Ashlong House LTD

Ashlong Cottage

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 12 November 2014. At our last inspection of the home the provider was meeting the regulations we looked at.

Ashlong Cottage is a care home that provides accommodation and personal care for up to six people with learning disabilities. People living at the home also have care needs in relation to a physical disability. At the time of our visit there were five people living at Ashlong Cottage.

The service did not have a registered manager in post at the time of the inspection. They had left in May 2014. 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 using the service told us they felt safe living at the home. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures. The atmosphere was calm and relaxed when we visited. We saw risks to people were identified and plans put in place to address these. Staff were visible in all parts of the premises to provide support to people. Relatives we spoke with were happy with the care provided.

Summary of findings

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans were in place to monitor and reduce risks. People were involved in writing their own plans and reviewing them so they were getting the care they wanted and information about them was always kept up to date. People had access to relevant health professionals when needed. People were supported to eat and drink sufficiently to meet their needs.

Staff received regular training and support. They were knowledgeable about their roles and responsibilities in caring for people living at Ashlong Cottage. The provider had made sure staff had sufficient skills and experience to do their job effectively.

People were encouraged to be as independent as possible. There was a range of activities for some people to participate in, if they wanted to. However this was not consistently offered to everyone living in the home. The result of this was some people had a variety of activities, whilst others were restricted on what was available to them.

Staff told us the manager was approachable and listened to their views and acted on them. People who used the service told us the manager was not visible in the service and tended to stay in the office. Both of the relatives we spoke with were unaware a new manager had been appointed to the service. However, people told us if they had to make a complaint then they would ask to speak to care staff.

Summary of findings

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. People told us they felt safe. There were procedures in place and staff knew what to do to keep people safe. This included people being given the medicines they needed, when they needed them.

Assessments were undertaken of risk to people who used the service. Written plans were in place to manage these risks.

Staff were appropriately recruited to ensure they were suitable to work in the home. There were enough staff on duty to look after people.

Is the service effective?

Good

The service was effective. Staff were trained and supported to do their job.

People were helped to maintain good health. They received a variety of meals that met their needs.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to help ensure people's rights were respected.

Is the service caring?

Good

The service was caring. Staff respected people's privacy and promoted their dignity.

People were involved in making decisions about their care, and the support they received. People and their relatives told us they felt involved in the care and they felt able to raise any issues with staff or the manager.

Is the service responsive?

Requires Improvement

The service was not always responsive. Some people had opportunities to be involved in a range of activities but this did not apply consistently to everyone living at the home.

People's needs were assessed and recorded appropriately. Care records were reviewed regularly to ensure these appropriately reflected people's current needs.

Is the service well-led?

Good

The service was well-led. The staff felt the manager was approachable and ran the service in an open and transparent way. Although people who used the service and relatives considered the manager was not visible.

There were systems in place to monitor the safety and quality of the service people received.

Ashlong Cottage

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 inspection took place on the 12 November 2014 and was unannounced.

A single inspector undertook this inspection over the period of a day. We looked at the information we had received about the service since we last inspected on the 11 December 2013. This included looking at the previous report and the information the provider had sent us about significant events that had taken place in the home over the last 12 months.

During the inspection we spoke with two people who used the service, two care staff, and the manager. We looked at a number of records including the care plans of two people, two staff files and other records relating to the management of the home.

After the inspection, we received feedback about the service from two relatives of people who used the service, a speech and language therapist and an occupational therapist both of whom were based in a specialist team supporting people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Relatives also told us they considered their family members to be safe and happy living at the home. One person said, "I feel safe". A relative we spoke with said "I've absolutely no reason for any concern."

We asked two care staff about safeguarding adults at risk of abuse and what they would do in given scenarios. We were assured they understood what abuse was and what they would do if they suspected abuse. Staff told us they had received safeguarding adults at risk training within the last year and this was confirmed by records we looked at. The provider had policies and procedures in place so staff had the necessary information about what to do if they witnessed possible abuse or heard about allegations of abuse. There was also a whistleblowing policy to inform staff about how to raise concerns about the safety of people Therefore the provider had arrangements in place to help safeguard people living at the home from the risk of abuse.

Where people were at risk either as part of their daily living or as part of promoting their independence, there were clear risk assessments and support plans for each person living at the home to minimise the risks. The two sets of information we looked at were detailed, up to date and had been reviewed at least annually. In one example we saw the risks had been identified for a person using an ATM cash machine, what staff needed to do to minimise risks and a clear structure for reviewing the effectiveness of the process.

The service followed safe recruitment processes. We saw staff files contained a check list which identified all the pre-employment checks the provider obtained for each staff member. The information included two references from former employers, two forms of identity, a completed application form and notes from interview and evidence of a criminal records check. In this way the provider was ensuring that only suitable staff where employed.

We talked with people who used the service about the levels of staffing available to meet their needs. One person told us they did not feel there were enough staff on duty and as an example said that they 'had to wait five to ten minutes to get out of bed'. Another person said they did not feel it was an issue.

On analysis of staffing levels showed there were enough staff on duty to meet people's needs, albeit they might have to wait a short while before being attended to if staff were busy elsewhere.

We saw from weekly staff rotas that numbers of care staff varied throughout the day dependent upon activities that people were involved in and the needs of people. The manager was additional to these staffing levels. The service did currently have vacancies, but staff told us they covered for any shortfalls in the staffing rota. In this way people who used the service had consistency and continuity of care.

People received their medicines as prescribed. We spoke with staff and looked at training records which confirmed staff had all completed recent training in the administration of medicines. We saw that medicines were stored appropriately in a locked cabinet secured to the wall. We found no recording errors in any of the medicines administration records we looked at. We spoke with the staff member responsible for auditing medicines, they told us they audited medicines every shift they were on duty. We saw an external pharmacist had also completed an audit in February 2014 and their recommendations had been acted upon.

During the inspection we toured the building and looked at some bedrooms with people's agreement. The premises were safe and adequately maintained. The service was purpose built with all bedrooms on the ground floor accessible by wheelchair. There was also tracking hoists in all bedrooms to assist people who had restricted mobility. People's bedrooms were personalised to reflect their interests. We did note the carpet in the lounge was dirty and its condition needed to be reviewed. The manager was already aware of the condition of the carpet and had made arrangements for it to be cleaned.

We looked at the accidents and incidents records and saw they were written in a way to enable trends and patterns to be identified so staff action could take to prevent reoccurrence. Care staff confirmed there were discussion at team meetings about any accidents and incidents, and in some cases there was an opportunity for care staff to talk through about a particular incident so learning took place.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. A relatively new member of staff told us that their induction had been thorough and they felt it had prepared them well for their role.

The manager showed us training and development records which identified 17 courses the provider required staff to undertake. Some of these courses were computer based and others such as manual handling were classroom based courses. The manager monitored staff training to make sure staff received refresher training according to the training plan. Staff told us they had plenty of opportunities to continuously update training they had previously undertaken, as well as learn new skills.

Staff had effective support and supervision. Records showed staff regularly attended team meetings and had individual one to one meetings with their line manager. Staff we spoke with said they felt well supported by their supervisors and had regular meetings and daily shift handovers with other staff.

The home had policies and procedures in relation to the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and consent. The manager had received training in this area within the last 12 months. We saw on care plans for people who used the service that a number Mental Capacity assessments had been completed. For example where a person had been identified as having capacity, there had been a discussion with them about the need to use bed-rails to keep them safe whilst they were in bed. If a discussion had not taken place, then the use of bedrails could have constituted a deprivation of their liberty.

We received positive feedback from people about the quality of food they were offered. One person told us, “They buy me what I want to eat”. We observed a mealtime and saw that the food looked appetising and nutritious. Throughout our visit we saw people were regularly offered hot and cold drinks by staff. People’s weight was monitored regularly as a way of making sure they were having enough to eat and drink to stay healthy. Specialist advice was sought if staff had concerns about people’s nutrition and the service had frequent contact with a dietitian.

People were supported to maintain good health and to access healthcare services when required. Care records contained a health plan. These plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. It was clear from the information contained in health action plans that people were in regular contact with a range of community based healthcare professionals such as GP’s, opticians, dentists, speech and language and occupational therapists. We saw that all appointments with health care professionals and the outcomes were recorded so staff could monitor the support people require with their healthcare needs.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they were happy with the level of care and support provided by the home. One relative told us, “They do the best they can”. Throughout our inspection we observed staff interacting with people in a warm and compassionate manner. Staff knew about people’s likes and dislikes and responded accordingly for example making someone their preferred hot drink.

Staff communicated with people in a way they would understand, sometimes repeating information and sometimes using other forms of communication such as Makaton. In one example, we saw a speech and language profile had been developed by the speech and lanuage therapist. It advised that staff should use one or two words when communicating with the individual and giving the person a choice by the use of pictorial images which had been devised specifically for them. We observed staff using this technique a number of times throughout the day.

Staff used the information that had been gathered by the provider which outlined people’s likes and dislikes and preferences. We saw many examples of people making choices in their day to day life. One person who returned home from their day centre and was asked what they wanted to eat for lunch and then helped to make it. Another person told us about their summer holiday and what they were planning with their key worker the following year. A key worker is a member of staff who has specific responsibility for overseeing and coordinating the needs’ assessment, care and support for a person who uses the service.

Staff respected people’s privacy and dignity. Staff we talked with were able to tell us what actions they undertook to make sure people’s privacy and dignity were maintained. This included keeping doors and curtains closed whilst people received care, telling people what personal care they were providing and telling people what they were doing throughout. We also observed staff always knocked on bedroom doors and sought people’s permission before entering.

We looked at care plans for people who lived at the home. We saw that care plans were centred on people as individuals, and contained detailed information about people’s diverse needs and were written in the first person. People who could express their views told us they were involved in planning their care. Most people who used the service did not have the capacity to express their views about their care. We found detailed information in the care plans to evidence that care was taken to establish people’s preferences over a range of areas such as their diet, personal care and activities. Staff we spoke with explained how they could tell from body language and gestures whether someone was happy with the care being offered or not.

Relatives told us they could visit the service whenever they wished and were always made to feel welcome. One person said, “There’s always a cup of tea and you can pop in whenever”. They told us they were kept informed about significant events or issues which related to their family member.

Requires Improvement

Is the service responsive?

Our findings

Some people participated in social, recreational and leisure activities but not all of them had the opportunity to take part in activities that met their needs. One person told us they enjoyed eating out and so they were supported to do so three times a week. We observed another person was engaged in a wide range of activities throughout the week, some of which were planned and others spontaneous. One person told us they sometimes helped with the cooking. People were supported to make their own drinks and clear away their plates after eating a meal. On the day of our inspection, three people were supported to go out for lunch locally.

We looked at the activities programmes for people who could not communicate verbally with us. Although we saw there were plans for people to have meals out, to do shopping and to take part in sessions in a sensory room (a sensory room is designed to develop people's sense, usually through special lighting, music, and objects). These activities were limited. We therefore found the range and appropriateness of suitable activities offered to people were not consistent for everyone using the service.

Relatives told us they were invited to attend care plan reviews and were informed of any significant changes or events. Annual reviews with social services had been completed within an appropriate timeframe. The manager told us that key workers evaluated the care plans whenever there was a change, or at least annually. We saw that care plans included people's hopes and goals, for example, one person wanted to be able to sit on interview panels for recruiting care staff.

People who use the service told us about choices they made, or how their views had been sought and acted on to help improve the overall service. Two people who used the service expressed frustration that the minibus the service used had needed significant repairs. They had fed this back to the manager who in turn told us about their attempts to get the minibus working properly.

There was an annual survey in an easy to read and pictorial format which was completed by people using the service. Satisfaction surveys were also sent to relatives, care staff and other professionals. The last questionnaires had been sent out in November 2013 and the manager told us the responses had been analysed and an action plan had been developed to show areas for improvement. Other records showed that people also had an opportunity to express their views through regular meetings with their key worker, house meetings and care plans reviews.

People and relatives told us they knew how to make a complaint and considered that it would be taken seriously by the service. The home had a complaints policy which outlined the process and timescales for dealing with complaints. We were also shown the easy to read, pictorial complaints leaflet available to people. The service kept a log which showed that complaints were dealt with in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

The manager had been in post since May 2014. Whilst staff told us the manager was open and approachable, this was not the experience of others we spoke with. People who used the service said they very rarely saw the manager as he was often in the office. Relatives we spoke with were unaware there was a new manager in post. We discussed this with the manager who was unclear why these statements had been made. The manager said he often worked directly with people who used the service and that he had numerous telephone conversations with relatives.

There was a clear management structure within the home which consisted of a manager, senior care staff and care staff. The manager and staff we spoke with understood the structure and the roles and responsibilities they held within the organisation, and there were clear lines of accountability.

The manager told us and records showed there were systems in place to monitor the quality and safety of the service for people living at the home. For example, there was a regular audit of medicines completed by a member of the care team. The manager undertook monthly audits of care plans and health and safety. The provider's quality assurance team undertook an unannounced visit every three months; the last visit was completed on the 15 September 2014.

A report was compiled from these visits and action plans were developed to address areas where the service did not perform so well. The provider was not undertaking out of hours visits so the quality of the service was not being monitored during the nights and at weekends. The manager agreed to feed this back to the provider.

We spoke with external professionals who supported people using the service. They told us the manager worked alongside them to promote best practice and where professionals identified issues about the service the manager took these views on board and made the necessary changes. For example, one of the professionals on the day of our inspection was undertaking specialist training in the home. This training was being undertaken to ensure all care staff were using the same communication methods with someone who had complex learning needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.