Ashington House Limited

Ashington House

Inspection report

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Date of inspection visit:
10 May 2019

Date of publication:
30 May 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Ashington House is a residential care home that provides personal care and accommodation for up to six people some of whom have learning and physical disabilities and autism. At the time of this inspection five people were receiving support from this service.

People's experience of using this service:
Staff were aware of people's communication needs and knew what people were saying when they used their body language. However, people's communication aids required updating which the registered manager agreed to implement immediately.

Risks to people's health and safety were sufficiently identified and assessed which guided staff on how to mitigate the potential risks to people. Staffs' employment history was appropriately checked before they were employed by the service. People had support to manage their medicines safely. Staff were aware of the actions they had to take should they notice people being at risk of harm or when incidents and accidents took place.

Staff were provided with opportunities to update their knowledge and skills in all areas required for their role, including the Mental Capacity Act 2005 (MCA) which they applied in practice as necessary.

People's health needs were assessed and they had the necessary support to attend their health appointments when needed. Staff assisted people with their meal preparations and ensured that people had their meals not rushed.

Personal information about people was kept safely. Staff were kind to people and respectful of their privacy. Strategies were in place to support people in the decision-making process.

People's care records were person-centred and individualised. People were encouraged to raise concerns when they had any so that the staff team could address them accordingly. Staff supported people to have conversations about their wishes at the end of their lives.

Everyone involved in people's care told us that the registered manager was caring and led by example. Quality assurance processes were in place to monitor the service delivery. There were shared responsibilities between the staff team to ensure good care for people.

Rating at last inspection:
At the last inspection on 9 December 2016, the service was given a rating of Good in all key questions.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspection will be planned in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Ashington House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team and notice of inspection:
• This inspection was unannounced and carried out by one inspector.

Service and service type:
• This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
• The service provides personal care to older people some of whom have learning and physical disabilities and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
• The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:
• Before the inspection, we looked at information we held about the service including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• We visited the service on 10 May 2019 and spoke with two people living at the home. We also talked to the registered manager, two staff members and aroma therapist who visited people in their home. After our inspection, we received feedback from one relative and one healthcare professional.
• We reviewed three people's care records, medicines records, two staff files, training records, quality

assurance reports and other relevant documents relating to the service.
• People using the service had complex communication disabilities and were not able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff were aware of the different types of abuse they should look out for and told us they would report their concerns to the management team if they noticed people being at risk of harm, with one staff member saying, "I look after people's safety and would report any abuse to the [registered] manager. If action was not taken, I would go to the area manager and the local authority for support."
• Systems were in place for recording, reporting and investigating any abuse allegations. Records showed that no safeguarding concerns were received since the last inspection.

Assessing risk, safety monitoring and management
• A healthcare professional told us that the service was "managing risks whilst enabling [my client] to do new things and have new experiences, like using hairdressing services in the community, going to the cinema and to shows on holiday, visiting the sights in London, eating in restaurants."
• People's risk management plans were comprehensive and provided details about the potential risks to people and the guidance for staff on how to mitigate the risks to people. Risks were assessed in relation to people's daily activities, personal care, nutrition, health needs, going out in the community and holidays.
• People had personal emergency evacuation plans (PEEP) in place to guide staff on the support they required in the event of fire. Regular checks were undertaken to test fire safety at the service, including fire equipment and exits to ensure they were meeting the required standards.

Staffing and recruitment
• The registered manager told us they provided more staff when people required additional support to attend to their health needs or daily activities and the records viewed confirmed this.
• Appropriate staff recruitment processes were followed to ensure staff's suitability for the role. Staff had to complete a job application form, attend an interview, provide two references and carry out a criminal record check before they started working with people.

Using medicines safely
• Medicine records were appropriately maintained. Staff completed the medicine administration record (MAR) sheets to confirm that people had taken their medicines as prescribed.
• People's medicines were stored in a locked cabinet and the temperature of the cabinet was checked regularly to ensure that the quality of the medicines was maintained.

Preventing and controlling infection
• Staff were aware of the policies and procedures for infection control they had to follow to ensure safe care delivery. One staff member said, "We use separate cutting boards when cutting meat and vegetables to avoid cross contamination."

• We observed staff using appropriate clothing to protect people from risk of infection, including gloves and aprons when support with personal care.

Learning lessons when things go wrong
• Staff were required to complete an incident form when they witnessed an incident or accident taking place. This information was passed on to the registered manager and their regional manager to ensure that all the necessary actions were taken to protect people, including reporting the incidents to the healthcare services and requesting their urgent input where necessary.
• Records related to the incidents and accidents taking place were appropriately maintained which helped the management team to monitor and mitigate the repeated incidents. Any lessons learned were shared with the staff team to prevent the likelihood of their reoccurrence.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the basic principles of the MCA which ensured that people were supported to make choices and decisions as necessary. One staff member said, "MCA is about the capacity to consent or not consent to something and if a client does not have capacity, we support them to make the decision in their best interests."
- Records showed that the registered manager applied to renew the DoLS applications before the expiry date, but the local authority had not yet got back to them confirming the authorisation. The registered manager told us they would contact the local authority again for an update.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's care needs were assessed in line with best practice which ensured person centred care for people. An initial assessment was carried out prior to people moving into the home to ensure that the service was able to meet their needs. People were encouraged to visit the home, so they could decide if it was suitable for them.
- Confidentiality principles were followed to protect personal information about people. Care records were kept in a lockable cabinet and only authorised staff had access to it. Unused documents were securely shredded to protect the service from an information breach.

Staff support: induction, training, skills and experience
- Staff were regularly booked to attend mandatory training courses, including learning disabilities, autism, manual handling, safeguarding, fire safety, Mental Capacity Act (MCA) 2005 and medicines management.
- Supervision and appraisal meetings were carried out to discuss staffs' developmental needs and additional training required to perform their duties as necessary. For example, where they required to improve their English language to ensure good communication with people.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us that food provided was "nice" and "good".
• On the day we observed people having a nice experience during their lunch time, including staff being respectful and patient towards people's support needs. We saw people having conversations with staff during their meal times and smiling in response to staff's comments which meant they got on well.

Supporting people to live healthier lives, access healthcare services and support
Staff working with other agencies to provide consistent, effective, timely care
• People had access to healthcare professionals as necessary, including behavioural specialists who reviewed people's care needs in order to provide staff with effective support strategies. The registered manager told us that as a result of their input, they started supporting one person to do more activities in the community which improved their behaviour.
• Staff completed visits records whenever people attended a healthcare appointment which included any follow-up actions that staff needed to take to support a person.
• People had a 'hospital passport' and a 'health action plan' which described their health and support needs. These documents were used to inform other healthcare professionals when people were away from the home, such as a hospital.

Adapting service, design, decoration to meet people's needs
• The home felt welcoming and safe for people that lived there. People were able to access the communal areas and they spent time socialising in the garden which was well maintained.
• People's rooms were personalised and reflected their interests and hobbies.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• Staff were caring towards people's support needs. One person smiled when we asked them if staff were good and assisted them well daily. Another person said, "[Staff] are good. [Staff] are good at helping me." A relative told us, "[Staff] are wonderful, amazing and treat [people] as a family." A staff member said, "Here it's like a family environment, we look after each other and we make it as our home." A healthcare professional told us, "[Staff] provide a kind, caring and professional service – always willing to go the extra mile for [my client]."
• People were supported to be active citizens in the community. Care plans included information related to people's rights as citizens and their abily to commence it, including voting in the elections.
• Staff were able to tell us where people needed assistance to accommodate their cultural and religious needs, including support to attend Church every week.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and how they wanted their care to be delivered. They had a nominated key worker who helped them to choose and plan their short and long term goals. A keyworker is a staff member who oversees the care of an individual and ensures that the care plan is adhered to.
• Staff told us that people were encouraged to express their likes and dislikes daily and that they respected their choices. One staff member said, "We give support to clients and help them to make choices. If [the person] wants coffee I make it and not the tea as this is what [the person] had chosen."
• Where a person required additional help to plan their care, an advocate was involved and supported the person to make choices about the activities that they were willing to take part in.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. Staff told us how they supported people to maintain their dignity, including providing personal care in the privacy of their bedroom and the bathroom. A staff member said, "I always explain what I am about to do so [people] know what is happening."
• People's independence was supported to enhance their life skills. Staff told us they encouraged people to do something new, so they could learn new skills, including taking their clothes to the laundry room.
• Care records identified what people could do for themselves, for example one care record described what a person preferred to do for themselves whilst staff supported them with transfers.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

Improving care quality in response to complaints or concerns
• Staff responded to people's care needs in a timely manner. A family member said, "If [my relative] needs something, [staff] foresee it and get it, like the [moving equipment]."
• People's care records were robust and person centred. Information was available regarding people's likes and dislikes, personal histories, activity preferences and goals. Staff were guided on how to assist people with their daily activities, including brushing of their teeth.
• People and their relatives were involved in the planning of their care. People's care needs were regularly reviewed and amended if a change was identified in their support needs.
• Records showed that people were provided with a number of in-house activities as well as activities in the community, including swimming, music therapy, massage, sensory and trips out.
• The provider was aware of the Accessible Information Standard (AIS). AIS is a framework which aims to make sure people with a disability are given information they can understand, and the communication support they need. People's communication needs were identified, and staff were aware of how to support people to get involved in conversations. We saw a staff member touching a person's hand to get their attention and encourage their communication. A staff member said that where a person did not want to get involved in an activity, they communicated this using their body language and vocal sounds.
• Although staff used pictorial images to support people to make informed choices about their daily activities and food menu, these were sometimes small and unclear. People had help from the staff to complete a feedback survey, but it did not include any pictures to support people's understanding. We also saw that the language used to obtain people's feedback was not appropriate for the client group the service supported as it was complicated.
• This was discussed with the registered manager who told us they would immediately address this concern by reviewing and updating the communication aids used by people. We will check their progress at our next comprehensive inspection.

Improving care quality in response to complaints or concerns
• Family members told us they reported their concerns to the staff team who took appropriate and timely action to address it. Records showed that there were no formal complaints raised by people and their relatives since the last inspection.
• Staff said they encouraged people to raise their concerns at any time they had it, including during the regular residents' meetings facilitated by the staff team. We were shown an easy to read complaints procedure, but people did not have access to it. The registered manager told us they would immediately display the procedure in communal areas to encourage people to raise their concerns as necessary.

End of life care and support

• Where appropriate, people were supported to discuss their end of life wishes. Records showed that people had a care plan in place, called 'When I die' which included details of their funeral arrangements and who people wanted to be informed after their death.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• The overall feedback received about the registered manager indicted they worked in person-centred way to provide good quality care for people. A relative said, "[The registered manager] is very friendly and very very caring." A healthcare professional told us, "I am surprised that the home manager is able to offer so much to [my client]. New opportunities and experiences are constantly sought despite the crushing restrictions of time and funding. The best home manager I have experienced." Aromatherapist said to us that the "The [registered] manager and staff are good and very accommodating. They always ask for an outcome or if they need to improve a client's care."

• Staff demonstrated the caring values through the support they gave to people. We observed people and staff having good relationships and that people felt free to tell staff how they wanted to be supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• The registered manager was aware of their registration requirements. They knew the different forms of statutory notifications they had submit to CQC as required by law and our records showed that these were sent to CQC in good time since the last inspection.

• The registered manager was good at delegating tasks to the staff team to encourage their development and involvement in the running of the service. A senior support worker was always on a shift to support the staff team in care delivery and oversee their performance.

• Systems were in place to ensure effective communication between the staff team. There was an on-call service available should staff require guidance out of normal office hours. The communication book and handover sheets were used by staff to pass on information to each about their duties as necessary.

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

• The home worked well with the families and kept them informed about any important event taking place in their relatives' lives. A family member said, "[Staff] call if any issues or [my relative] is unwell. If urgent care is needed, [staff] call the ambulance first and then inform us, which shows how well they prioritise the needs of [my relative]."

• Staff told us they received a good level of support from the registered manager to perform their duties as necessary. Their comments included, "We have good communication with the [registered] manager" and "The [registered] manager is supportive, respectful and makes sure we meet deadlines."

Continuous learning and improving care
• We reviewed the registered manager's monthly audits which showed that any issues identified, were acted upon promptly, including changes required to people's care records.
• Staff were responsible for carrying out regular temperature, fire safety and infection control checks at the service to ensure safe care delivery for people.

Working in partnership with others
• The registered manager told us they used the provider's internal managers' meetings and training to keep them up-to-date with the changes taking place in the health and social care sector. They also received information via the updates sent by the CQC.
• The home worked closely with the healthcare professionals to ensure people's wellbeing.