

Ashgale House Limited

Ashgale House

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 ●

Summary of findings

Overall summary

The inspection of Ashgale House took place on the 24 and 25 October 2017. The first day was unannounced and the second day was announced.

Ashgale House is registered to provide accommodation and personal care for fourteen people. The home provides care and support for people with learning disabilities who may have additional physical needs. At the time of the inspection there were ten people using the service including a person who was receiving a respite service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

At our last inspection of the service on 14 March 2017 we rated the service as "Requires Improvement". This was because we found deficiencies in the way that people's finances were managed by the service so people were not always protected from the risk of financial abuse. This meant the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found appropriate systems were in place to ensure that people's monies were managed in a proper and safe way.

There were systems in place to keep people safe. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding people, including reporting concerns relating to people's safety and well-being.

Accidents and incidents had been appropriately recorded and risk assessments were in place to minimise the risk of people and staff from being harmed. Checks and appropriate service tests had been carried out to make sure that the premises were safe.

We saw positive engagement between staff and people using the service. Staff were respectful to people and showed a good understanding of each person's needs and abilities. Person centred care records ensured that the service met people's individual needs and preferences.

Arrangements were in place to make sure people received the service they required from sufficient numbers of appropriately recruited and suitably trained staff.

People's medicines were managed appropriately and their healthcare needs were understood and met by the service.

People's dietary needs and preferences were supported. People chose what they wanted to eat and drink and healthy eating was promoted.

Staff respected people's privacy and dignity and understood the importance of maintaining and supporting confidentiality. People were provided with the support they needed to maintain links with their family and friends.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. Staff understood the importance of ensuring people agreed to the care and support they received and knew they needed to involve others when people were unable to make important decisions. People were supported to have choice and control of their lives and were supported in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a management structure in the service which provided clear lines of responsibility and accountability. Checks were carried out to monitor and improve the quality and safety of the service.

Further information is in the detailed findings below

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. Staff knew how to recognise and respond to abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to minimise and manage the risks to people's safety.

Medicines were managed and administered appropriately and safely.

Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times to provide people with the care and support that they needed.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a range of meals and refreshments that met their nutritional needs and preferences. People were encouraged to make choices about what they wanted to eat and drink and provided with the support with their meals that they needed.

People benefitted from having access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good ●

The service was caring. Staff provided people with the care and support they needed in a respectful manner.

Staff understood people's individual needs well and respected

their right to privacy.

People's relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. Staff understood people's individual care needs and preferences and responded appropriately when people's needs changed.

People were supported to take part in some recreational activities. Steps were being taken to develop the range of activities so people's social needs and interests were better met by the service.

Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. The management of the home was visible and inclusive. Management were known to people using the service who spoke in a positive manner about them.

The registered manager had reviewed the service, considered where improvements were needed and put systems in place to address shortfalls found.

There were a range of processes in place to monitor and improve the quality of the service.

Ashgale House

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 checked 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 was a comprehensive inspection, which took place on the 24 and 25 October 2017. The first day of the inspection was unannounced.

The inspection was carried out by one inspector 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.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. Prior to the inspection the registered manager had completed a Provider Information Return [PIR] comprehensively. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the registered manager during the inspection.

We spoke and engaged with all the people using the service. Most people due to their needs communicated mainly by gestures, signing and behaviour and were not able to tell us about their experience of living in the home. To gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

During the inspection we spoke with the registered manager, deputy manager, two quality assurance auditors, two senior care workers, two care workers and two people's relatives. Before the inspection we had contact with the host local authority quality monitoring team about the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of one person receiving respite care and of five people living in the home. We also looked at three staff records, audits, and policies and procedures that related to the management of

the service.

Is the service safe?

Our findings

Two people told us they felt safe living in the home and said that they would not hesitate to speak with the registered manager and/or deputy manager if they had a concern about their safety or felt that they were not being treated well by staff. When we asked a person if they felt safe living in the home, they said "I do."

People's relatives told us that they felt people were safe living in the home.

At our inspection on the 14 March 2017 we found the provider did not ensure the proper and safe management of people's monies. People were not protected from the risks of financial abuse. This meant the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection, we found that the provider had followed their plan and legal requirements had been met. Appropriate action had been taken to address our concerns about the way people's finances were managed by the service. Records showed that appropriate action had been taken to minimise the risk of financial abuse occurring. Clear guidance for managing and handling people's monies had been put in place, and staff had signed that they had read it. We checked three people's monies and found that records of expenditure were accurate and up to date. Inventories of each person's purchases were documented, which ensured that people always received the items that they had bought. Regular checks of people's monies were carried out by management staff. The provider's quality assurance auditors checked them during the inspection.

There were policies and procedures for staff to follow to keep people safe. Care workers had a good understanding of different types of abuse. They understood their responsibilities to report any concerns to the registered manager and knew they could report allegations and/or suspicions of abuse to the local authority safeguarding team, CQC and police.

Risks to people's safety were assessed. People's risk assessments were personalised and included risk management plans to minimise the risk of people being harmed, and supported their independence. People's risk assessments included the risk of choking, falls, management of finances, seizures and eating and drinking. Staff understood risks to people's safety, for example we noted that people were never left unattended in the lounge and kitchen, which lessened the risk of people being injured from falls or other accidents.

Arrangements were in place to minimise the risk of people falling. Falls were monitored closely and records showed appropriate action was taken when incidents occurred such as ensuring a person saw a doctor following a fall. People's care plans included detailed guidance for staff to follow to support people with their individual behaviour needs including being responsive in minimising the risk of people's behaviour escalating.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people. During the inspection, we noted that there were enough staff on duty to provide people with the care and support they needed and to enable people to attend health appointments and take part in activities. People received consistency of care from regular permanent staff and agency staff who knew people well. People's relatives told us that they felt that staff had enough time to provide people with the support that they needed.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. We noted that a hot tap in a toilet facility and in the kitchen were very hot when run for approximately two minutes. Action was promptly taken by the maintenance person to address this. Following the inspection, the registered manager told us that she had reviewed the guidance regarding hot water checks to ensure that in future any high hot water temperatures were always identified quickly.

The service had arrangements in place to respond to any emergencies or untoward events, and each person had a Personal Emergency Evacuation Plan [PEEP] to use in case of an emergency situation. Arrangements were in place to protect people from fire risks. Regular fire drills and fire safety checks took place, and staff completed training in fire safety.

There were suitable arrangements for the recording, administration and disposal of medicines. The service had a policy and procedure for administration of medicines. People's medicines were stored securely. Staff had received regular assessments of their competency to administer medicines to people safely. The medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed at the right time. People's medicines needs were reviewed regularly by GPs and psychiatrists. During the inspection, care workers administered medicines to people in a safe and appropriate manner.

Some people were prescribed PRN medicines [medicines prescribed to be administered when needed] and written protocols about when to administer them were in place. The registered manager told us that she planned to develop the PRN protocols to include more detailed guidance for staff to follow before they administered PRN medicines to people. Records did not show that staff always noted the balance of PRN medicines and other medicines that needed to be administered from the original medicine package. The registered manager told us that staff had been reminded to do this and that she would make sure this was monitored closely so that records of the stock of medicines were always accurate.

We found there were accessible information leaflets about people's medicines and staff also had access to an up to date pharmaceutical reference book where they could look up medicines they were not familiar with.

The home was clean. Soap, hand cleansing gel and paper towels were available. Hand washing guidance was displayed. Staff washed their hands before preparing people's meals. Staff had access to protective clothing including disposable gloves and aprons. Regular checks of the cleanliness of the environment were carried out by staff

In July 2015 the Food Standards Agency had carried out a check of food safety in the home and had rated the service good.

Is the service effective?

Our findings

Two people using the service told us they were very happy with the care and support they received from staff. They told us that staff were kind and involved them in decisions to do with their care. When we asked a person if staff listened to them, they told us, "They do, if I ask them for something they usually give it to me."

Care workers spoke in a very positive manner about their experience of caring and supporting people. A care worker spoke of the importance of speaking with people using the service, those important to them and with staff to gain knowledge and understanding about each person's individual needs.

We saw staff engage with people in a manner that indicated they understood people's needs and knew how to provide them with effective and appropriate care. However, staff interaction with people at times seemed task based, there was a lack of positive encouraging engagement with people at times when they were not receiving care from staff. The registered manager told us they monitor staff engagement with people and address areas when improvements were found to be needed.

Care workers told us that they had received an induction when they started working in the home, which they had found helpful and included learning about the organisation, the service and people's needs. New care staff also completed the Care Certificate induction, which sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

Staff told us that they received the training they needed. Training records showed staff had completed training that was relevant to their roles and responsibilities. Training included basic first aid, health and safety, safeguarding people, fire safety, infection control, end of life, pressure area care, epilepsy awareness and mental health awareness. A programme was in place to ensure that 'refresher' training in a range of areas was completed by staff on a regular basis. Staff told us and records showed that staff had the opportunity to achieve relevant qualifications in health and social care.

Care workers were provided with one-to-one supervision and regular appraisal and review of their performance and development to support them in carrying out their duties.

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.

People's care plans included detailed assessment of people's capacity to make specific day to day decisions about their personal care, buying personal items and regarding other needs. Staff knew that when people lacked the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care workers told us they always asked people for their agreement before supporting them with their care. A person confirmed that they were asked for their consent before care workers assisted them with care and with other day to day activities.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. Some people had a DoLS authorisation in place. The registered manager told us that she was in the process of making DoLS applications for several other people.

People received health checks and had access to a range of health professionals including; GPs, dentists and opticians to make sure they received effective healthcare and treatment.

People's dietary needs and preferences were met by the service. We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. During the inspection people told us or indicated by gestures and facial expressions that they had enjoyed their meals, and we saw that people were always offered a choice of what they wanted to eat and drink. Pictures of food and meals were available to support people with choosing meals. One person told us, "We have a menu, yes I choose." Snacks were available at any time and people were regularly offered a variety of drinks. Healthy eating was encouraged and a range of a variety of fresh fruits were accessible to people. We saw a person help themselves to a banana. They told us that they enjoyed eating fruit.

Care workers told us how they supported people with their specific dietary requirements and were aware of the importance of following the advice of the speech and language therapy (SALT) when people were at risk of choking. Staff engaged with people in a positive manner when assisting them with their meals, they were patient with people and did not rush them.

The premises were suitable for people's needs. People moved about within the home without restriction. People with mobility needs had bedrooms located on the ground floor. A person told us they were happy with their bedroom, which they had personalised with items of their choice.

Some communal areas had been redecorated since the last inspection. However, there were areas of the home that were 'tired' looking. The registered manager told us that a maintenance person had recently been employed who was in the process redecorating areas of the premises.

Is the service caring?

Our findings

A person told us that the staff listened to them and always sought their opinion about their care. When we asked the person whether staff were kind to them, they told us, "They are, they say good morning" and they "ask me how I'm doing." The person also told us that staff looked after them and commented "whichever staff are working they look after me." When we asked a person's relative whether they felt that staff were kind, they told us "I'm sure they are from what I've seen when we have visited."

During our visit we saw that staff spoke with people in a respectful way. People's relatives told us that they felt people were treated with dignity and respect.

Care workers told us they knew people well and that they had gained knowledge and understanding of people's individual needs and preferences by talking with them and with other staff, and by reading people's care plans. Staff spoke about the range of ways they communicated with people who did not speak or spoke only a few words. They told us that people indicated their choices and preferences in a range of ways such as by their behaviour, gestures and sounds. A person touched his mouth, and a care worker promptly offered the person a choice of drinks and informed us that was the way the person indicated that they were thirsty. During the inspection, we heard and saw care workers offer people choices and respected the decisions people made, such as what they wanted to do, eat and drink.

People's care plans showed people's preferences, likes and dislikes were known to staff and accommodated. Each person had a written profile which included information about their background, preferences, routines and details of how they wanted to be supported by staff.

People were supported to maintain the relationships they wanted to have with friends, family, and others important to them. People told us about the contact they had with family and friends. One person spoke about a friend regularly visiting them and another person told us they had recently gone to see some relatives and friends. They told us about how much they enjoyed those visits and how important they were to them.

People's independence was respected and promoted. People were supported and encouraged to develop some everyday living skills such as cleaning their bedrooms and laundering their clothes. A person told us about the involvement they had in laundering their clothes. We saw people were encouraged to put their cups in the kitchen sink after they had a drink. When we asked a person's relative whether they thought that staff encouraged a person's independence, they told us, "Oh I do yes, yes, the staff on the whole are very good."

The privacy and dignity of people were supported by the approach of staff. Staff asked people's permission before entering their room. A person told us that their privacy was respected. Care workers told us they always made sure bathroom doors were closed when supporting people with their personal care. When we asked a person if staff treated them with respect, they said, "They do."

People's records and other documentation were kept secure to keep them safe and to meet legislation. We saw that staff were respectful of people's privacy when they were talking with people or to other members of staff about people's care needs. People were free to spend time in their room rather than communal areas if they wished to do so. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

Staff and a person using the service confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. Some people on occasions attended places of worship.

Care workers we spoke with had a good understanding of equality and diversity. A care worker told us about the importance of treating staff and people using the service equally. Training records confirmed that staff had received training in the subject.

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support that they received from staff. Two people confirmed that staff were responsive to their needs and involved them in decisions about their care. A person's relative told us, "Every time I visit everything seems fine."

People's care files showed that people had received an initial assessment of their needs with their and their families' involvement [when applicable] before moving in or receiving respite care. Individualised care plans identified people's strengths, preferences, needs, and included details of how staff were to provide them with the care they needed.

People's care records included very detailed information about their background, interests, relationships, goals and other essential information to help staff know them well and understand their needs. People's care plans were regularly reviewed and updated to reflect changes in the person's life and progress with achieving their goals. Monthly meetings with each person took place where their needs and aspirations were reviewed. People's care records showed that actions agreed from people's reviews and monthly meetings had been completed or were in the process of being addressed.

Staff 'handovers' took place during each shift so staff received up to date information about people's current care needs. Staff also completed written 'daily' reports of each person's progress, health and care needs so they always had up to date information about each person's needs.

Each person had a 'hospital passport' that included a range of information. They took this document with them if admitted to hospital so hospital staff would understand their individual needs and preferences and so provide them with the care that they required. Staff we spoke with explained the importance of consistency by staff when supporting people with their care needs.

People told us about the activities they took part in and enjoyed. A person told us they liked to go to the local supermarket and went regularly. They told us, "I usually go out on Friday mornings for shopping; [I] buy my own toiletries."

The home had a minibus so people could access community facilities, amenities, day trips and appointments without difficulty. Some people regularly attended day centres. Other activities included going on walks, watching television, spending time in the garden, going to the cinema, swimming and going to cafés and restaurants. One person had a pet budgerigar who they spoke fondly about. A person told us about a recent holiday that they had enjoyed with staff and other people using the service.

During the morning of the inspection we did not see people take part in many activities, some people sat for some time in the lounge with little occupation apart from watching the television. There was little engagement or noticeable enthusiasm from staff to encourage people to take part in activities. However, in the afternoon people were busier and took part in more activities. For example; some people went out in the community with staff for walks, shopping and a person was supported to visit friends and family. We also

saw staff encouraged people to take part in indoor activities including ball games and a person spent time in the garden. Monthly monitoring records showed that people had taken part in a range of activities including going to the cinema, shopping, listening to music, swimming, meals out and day trips. However, a person's relative told us they felt that a person did not go out enough or attend a day centre as often as they would like. Following the inspection the registered manager told us that during a forthcoming staff meeting she planned to discuss the promotion and development of activities for people, with staff.

The service had a sensory room which included special lighting and objects to support and meet the sensory needs of people who had communication needs. Staff told us that the sensory room was freely accessed at any time by people using the service. The registered manager told us that she would look into developing the sensory room to include more sensory equipment.

People had access to an easy-read complaints procedure. When we asked a person using the service if they knew how to make a complaint they said no. However, they told us that if they had a worry or concern they would tell the registered manager and/or deputy manager. People that we spoke with had no complaints about the service. Records showed that complaints had been addressed appropriately by the service. A suggestion box was available for anyone to feedback their views of the service.

Is the service well-led?

Our findings

People we spoke with told us that they were happy living in the home and were satisfied with the way the home was run. A person knew the name of the registered manager who they told us they could speak with at any time and listened to them.

The registered manager had been in post since January 2017. She managed the service with support from the deputy manager, area manager and provider's senior management team. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager and/or other management staff.

Since the registered manager had started managing and running the service she had reviewed the service and identified areas where improvements to the service were needed, and put systems in place to address the deficiencies. The provider had also initiated other changes to the service that included changes in the staffing arrangements. Some staff told us that these changes had at times been difficult to deal with and that some staff had left the service or planned to do so. The registered manager told us that she recognised that changes were not always easy but were important to ensure that people received a better service. Records showed that improvements had been made in a number of areas including in the management of people's medicines and monies.

People's care delivery records were person centred and up to date. They included appropriate detail on the support people received and about other areas of their lives and had been reviewed regularly. Where incidents had occurred records had been completed and retained at the service.

The CQC rating of the previous inspection was displayed as required in line with legislation. The service had notified us of incidents and other matters to do with the service when legally required to do so.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation had a culture of openness and liaison with health and social care professionals to make sure people received the care and support that they needed and wanted. The service kept in regular contact with the host local authority and had addressed areas where deficiencies in the service were found.

Staff meetings including supervision and team meetings provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Minutes of staff meetings showed that a range of topics to do with the service had been discussed with staff. A care worker told us that communication between the staff team was very good. They told us that staff should always, "know what is happening and not say I was off yesterday, I don't know."

People had a range of opportunities to feedback about the service to management staff through resident meetings, one to one meetings with key workers and feedback questionnaires. People's relatives and people using the service had the opportunity to complete feedback forms about their views of the service. Recent

feedback showed that people were generally satisfied or very satisfied about the service. Written compliments from relatives included a comment that described staff as "amazing". Other comments included, "Thank you from the bottom of my heart for the care and love you are giving to [Person]," and "I have found [Person's] care to be great and the staff have been caring to [Person] and myself, I can only praise them."

Policies and procedures to ensure safe day to day operation of the service were in place. Records showed that care workers had been asked to read a range of policies and had signed that they had read them.

There were systems and procedures in place to enable the quality of the service to be monitored and assessed. These included daily and weekly checks of the fire safety systems, fridge and freezer temperature checks, the cleanliness of the service, maintenance checks and hot water temperature checks. Health and safety audits, checks of the medicines and people's monies were also carried out. Records showed that action had been taken to address any shortfalls found.

The registered manager told us that during weekends she and the deputy manager sometimes carried out unannounced 'spot checks' of the service to check that people were receiving appropriate care and support.

The provider has a dedicated quality assurance team who regularly carried out a range of checks of the service. During the inspection two quality assurance staff checked all the staff personnel files and all aspects of the management of people's monies. Quality monitoring records showed that action plans for improvements were developed during these checks and had been quickly addressed by the registered manager.