

Ashwood House Limited

Ashwood House Limited (Leyton)

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 service is registered with the Care Quality Commission to provide accommodation and support with personal care to a maximum of 17 adults with mental health needs. 15 people were using the service at the time of our inspection. At the previous inspection in September 2016 we found the service was rated overall as good with one breach of regulations. This was because medicines were not always managed in a safe manner. During this inspection we found this issue had been addressed.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

People told us they felt safe using the service and there were systems in place to help safeguard people from abuse. Risk assessments were in place which included information about how to support people in a safe way and mitigate the risks they faced. There were enough staff working at the service to meet people's needs and robust staff recruitment processes were in place. Medicines were managed in a safe manner.

Staff received on-going training and supervision to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food and were able to choose what they ate. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service was well-led. The service had a registered manager in place. People and staff told us they found senior staff to be supportive and helpful.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on the 30 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four people who used the service and observed how staff interacted with people. We spoke with six staff. This included the nominated individual, the home manager, two team leaders and two senior support workers. We looked at records relating to four people including care plans and risk assessments. We viewed medicines records and quality assurance systems. We examined the staff recruitment, training and supervision records and checked various policies and procedures. We looked at the minutes of staff and residents meetings.

Is the service safe?

Our findings

At the previous inspection of the service in September 2016 we found they were in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed in a safe way. During this inspection we found this issue had been addressed and the service was compliant with regulations.

Medicine administration record (MAR) charts were in place. At the previous inspection we found there was a discrepancy between the information contained on the MAR chart and the information on the medicine label for one medicine. During this inspection we cross checked MAR charts with medicine labels and found the information was consistent for all the medicines we looked at. MAR charts contained details of the name, strength, dose and time of administration of each medicine and staff signed the chart after each time a medicine was given. We checked the MAR charts for eight people and found they were up to date without any unexplained gaps.

At the previous inspection we found there were not clear systems in place for identifying the amounts of medicines held in stock. We found that there were discrepancies between the actual amounts of medicines held and the amounts staff told us were supposed to be held. During this inspection we found that staff recorded the amount of each medicine held after every time they administered a medicine. We checked the amounts of medicines held and found they tallied with the recorded amounts for all the medicines we checked.

People told us staff supported them with their medicines. One person told us they had to get up at 9.30am every day as that was when their medicines were due. Records showed people were supported to self medicate where this was deemed safe to help promote their independent living skills. We observed staff administering medicines and this was done in line with good practice.

Medicines were stored securely inside locked and designated medicines cabinets. Most medicines were stored in blister packs where each individual dose was in a separate compartment marked with the day and time it was to be given. This system reduced the likelihood of errors being made with medicines. Staff were aware of what action to take in the event that they did make an error with medicines administration.

Records were maintained of medicines that entered the service. Medicines that were no longer required were returned to the supplying pharmacist and records were kept of this. A representative from the pharmacy signed each time they took medicines back from the service. This meant there was a clear audit trail for medicines that were disposed of. At the time of inspection the service did not have any controlled drugs in stock.

People told us they felt safe using the service. One person said, "I've always felt safe here, one way or the other." Another person said, "The people are all ok, you don't get problems, nothing violent or anything like that."

Systems were in place to protect people from the risk of abuse. The service had a safeguarding adult's procedure in place. This made clear their responsibility for reporting any allegations of abuse to the Care Quality Commission (CQC) and the local authority. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibility for reporting allegations of abuse. One staff member said, "If I find out [about abuse] I have to report straight away to my line manager and make a report."

The home manager told us there had not been any allegations of abuse at the service since our previous inspection and we found no evidence to contradict this.

The service had a whistleblowing policy in place which made clear staff had the right to whistle blow to outside agencies such as CQC if appropriate. Staff were knowledgeable about whistleblowing and told us it was discussed with them during their one to one supervision meetings.

To help protect people from the risk of financial abuse the service did not have access to anyone's bank account. The service did, however, hold money on behalf of people. This was with people's consent and the aim was to support people to develop budgeting skills and reduce the risk of financial exploitation. Monies were held securely in a locked safe that was kept in a locked room. Records were kept of the monies held and each time money was handed over to a person this was recorded and signed by two staff members and the person. Financial records were audited each month by a senior member of staff. We checked the amounts of monies held by the service and found amounts held tallied with the amounts recorded. This meant the service had taken steps to reduce the risk of financial abuse.

Risk assessments were in place for people. These included information about the risks individuals faced and how to manage and mitigate those risks. Assessments covered risks associated with suicide, self-harm, risk to and from others, self-neglect, addiction, the physical environment and mental instability.

Individual guidelines were in place about supporting people who exhibited behaviours that challenged the service. These had been drawn up with the involvement of professionals who worked with people. Guidelines included personalised information about supporting individuals. They included signs that the person was becoming agitated and intervention strategies to support the person to become calm. For example, the guidance for one person stated, "Very important, if [person] is volatile, do not try to reason with them, leave them to calm down, preferably in their own space. Do not say 'behaviour', use different words to explain, e.g. 'your actions' or 'conduct'." Staff told us they did not use physical restraint when working with people. They had a good understanding of risk assessments about behaviours that challenged the service and were knowledgeable about how to support people in this area.

People and staff told us there were enough staff working at the service to meet people's needs. One person said, "Staff are available if you need to talk or you need anything, like a toilet roll." A member of staff said, "Yes we do [have enough staff]." We observed there were enough staff on duty to meet people's needs. Where people required one to one support from staff this was provided. Staff told us that if a member of staff cancelled their shift at short notice they had the authority to book another staff member to cover that shift. They told us it was very rare for a shift to go uncovered. We checked the staff rota which reflected the actual staffing situation on the day of inspection.

The service had robust staff recruitment processes in place. Staff told us and records confirmed that various checks were carried out on prospective staff before they commenced working at the service. A member of staff said, "They checked my DBS and asked me for two references and proof of identity." DBS stands for Disclosure and Barring Service and is a check carried out to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed various checks carried out

on new staff including criminal records checks, employment references, proof of identification and a record of their previous employment history. This meant the service had taken steps to help ensure suitable staff were employed.

Is the service effective?

Our findings

Staff were supported by the service through training and supervision to develop skills and knowledge to help them in their role. A staff member told us, "We had a lot of mandatory training we had to complete. We had safeguarding adults, fire safety, first aid, medication, role of the care worker and communication."

Records showed staff undertook regular training in health and safety topics such as first aid, fire safety and moving and handling. In addition, staff also undertook training specific to their role. Staff undertook induction training program on commencing work at the service. This included shadowing experienced members of staff and completing the Care Certificate. The Care Certificate is a training program designed for staff who are new to working in the care sector. Records showed staff had regular one to one supervision with a senior member of staff as well as annual performance reviews.

The service had systems in place to assess people's capacity to make decisions about aspects of their care through the Mental Capacity Act 2005 (MCA). 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). We saw that where people had been deprived of their liberty DoLS authorisations had been obtained and the service had notified the Care Quality Commission of this in line with their legal responsibility to do so. Staff were aware of which people were subject to a DoLS authorisation and what this meant for the way the service supported people. Where people had capacity they were able to make decisions about their daily lives. Where people lacked capacity we found the service supported them within the principles of the MCA.

People were able to choose what they ate and drank and people told us they frequently cooked their own meals. This helped to promote their independence. One person said, "If staff cook something I don't want I will cook something myself." On occasions people cooked for the others using the service on theme nights, where they cooked food representative of the person's culture. One person said, "I cooked [traditional food] for the whole house sometimes." Care plans and risk assessments included information about supporting people to eat healthy, nutritious and varied diets.

People were supported to access health care professionals. Some people managed their appointments independently and the service supported other people with this. Records were maintained of medical appointments including any follow up action required. The records showed people had access to professionals including GP's, dentists, dieticians, psychologists and psychiatrists.

Is the service caring?

Our findings

People told us they were treated with respect and in a caring manner by staff. One person said, "I get on well with staff." People told us that they were supported to be independent. One person said, "I do self-medication. I do my laundry when needed. I do my chores in the morning like Hoovering the hallway. If you smoke you have a designated day to clean the smoking area." Another person said, "You are given the opportunity to be independent, you get to do things like use computers"

Care plans included information about promoting people's dignity, privacy and independence. Staff had a good understanding of how to support people in a respectful manner. One member of staff said, "First, before we go in their room we have to knock. If they are not feeling happy I have to talk with them and spend time with them."

Staff had built up positive relations with people and told us they took the time to get to know people. They told us care plans provided them with information about people's likes and dislikes and records confirmed this. We observed that staff interacted with people in a caring manner. People were seen to be at ease and relaxed in the company of staff.

People told us they liked their bedrooms. One person said, "I am happy with my room." Each person had their own bedroom which they had been able to personalise to their own tastes. For example, the care plan for one person said they liked the colour pink and we noted their bedroom walls and curtains were pink. Bedrooms included ensuite toilets, showers and sinks which promoted people's privacy.

Care plans included details about people's needs in relation to equality and diversity issues such as religion, culture, sexuality and relationships. The service supported people to meet their needs with regard to this. Representatives of a religious denomination visited the service and people attended a place of worship. People were supported to eat food that reflected their culture. The manager told us none of the people using the service at the time of our inspection identified as LGBT but that the service would support any one who did require support about this.

Is the service responsive?

Our findings

Before people moved in to the service an assessment of their needs was carried out to determine if the service was able to meet those needs. Transitional plans were in place so people were able to experience the service, including for overnight visits, before moving in. Care plans were in place which set out how to meet people's needs. These were personalised around the needs of individuals and people told us they were involved in developing their care plans. Care plans had been signed by people to indicate their involvement with them. Plans were subject to monthly review which meant they were able to reflect people's needs as they changed over time. Staff were knowledgeable about care plans and we observed support was provided in line with plans.

People told us the service supported them with activities. One person told us, "There is swimming on a Monday and football on a Tuesday. I scored two goals yesterday." The service supported people to engage in various activities both in house and in the community. In house people were involved in gardening and art and we saw people's artwork on display within the service. Community based activities included attending football matches, day trips, colleges and day services. People were recently supported to go on holiday which they helped to choose. A person told us, "We went to Spain in July, we looked at a list of places on the computer to choose where to go."

People knew how to make a complaint. One person said, "I have spoken to the staff if I've had a problem." Another person said, "You could talk directly to the senior management and it would be sorted out [if they had a complaint]." The service had a complaints procedure in place which included timescales for responding to any complaints made and details of who people could complain to if they were not satisfied with the response from the service. The home manager told us there had not been any complaints received since the previous inspection and we found no evidence to contradict this.

Is the service well-led?

Our findings

There was an open and inclusive atmosphere at the service and people and staff spoke positively about the senior staff. One person said, "[Nominated individual] is very helpful. I like him as a person to talk to. [Home manager] is very kind, very nice and understanding." Another person said, "They [senior staff] are ok. If you need something, like my shower was broken, I spoke to [nominated individual] and he got it sorted. They helped me with my benefits claim."

People felt they were able to contribute to the running of the service. One person said, "We have residents meetings, we have Halloween coming up and we will talk about a party for that. We talk about health and safety and rules and regulations." There were systems in place for seeking the views of people. These included residents meetings, a comments and suggestions box and surveys of people. We saw that the results from the most recent survey contained very positive feedback about the service.

The service had a registered manager in place who was supported in the running of the service by a home manager and deputy manager. Staff spoke positively about the management and about the working environment. A member of staff told us, "I can say [home manger] is a good line manager. Whenever I need anything she is there to help me out. She gives us time and explains things." The same staff member said, "The staff team is really good because we trust each other, it's a good professional relationship."

Quality assurance and monitoring systems were in place to help identify areas for improvement. These included audits of care plans, health and safety records and medicines, staff meetings and input from outside agencies including the local authority with responsibility for commissioning care from the service. We saw that areas highlighted through the quality assurance systems were acted upon. For example, the recent monitoring visit by the local authority found items in the first aid box were out of date. We found these were now all in date and records showed the service carried out regular checks on first ad boxes to make sure items remained in date.