

Langley House Trust

Ashdene

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Ashdene is a specialist service providing supported living for up to 17 male ex-offenders and people who are at risk of homelessness. The project also expands to provide support to people in their own homes. The people receiving support have a variety of complex needs including some people with a learning disability and/or autistic people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 15 people were receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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. People's needs and risks associated with their care were appropriately managed to ensure safe care could be provided.

Right Care:

Systems and processes were effective in ensuring people were protected from the risk of abuse and staffing was provided in line with people's needs following safe recruitment procedures. People were supported by staff who knew them well and had the appropriate skills and training to support them to increase their independence and live a crime free life. People's medicines were managed safely.

Right Culture:

Feedback from people and staff was mostly positive of the care provided. We found the culture of the service reflected a positive and empowering ethos which focused on people living together harmoniously and independence promotion. The service worked in partnership with other health and social care professionals to ensure safe and effective care was provided to people. The service was using governance processes effectively to learn lessons and identify any shortfalls in practice. Staff told us they felt supported in their roles.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 March 2019) and we identified breaches of regulation in relation to safe care and treatment and good governance. At our last inspection we also recommended the provider reviewed their training procedures in line with best practice. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Why we inspected

We undertook this focused inspection to check the provider had taken action following the last inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashdene on our website at www.cqc.org.uk.

Follow up

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

This was an 'inspection using remote technology'. This means as well as visiting the service, we also used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>

Ashdene

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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

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

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager would be present to support the inspection. A remote inspection began on 26 April 2023 and the inspection ended on 8 June 2023. We visited the location on 7 June 2023.

What we did before the inspection

We reviewed all the information we had received about the service since its last inspection in 2019. We requested feedback from stakeholders, including local safeguarding, infection control and commissioning teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out alongside a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service, staff, and the registered manager. We used electronic file sharing to enable us to review documentation. We reviewed a range of records including 5 people's care plans, a variety of medicines records and 4 staff files in relation to recruitment. We also reviewed service records, including, audits, policies, meeting minutes and incident management records.

During the inspection we observed the care and support provided to people and spoke with 10 people who used the service about their experience of the care provided. We gathered feedback from 6 staff members including the registered manager, the deputy manager and care staff.

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; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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.

- Risks associated with people's care were appropriately assessed and staff were knowledgeable about risk management.
- The provider used their assessment process, internal knowledge and liaised with other health and social care professionals to ensure risks associated with people's care, particularly in relation to their criminal history were managed effectively in the best interest of people and the public.
- Incidents and accidents were recorded using an online system. The process allowed for investigation of incidents and identified any lessons to be learnt.
- The service was using multiple methods to share lessons learnt, including staff meetings and best practice forums at provider level.

Using medicines safely

At our last inspection we recommended the provider reviewed their training procedures to reflect current guidance and act update their practice. The provider had made improvements.

- Medicines were managed safely. The service used an electronic medicines system to ensure the appropriate oversight of medicines management.
- Staff were trained in medicines administration and the service was reviewing staffs' competency annually.
- People were supported to self-medicate where appropriate and this was monitored through a regularly reviewed risk assessment.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Systems and processes in place were effective in ensuring people were protected from the risk of abuse. People told us they felt the care provided was safe. One person said, "Yes definitely I feel safe, staff deal with everything really well."
- We found safeguarding concerns were investigated and referred to the relevant professionals by the management team.

- Staff were trained and knowledgeable about their safeguarding responsibilities and the registered manager had reviewed training compliance to ensure refresher training was scheduled as required.
- Recruitment was safely managed. Staffing was calculated based on the needs of the people using the service. The feedback we received about staffing levels was mixed. However, everyone said they felt staffing was safe. The registered manager was looking to increase staffing levels to facilitate more activities.

Preventing and controlling infection

- People were protected from the risk of infection through appropriate training and staff had access to personal protective equipment. Feedback we received about food hygiene was varied. However, the registered manager provided assurances around actions taken to maintain good standards of food hygiene.
- The providers infection prevention and control policy was up to date.

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; Continuous learning and improving care

At our last inspection the provider had failed to use their governance processes effectively to identify the risks relating to the health safety and welfare of people. This was a breach of regulation 17 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 17.

- All staff understood their roles and responsibilities and were knowledgeable about risk management and the challenges people faced given their history.
- The registered manager told us the provider was supportive and there were multiple opportunities for sharing knowledge about quality improvement, including national managers meetings and regular support from area managers.
- Governance processes were robust and were used to identify any shortfalls. Audits were completed at all levels of management and the provider utilised the quality team and external auditors to improve practice.

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

- The management team were committed to providing a supportive service, with positive outcomes for people and focused on staff development. The deputy manager told us, "I am proud of us. My focus is protecting and motivating the people who live here and the staff."
- All staff told us they felt supported in their role and felt comfortable raising concerns. One staff member said, "When I raised concerns, it was acted upon really quickly."
- The registered manager understood their responsibilities in relation to duty of candour and notified the relevant professionals and/or relatives if appropriate when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Surveys were completed to allow people to feedback about the care and service provided. The feedback from the most recent survey was mostly positive. Where issues had been raised, action had been taken to

address these.

- The management team held regular people and staff meetings to ensure there was open discussions about any concerns. The registered manager told us they were amending the meeting agendas to ensure the minutes captured two-way conversations and further details discussed.
- The management team and staff worked in a collaborative and proactive way with other health and social care professionals to provide a unique and effective service to people.