

# Ashdown Care Homes Ltd

## Head Office

### Inspection report

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16 January 2020

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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

About the service.

Head Office is a domiciliary care and supported living service based in Newcastle. The service provides personal care and support to people living in their own homes, who have a learning disability and/or autism. At the time of our inspection there were 4 people who received care from the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received person centred services that put them at the heart of everything. People were supported by kind and compassionate staff who knew them well. Staff and management told us how important it was to ensure people were at the centre of their care and support. For example, one member of staff told us "People get involved in choosing what they want to do each day. We have regular meetings to talk about what they want to do. We are talking with them all the time to make sure we are providing the right care."

People were protected from the risks of potential harm or abuse. Risks to people's safety and well-being were assessed and plans put in place to encourage positive risk taking. Where people may display behaviour that could be seen as challenging, positive behaviour support plans guided staff on how to support people to manage this safely.

People's medicines were administered safely and in accordance with the prescribing instructions. People had access to appropriate health care professionals to support them to maintain their emotional and physical wellbeing.

People received care and support from staff who had received appropriate training. Staff spoke positively about the training they received and its value. They said they had access to regular refresher training to ensure they were up to date with good practice.

The provider followed safe recruitment practices. People were actively involved in recruiting and choosing their own staff. There were sufficient staff to meet people's needs safely. Staffing was organised flexibly to support people to be able to access their chosen activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The service supported people to live as independently as possible in ordinary housing in the community. In line with The Real Tenancy Test and Reach standards people had separate tenancy agreements and care contracts. These support people to have control of where and who they live with. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Quality assurance systems were in place to monitor the quality of service being delivered. Learning from incidents and accidents had been embedded in the service to drive improvements for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 10/10/2017 and this is the first inspection.

#### Why we inspected

This was a planned inspection of a new service.

#### Follow up

We will continue to monitor information we receive about Head Office until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

# Head Office

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This service is also a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Inspection activity started on 15 January 2020 and ended on 16 January 2020. We informed the provider that we had started the inspection on 15 January 2020 and requested information relating to good governance. We informed them of when the site visit would take place. We visited the office location on 16 January 2020.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We met or contacted by telephone eight members of staff including the registered manager, area manager, deputy managers, care workers and the Nominated Individual, who is the provider representative. We received feedback from two health and social care professionals who worked alongside the service.

We reviewed a range of records. This included two people's care records, risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

We spoke with three members of staff and a relative. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one professional who worked alongside the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. Safeguarding policies and procedures were in place to guide staff on how to protect people from different forms of harm or abuse. Staff understood and followed policies and procedures.
- Staff had the knowledge and confidence to identify safeguarding concerns and understood their responsibilities to report any concerns.
- Safeguarding information was available in an accessible format to support people to understand what constituted abuse and where they could get help.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's personal safety had been assessed and plans were in place to minimise these risks.
- The organisation had embedded a culture of Positive Behaviour Support. One member of staff said, "We very much use positive behaviour support to explore how we can develop people's quality of life. Positive behaviour support applies to everyone not just people whose behaviour may be seen as challenging."
- Accidents and incidents were recorded and reviewed by managers. These were then subject to a "de-brief" with staff to identify if there were any lessons to be learned or changes to practice required.

Staffing and recruitment

- People were supported by sufficient staffing. Staffing was organised flexibly to ensure people could access their chosen activities.
- The service followed safe recruitment practices. Service users and their representatives were actively encouraged to be a part of the recruitment process.
- The Area Manager told us, in line with the Reach Standards, people could choose to have alternative care providers for either part or all of their care package if they wished. They said if required they would actively support people to do this.

Using medicines safely

- People's medicines were managed and administered safely.
- All staff received training and were assessed as being competent before being permitted to administer medicines.
- Information on how people wished to receive their medicines was recorded in their care plans. For example, one person's care plan stated they liked to sit at the dining room table whilst staff handed them their medication to take.

### Preventing and controlling infection

- Procedures were in place in relation to infection control and hygiene to reduce the risk of people contracting an infection.
- People were encouraged to actively take part in keeping their homes clean and tidy.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure care and support was delivered in line with relevant legislation and best practice guidance.
- Care plans contained detailed information on people's preferences, choices and goals they wanted to achieve. For example, in one person's care plan it stated they wanted to work towards preparing their own meals. A plan was in place to support them to do this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the court of protection for them to authorise people to be deprived of their liberty.

- The service was working within the principles of the MCA. When people were deemed to lack mental capacity to make specific decisions, this had been assessed and a best interest decision meeting held with relevant others.
- Care plans evidenced people's involvement in planning for and consenting to their care. People were actively involved in making day to day choices about the support they received.

Staff support: induction, training, skills and experience

- People received care and support from staff who had received appropriate training. The organisation had recently invested in positive behaviour support training for all staff to ensure they were competent in meeting people's needs. The organisation promoted positive behaviour support as being valuable in "The prevention or reduction of challenging behaviour."
- New staff received a thorough induction which included them being provided with a mentor when they first started and completing all mandatory training.
- Staff told us they were given the opportunity to discuss training and personal development needs during supervision and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. They were actively involved in planning for and preparing their meals. Staff told us that outside of mealtimes people had access to sufficient snacks and drinks.
- Where necessary referrals had been made to health professionals to support people with their dietary needs. This included speech and language therapists and dieticians. Guidance from healthcare professionals was recorded in people's care plans.
- People were supported and encouraged to eat a healthy balanced diet. The provider told us pictorial guidance was available to support people to understand about "healthy choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health was regularly monitored, and records showed people had access to appropriate healthcare checks.
- Where required adjustments had been made to support people to be able to attend appointments. For example, staff told us that during a scan, one person was provided with a specialist chair to ensure they would be comfortable during the procedure.
- Keyworkers helped people develop a personalised health action plan to support them with maintaining their health and wellbeing.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives, we spoke with said staff were kind and caring. One person said, "If I'm not well staff make me feel better." A relative told us "Staff are fantastic and lovely, they all know what they are doing."
- Policies relating to equality and diversity provided staff with information about how to treat people with dignity and respect regardless of their age, sex, race disability or religious beliefs.
- Staff told us they supported people to access opportunities equally. One member of staff said "it's about creating opportunities for people. Making sure our services are not institutionalised. Everyone should be able to access opportunities of their choice and this shouldn't be based on their age, gender or disability."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. Care plans reflected people's preferences for how they wished to receive their care and support. The service had recently moved from a residential service model to a supported living service model, which gives people much more freedom and choice over how they live their lives.
- People were consulted about changing to supported living services. Information was presented using easy read formats to support people to be involved in the change. People had indicated they agreed with the change.
- Regular meetings took place between staff and people to plan people's care and support. This included planning their menu and activities they wished to take part in for the coming week.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted. The model of supported living services was embedded into the service. People had a small team of carers who they had chosen to provide their care and support. Staff and management told us that having a small team of carers ensured people received consistent care from staff who knew them well.
- Staff were knowledgeable about the things people found difficult and how changes to daily routines may affect them. Positive behaviour support plans were in place to support people and staff to manage these situations.
- Management observed and monitored staff's interactions and approach to people to ensure they were being treated with respect and dignity.
- Staff told us people were encouraged to be as independent as possible. The provider had introduced assistive technology which supported people with being independent. For example, people had access to a laptop on which they could set alarms or alerts to remind them when to take their medication. They could also access recipes to support with cooking independently.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care and support. They along with their relatives were involved in developing their care and support plans. A relative told us, "There were teething problems in the beginning when (person) first transitioned to the service. The organisation was open about issues and we worked together to plan (person's) care and support."
- People's care plans reflected their individual choices and preferences. The provider told us, "We ensure people's interests are included in their support plan as well as care and behavioural needs."
- People's needs were regularly reviewed. The service responded to people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and support required was detailed in their care plans.
- Information had been developed to ensure it was accessible to people using the service. Information was in a variety of formats such as picture and easy read. One relative told us "To support (person's) independence they have introduced a new communication aid to assist her with communicating her needs. It's such a great idea."

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 able to choose what activities they took part in and suggest other activities they would like to try.
- Important relationships had been identified and how often the person wished to be in contact with that person. Staff and the person then planned this contact into the weekly timetable if required. One person told us they liked to receive a phone call from their father each night and that they often took them on outings.
- Technology was used to allow people to easily communicate with their friends and family and plan their week.

Improving care quality in response to complaints or concerns

- Complaints were appropriately managed. There was a complaints procedure in place which identified how the provider would acknowledge, investigate and respond to complaints.

- Information relating to how to make a complaint was available in an easy read format to people.

#### End of life care and support

- People's preferences and choices for their end of life care were recorded in their care plans and kept under review.
- At the time of inspection no one was receiving end of life care from the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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: Continuous learning and improving care

- The registered manager was aware of their legal responsibilities. They worked closely with the provider to monitor quality and drive improvements where required.
- There were clear structures in place to support managers and staff to understand their roles and responsibilities. Staff received development opportunities to ensure they had the necessary training and skills to provide a high standard of care to people.
- The provider had recently implemented a comprehensive Positive Behaviour Support programme whereby all management and staff had undertaken or were currently undertaking accredited training in this area. This training had promoted a positive culture of positive behaviour support for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had developed a positive culture that was person-centred. The service focused on being inclusive and empowering of people using the service.
- The management team and staff were passionate about providing quality care and support. One member of staff told us "The management are genuinely there for both service users and staff. They are inclusive and value us all equally."
- The registered manager had notified CQC about significant events in line with legal requirements.

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

- People and their relatives were encouraged to give feedback about the service they received. This was conducted through both informal and formal processes.
- Staff had opportunities to contribute to the development of the service and share their views during supervisions and team meetings. Staff told us managers were visible, open and approachable and they felt listened to.

Working in partnership with others

- The provider worked in partnership with other professionals and organisations. People's care plans evidenced involvement from other health and social care professionals.
- The organisation had developed partnerships with other organisations to share their learning on Positive Behaviour Support and initiatives around community support.

- One health professional told us, "They are committed to PBS, understand the principles and work to implement the approach in their services."
- People had been supported to maintain links with the local community through attending social groups and day services.

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

- The provider and registered manager investigated incidents fully and were open and honest with exploring any lessons to be learned. Where identified changes to practice were implemented to improve people's experiences of their care and support.
- One health professional told us, "They always attend MDT meetings. I have been involved in a couple of difficult meetings regarding service users and they have been professional and honest about things that have gone wrong as well as successes."