

Pathfinder Ashness Care Limited

Ashness View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashness View is a residential care home providing personal care to up to 5 people. The service provides support to people with mental health issues. At the time of our inspection, there were 4 people using the service. The care home is an adapted period property with 5 bedrooms with a small communal lounge, kitchen and medium sized garden.

People's experience of using this service and what we found

People told us they were safe living at the service. Risks of harm were assessed and mitigated as much as possible. Medicines were managed safely. Staff were recruited safely. There was a clear procedure in place for preventing the spread of infections.

Care plans were written in a person-centred way. People's likes and preferences were recorded and staff knew them very well. People were involved in care planning. People were able to choose what activities they wanted to do. There was a clear complaints process in place.

The provider had effective governance systems in place. Auditing the quality of care was done on a regular basis and this helped to improve the service. Staff told us they were well trained and well supported in their role. Staff told us they could raise any concerns and they would be addressed.

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2019) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

Ashness View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Ashness View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashness view is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information we held about the service to plan our

inspection.

During the inspection

We spoke with 1 person using the service, 1 deputy manager, 2 support staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed several records including care plans, risk plans, medicine records, staff files and policies and procedures. After the inspection, we spoke with 1 relative and the registered manager and reviewed several quality assurance documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines were not consistently managed in a safe way. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Robust risk assessments were in place to ensure people were safe. Staff understood where people required support to reduce the risk of avoidable harm. Staff were able to explain the risks to people's health and the measures in place to mitigate the risks as much as possible to keep people safe.
- People's care records helped them get the support they needed because it was easy for staff to access and keep detailed notes in care records. Staff kept accurate, complete, legible and up-to-date records and stored them securely.
- Risks within the environment and equipment were assessed and monitored. The staff and external companies carried out checks on health and safety. These included a fire risk assessment and plans about how to evacuate each person safely in the event of fire or another emergency. The provider had developed contingency plans to guide staff how to deal with different adverse events.

Using medicines safely

- Medicines were managed safely by the provider.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff had training and their competency checked on a regular basis. This meant people could be assured their medicines would be administered safely by competent staff.
- Audits of medicines were carried out regularly and recorded. This meant any errors could be picked up and addressed in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- There was a clear process in place to safeguard people from the risk of abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member said, "Safeguarding is any concern about the person. Abuse could be for example, financial abuse, physical or emotional, you should flag that up to the manager, make a record of it. A sign of abuse is someone becoming withdrawn, could be out of character. Inform the manager and document it."

- People, staff, and relatives were encouraged to raise their concerns, there was several ways this could be done. For example, staff had regular key worker meetings with people on a 1:1 basis. An advocacy service was used by people at the service when required.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Recruitment was done safely. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- Staff background checks were carried out by the provider including obtaining previous employer references, job histories and criminal checks. This meant that people could be assured they were supported by staff who had been fully vetted.

Preventing and controlling infection

- The provider had a system in place to prevent the spread of infection. Staff were knowledgeable about infection prevention. Staff had training in infection prevention and control. This meant risks around the spread of infection was understood by staff and applied in practice.
- Staff carried out cleaning tasks daily. A professional cleaner attended the home on a weekly basis.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visitors visiting the home. The home encouraged people to have contact with family and friends.

Learning lessons when things go wrong

- The provider had a clear system in place to learn lessons when things went wrong. Meeting minutes reviewed showed that discussions had taken place about ways to make improvements in the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider seek guidance about approaches to person centred care documentation. The provider had made improvements.

- People received personalised care. Care records reviewed contained details of people's likes and preferences. Care and support were delivered in a person-centred way. Staff knew people well and could describe people's needs in detail.
- People's care plans were recovery focused and outlined achievable goals. People and relatives were involved in care planning and reviews.
- People had control over their care and were given choices in line with their preferences. One person told us they like music and attending the day service. The day service offered music as part of their activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff used preferred methods of communication when interacting with people. People living at the service had no communication difficulties.
- We observed interactions between people and staff, and it was appropriate, friendly and clear.
- The registered manager told us if a person needed to have documents in a different format this could be made available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships with family and friends. People were supported to participate in their chosen social and leisure interests on a regular basis.
- People told us they had family visits on a regular basis. People showed us photographs of events and family involvement.
- Provision for day services were chosen for some people based on what was culturally relevant to them. People told us they liked attending the centre daily. A holiday was arranged for 1 person in a location they had chosen, they told us they were very excited about this planned holiday.

Improving care quality in response to complaints or concerns

- The provider had a system in place to manage complaints. Senior management had good oversight of the system.
- At the time of the inspection there had been no complaints received into the service. Staff and relatives told us they knew how to make a complaint if needed. There was a complaints policy in place. This meant staff could seek guidance if needed.
- There was a complaint poster in the hallway on the notice board for anyone who needed to use the information.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider consider current guidance from reputable sources about embedding improvements at the service. The provider had made improvements.

- Governance processes were effective and helped to hold staff to account, keep people safe, and provide good quality care and support. The provider's auditing tool was mapped to the 5 key questions of safe, caring, responsive, effective, and well-led. This meant that any identified concerns could be picked up and addressed without delay.
- The registered managers had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Some of the senior management team had a clinical background and clinical governance meetings were held regularly. This meant people and staff had additional clinical support when needed.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Notifications were sent to CQC and the local authority when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. We observed interactions between people and managers it was clear they knew people well and people responded very positively to their approach.
- Staff felt respected, supported, and valued by senior staff, which supported a positive and improvement-driven culture. One staff member said, "Yes, I feel supported get enough training. They let us know if it is online. We can speak up when we need to, no concerns."
- The provider understood the duty of candour. Staff gave honest information and suitable support; staff told us if things go wrong they apologise to people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to get involved in the running of the service.
- People were given regular opportunities to discuss any changes or improvements to the service through

keyworker meetings, an advocacy service, and an expert by lived experience person, this is a person who was available to offer services such as mentoring for residents. Relatives were also in regular contact with staff to offer their views.

- Staff were given opportunities to have input in service delivery, through supervisions, team meetings and a "freedom to speak up champion". This role was created to ensure people and staff had a named person to speak to independent of the service. This meant people and staff could talk to someone in confidence and actions would be addressed if needed.
- The nominated individual told us, "The expert by lived experience also helps the senior management team with service improvement, service design and quality assurance processes."

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements.
- Improvements had been made since our last inspection for example, care plans had additional information in them and were recovery focused. This meant people achieved good outcomes consistently.
- Service records showed there was reflective practice embedded into the service. Discussion focused on continuous learning for staff and management teams.

Working in partnership with others

- The provider worked in partnership with key organisations such as the local authority, health care professionals, educational facilities, and volunteer schemes. This enabled people to engage in work-based activities and improve their overall wellbeing.