutely kind and caring, I think they're excellent." We saw that staff addressed people by name when they approached them. They explained to people what they were doing and offered choices when assisting them. For example, what did they want to do, or if they'd like a drink. Care plans included guidance for staff on how people may communicate their choices. They detailed how people may respond if they liked something or if they were unhappy. We noted that staff responded to people when they communicated their needs appropriately. One person was noted to not enjoy the hoist or sling. We saw that when a staff member adjusted the sling the person expressed displeasure and the staff member apologised to the person.

People had meaningful relationships with staff. We saw staff interact with people warmly and this was responded to with smiles. We noted that a person who we had met on previous visits who had previously been calling out was seen to be calm and smiling. We watched as a staff member sang to them while bringing them their breakfast. The person looked happy to see the staff member, they were smiling and turning themselves towards them. Staff knew people well, but didn't just tell us about their needs, they told us about what they liked to do and things that made them happy. One staff member told us about a present a person had received and spoke about their enjoyment from this present with genuine pleasure. We noted that staff spoke to people each time they approached them and even though people were not always able to respond, the staff continued to chat and smile.

We found that staff cared for people they supported. One person had gone to hospital four days prior to the inspection and staff were obviously concerned about them as they kept asking about them. We were told by staff that the registered manager had spent the previous evening, until midnight, at the hospital to keep them company ahead of a medical procedure. We were also told that a staff member who had worked at the service for a number of years had retired recently. However, they continued to visit as they cared for the people they had supported for the time they had worked there. This was important to people as some people did not have any family so staff were a key part of their lives.

People and their relatives were involved in the planning and reviewing of their care. We saw that plans were written with the person's preferences in mind. We saw that people were involved in reviews even when they were unable to verbally contribute. This demonstrated that the staff team valued people and treated them with respect.

Confidentiality was promoted, however, they needed to ensure the cupboard where care records were stored was always kept locked. We noted that the cupboard which stored care records was not always locked. After we arrived it was locked and the key was taken out. However, staff member's reaction each time they went to open the door was surprise as they found it to be locked and they then needed to get the key. We discussed with the registered manager the need to ensure this was secured consistently. The registered manager told us that the people who lived at the service were not mobile so could not access other people's records but accepted the potential unauthorised access from visitors and told us they would

continue to address this and did so during the inspection.

Good

Is the service responsive?

Our findings

People received care that met their needs. People were unable to tell us there experiences but relatives were positive about the care received. One relative told us, "They are superb, they deal with many different situations but do it so well." They went on to say that their relative was in hospital a while ago and since being back at Ashwood Place they had gone, "…from strength to strength." We noted that people had care delivered promptly and they were dressed appropriately. When we arrived at 8am some people were still in bed, however we noted that there were no malodours present which indicated that people had received personal care appropriately. We also saw that staff supported people at the times they preferred and also to get them ready for going out to the day centre if needed. Hair was brushed, men were shaven and everyone looked comfortable.

People's care plans were clear, up to date and person centred. They were written in a way that detailed every aspect of a person's day. They included what people liked to wear, creaming regimes, how people liked to spend their day, how to communicate and support with meals. We saw care and support was provided in accordance with these plans.

The provision of activities for people had been improved and there were many more opportunities for people to do something they enjoyed. Relatives told us that these had improved. One relative said, "They have recently made strides (in improving the activities)." Staff told us that it was now embedded in the team's culture to provided things for people to do. The registered manager had regularly reminding staff and this had been implemented daily in staff routines. They told us, "[Staff member] is very motivated in getting people out and about, this was something we tried to do before but we weren't doing it well. Now, this is much better." We spoke with the staff member who told us, "Just because people have limitations, why should they not be out there in the community doing things." We found that people had been out on a regular basis, in addition to day centre. We also found that there were visiting services such as shows, musical therapy and reflexology. There were also one to one activities on offer. We saw one person had been in the kitchen having their senses heightened by smelling the herbs and spices being used for lunch. We saw that another person was watching a sci-fi action film which was in their care plan as something they enjoyed. Each person had a full activity plan displayed and we found that staff were working well to ensure these were provided.

Complaints and concerns were responded to appropriately and this information was shared with staff. We saw that the registered manager recorded all grumbles and small issues. They also recorded the action taken to address and resolve these. We saw from staff meeting notes that this information was shared with staff to prevent a reoccurrence. There was a pictorial complaint policy to help people make a complaint if they needed to. One relative told us, "I have no complaints but would feel happy to go to [registered manager] or staff if I did."

Good

Is the service well-led?

Our findings

The registered manager knew people well and was invested in providing good care to people. The registered manager shared learning with staff around how they could learn lessons from events to mitigate the risk of them occurring again in the future. A professional told us of an issue last year in relation to a person's mobility aid. They told us that after that instance the registered manager had been proactive in ensuring the required equipment was available and acceptable for use prior to an assessment from an occupational therapist.

Relatives were positive about the registered manager and how the service was run. One relative said, "[Registered manager] is very good, any little issues, he's in touch." They went on to say, "He is always welcoming and keeps me updated."
Staff at the service shared the registered manager's views about what type of service they wanted to provide. They spoke with us about people they supported and told us all the things they did to make people happy. One staff member told us, "There's always room for improvement."

There were quality assurance systems in place to identify and address any shortfalls. We saw there were audits that reviewed medicines, infection control and the kitchen cleanliness. Where issues were found, these were added to the service development plan. Also added to the development plan were any actions as a result of meetings or survey feedback. However, we found that feedback was positive. We saw that the regional manager completed checks and also added actions to the service development plan where needed. We noted that actions were completed promptly or within their set timescale.

The register manager and senior staff team completed checks on the service and provided staff with guidance or instruction in the communication book. We saw that this included checks on cleaning regimes, record keeping and standard of care delivery. For example, we saw a senior staff member prompt staff into checking footwear for a person going out. This helped to ensure that all tasks were completed in a timely fashion and there was leadership across the home.

There had been a visit by an external agency who provided an independent report about the service. Their findings were also positive and where recommendations were made, we saw that the registered manager had responded. For example, to provide opportunities for more family and friends to visit. The service had held a family BBQ.

We noted that the service was working with a local resource to provide additional training. The aim was to develop champions in key areas such as nutrition and dementia care. The registered manager told us that they felt this was positive to continue to move the service forward.