Ashgate House Limited

Ashgate 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 took place on 13 June 2018 and was announced. At our last inspection on 8 May 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ashgate House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ashgate House provides accommodation and personal care for up to 10 people in one two-storey building. At the time of our inspection there were nine adults living at the home and one person on respite care, all of whom had a learning disability. The home is managed and run by Allied Care Limited, a large organisation who owns services throughout the UK.

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." Registering the Right Support CQC policy.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs.

Checks were carried out during the recruitment process to ensure only suitable staff were employed.

There were arrangements in place for the safe management of people's medicines and regular checks were undertaken.

The service was clean and had effective systems to protect people by the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were supported by staff who were suitably trained, supervised and appraised.

Staff were caring and treated people with dignity and respect. Care plans addressed each person's individual needs, including what was important to them, and how they wanted to be supported.

People were involved in undertaking activities of their choice. People were cared for in a way that took account of their diversity, values and human rights.

Where appropriate, people's end of life wishes were discussed and recorded.

People living at the home, their relatives and stakeholders told us that the management team was approachable and supportive. People and their relatives were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and ensure that areas for improvement were identified and addressed.

The registered manager kept themselves informed of developments within the social care sector and cascaded important information to the rest of the staff team. This helped ensure that staff were informed and felt valued.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Ashgate 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 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 comprehensive inspection took place on 13 June 2018 and was announced. We gave the provider 24 hours' notice because the service is small and we needed to make sure someone was available to assist us with the inspection. 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.

We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The provider had 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.

During our visit, we spent some time observing staff delivering care and support to people, to help us understand people's experiences of using the service. We also looked at records, including care plans for four people, medicine administration records for all the people using the service, three staff records and records relating to the management of the service. We spoke with four people who used the service, two relatives, the registered manager, the area manager and four care staff. Following our inspection, we emailed six external professionals and received feedback from one social care and two healthcare professionals who were involved with the service.

Good

Is the service safe?

Our findings

All the people we spoke with indicated they felt safe in their environment and trusted the staff who supported them. One person told us, "Yes, it's very safe here. It's nice and lovely. It's right" and another said, "Yes [I feel safe]. I love them [staff]." Relatives agreed and said, "As far as I'm aware, yes my relative is safe. I find Ashgate House a very happy home" and "Yes, I feel definitely that my relative is safe. The staff are very kind. My relative is very happy. Basically, all I can say is 'Outstanding'."

Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments and plans were available and included risks to general health, finances, going out and the person's ability to complete tasks related to everyday living such as personal hygiene, nutrition and communication.

There were also a large number of environmental risk assessments. Each of these had been thoroughly analysed and rated in terms of 'likelihood' and 'severity'. Measures had been put in place to minimise each risk, following which a new rating was calculated. However we saw that the provider had identified some personal and environmental risks that did not exist and had based their risk assessments on the possibility of something happening rather than an actual identified risk. In addition, some risks did not show a reduced rating after measures had been put in place. For example, the provider had put in place a risk assessment for the use of the lift, and had rated this as a high risk. Following putting measures in place to reduce risk, the rating had remained as high. However, we saw that the lift was clean and hazard-free and there were regular checks and inspections by external contractors. We saw several other similar examples. We discussed this with the registered manager and the area manager who told us they understood that the risk assessments were 'over the top' and needed to be simplified and made more concise. The registered manager had started to work on this by the end of our inspection.

People told us they received their medicines as prescribed. All the people who used the service needed support from staff to manage their medicines. We looked at all the medicines administration records (MAR) charts for people using the service and saw these were completed appropriately and there were no gaps in staff signatures.

There was a policy and procedure in place for the management of medicines and staff were aware of these. The senior staff undertook frequent medicines audits and these were thorough. Most medicines were supplied in blister packs and we saw that medicines had been administered according to instructions recorded on these. We checked random samples of boxed medicines to be given 'as required' (PRN). We saw that staff recorded appropriately when these had been given and kept a record of the amount left in the box. We noticed that the amount recorded corresponded to the amount left in the boxes. This indicated that people received their medicines appropriately and as prescribed.

The provider had systems in place to protect people from the risk of abuse. People confirmed they would know who to contact if they had any concerns. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place and staff had access to these. Staff

told us they were familiar with and had access to the whistleblowing policy.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the care staff and people using the service as required, and involving healthcare professionals as needed.

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person had been found on the floor in their bedroom, they had been checked by the GP and measures were in place to reduce the risk of reoccurrence. Lessons were learned when things went wrong. The registered manager told us they ensured that they communicated well with staff and put measures in place to prevent incidents from happening again. Staff said they felt that communication was important to ensure that everyone learnt from incidents and this helped them improve their practice. One staff member stated, "I learn from mistakes. We talk about how we can prevent in the future. We are more vigilant, more aware, and we move on. For example, we put regular 30 minute checks for someone recently."

The provider had a health and safety policy in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers and moving handling equipment such as hoists and wheelchairs. People were protected from the risk of infection and staff used appropriate personal protective equipment, such as gloves and aprons. All areas of the home were odour-free, clean and tidy and free of any hazards and all cleaning products were safely locked away.

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. There were regular fire drills and weekly fire alarm tests, and staff were aware of the fire procedure. People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's impairments and abilities, and the appropriate action to be taken in the event of fire.

People told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. One person stated, "Yeah, the staff are there to look after me. They are kind. I ring the bell and someone comes. When they need to be there, they are there." People told us they felt supported by dedicated staff and there were suitable arrangements in place to cover in the event of staff sickness. We viewed the staff rota for four weeks and saw that all shifts were covered appropriately.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Good

Is the service effective?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care and support. Assessments included background information which helped staff understand each person and their individual needs. Relatives thought that the staff team provided a service that met people's individual needs. One relative stated, "I feel that my relative is well looked after. I do trust the staff and the staff communicate well with my relative." A social care professional felt that the home managed people's needs well and told us, "I have placed a number of clients at Ashgate House and have been very pleased with the service that has been provided by the staff team." A healthcare professional added, "Personally I believe Ashgate House to be one of the best care facilities in Havering."

People were supported by staff who had appropriate skills and experience. All staff received a thorough induction before they started working for the service. One staff member told us, "I had a good induction. I had to complete an induction pack. The manager showed me all the important things around the building like the fire exit. I got a lot of training. I was well prepared."

Staff employed at the service had achieved a recognised qualification in Health and Social Care, and had achieved or were undertaking the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed the training identified by the provider to deliver care and support to the expected standard.

Staff undertook training the provider considered mandatory such as health and safety, safeguarding, medicines administration, fire safety and infection control. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act 2005 (MCA), positive behaviour support, diabetes, privacy and dignity and challenging behaviour.

People were cared for by staff who were suitably supervised and appraised. Staff we spoke with told us that they had received supervision and records we viewed confirmed this. One staff member told us, "We get supervision. It helps. We discuss issues." They said that this had provided an opportunity for them to address any issues and to receive feedback on good practice and areas requiring improvement.

The 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. When they lack mental capacity to take particular 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood the principles of the MCA and had followed its requirements. People's mental capacity was assessed, and where able, they had consented to their care and treatment. The manager had identified people for whom restrictions had to be put in place and had taken appropriate action to make sure that where the restrictions amounted to a deprivation of liberty, these were in people's best interests. This included people who were at risk of going outside by themselves. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

Staff employed at the service had received training in MCA and DoLS. Staff we spoke with demonstrated a good understanding of the MCA and DoLS. Their comments included, "The MCA is there to protect people and keep them safe. We give people choice. We show them pictures. We help them choose" and "Always assume people have capacity. They have the right to refuse. We have to give them choice." They were able to provide examples of where they had assessed someone's capacity to make a decision and how decisions could be made in people's best interest if they lacked capacity.

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing and as an important aspect of their daily life. People told us they enjoyed the food they ate and were given choice. Their comments included, "I love the food. I have baked beans and sausages. I get food throughout the day", "I like the food yeah. Plenty to eat throughout the day. I get a choice of what I want to eat", "The food is nice" and "The food is lovely. Yes, there is plenty of food."

People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plan. Nutritional care plans contained guidelines for staff to ensure they understood and met people's individual needs. For example, "[Person's] food needs to be cut in small manageable pieces so [they] can feed themselves." There was information available about what constituted a healthy diet and necessary steps to manage certain conditions by avoiding certain food and drinks. We saw that one person had complex nutritional needs. Their care plan included what signs to look out for, which equipment was needed, the level of assistance required and food and drink texture to prevent the person from choking. A healthcare professional told us, "Staff have always worked with me to help meet the needs of the residents to maintain individual eating and drinking plans as directed from my assessments outcomes. They have taken part in recommended training with regards to Dysphagia awareness as part of this process." Dysphagia is the medical term for swallowing difficulties.

Staff displayed a good knowledge of people's nutritional needs and preferences. Menus were created following meetings with people. People who wished for different food were catered for. This helped ensure people's preferences were met. People's diverse and cultural dietary needs were being met. The menus we viewed confirmed this. There were posters displayed in the kitchen with information about healthy food, such as fruit and vegetables, and important information such as 'Dysphagia warning signs'. All food was correctly stored and fridge temperatures checked every day.

People received the support they needed to stay healthy. Records showed that people's health needs were monitored and any concerns were recorded and followed up. There was evidence that people were referred to the relevant healthcare professionals when needed to ensure they received appropriate treatment. One healthcare professional told us, "They are active in contacting me with any concerns they have regarding the client group that live there" and another said, "They are quick to act on any concerns and seek advice if unsure." Care plans contained individual health action plans. These detailed people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements and general information. This indicated that the service was meeting people's health needs effectively.

The environment was designed to meet people's needs. For example, bathrooms and toilets were fully accessible and there was a lift available to assist people who could not use the stairs. One of the bathrooms had a ceiling hoist to support people who were unable to mobilise by themselves.

People's bedrooms were decorated in colours chosen by them. One person's bedroom had been entirely decorated by their relatives before they moved into the home. Each bedroom was personalised and reflected people's choices and interests. Communal areas displayed photographs of events that had taken place at the home and of outings. There was a sensory room which contained a variety of sensory equipment such as a bubble tube and specialised lights. Staff told us this room was used often and provided a relaxing time for people. The garden was well maintained and accessible.

Good

Is the service caring?

Our findings

People and relatives told us, and we saw that people were treated with kindness, compassion and dignity. People's comments included, "Yeah, they do [treat me with kindness]. They do their job properly", "Oh yeah. I make sure they are [kind and caring]", "Yes, the staff treat me nice" and "Yes, yes, they are lovely and kind." A relative echoed this and said, "The staff are kind. They are happy. They are respectful and support dignity." A healthcare professional confirmed this and said, "In my opinion Ashgate House delivers gold standard care and practice dignity and respect at all times." Another stated, "I have always found the service to be professional and caring. The residents are always happy and always appear well looked after in all aspects."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. It was clear from all the staff we spoke with that respect, dignity and personal choice were values they all shared and which they were proud of. Their comments included, "We show respect. It's a case of knocking on the door, not barging in. You treat your service users the way you'd want to be treated. I'd hate someone coming in when I'm having a bath", "We always close the doors when we give personal care or people are in the toilet. They're human. We need to treat them well" and "All the staff here treat people nicely and equally."

We saw a range of thank you cards and letters from friends and relatives. Some comments we saw included, "I can never say thank you enough to you all, for the loving care you bestowed [person]" and "We have been really impressed with the level of care [person] has received and are happy she's being so well looked after."

Staff displayed a gentle and patient approach throughout the day when caring for people in the home. We observed that staff communicated with people clearly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. They were attentive to people's needs throughout the day and responded promptly.

Staff demonstrated a good level of engagement with people. They were cheerful and good natured and took time to speak with people, interacting and chatting with them throughout the day. There was a homely atmosphere, where people were free to do as they pleased, and were supported if they needed support. For example, where a person using the service had expressed a wish to go out, we saw that staff responded and took them out.

Each person who used the service had a communication care plan. This included the person's communication needs and how staff could meet these. For example, "[Person] understands what is being said and is able to respond verbally."

People were consulted about how they wanted their care and support to be given and what they wanted to do. The registered manager held regular meetings for people and issued pictorial agendas prior to the meetings. We viewed a range of the minutes of these meetings and saw they included what people wished to discuss and actions to be taken. For example, what kind of food they wanted and suggestions for outings and activities.

People's religious and cultural needs were respected, and care plans included details of this. The kitchen staff told us that different cultural diets were catered for and the menus we viewed confirmed this.

Good

Is the service responsive?

Our findings

The care plans were comprehensive and contained detailed information of the needs of each person and how to meet these. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences in a range of areas such as personal care, eating and drinking and medicines. People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. We saw in the records we viewed these had been signed by people, which indicated they had understood and agreed what had been recorded. Staff told us they had access to care plans and knew how to meet people's needs. One staff member stated, "Every time we get time, we check the care plans. Sometimes there are changes. We need to know."

Staff told us they encouraged and supported people to undertake activities of interest to them. People told us that they enjoyed a range of activities. Their comments included, "The staff help me with cooking in the kitchen and if I want to go out", "Yeah I have loads to do. Swimming, shopping, walking" and "Yes I like puzzles. I am going on holiday next month. I like playing games, watching my DVDs and I like music." A relative added, "My relative has been on three holidays. That's amazing." There were activity care plans in place. These detailed the type of activities each person liked and the support required for them to undertake these. For example, one person required support to go bowling once a week and another attended twice weekly music sessions.

The service had a complaints procedure in place and this was available to people who used the service, including in an easy read format. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. There had been no complaints received in the last year. People told us they knew who to complain to if they had a concern and felt confident about raising any issues. One person told us, "Yes I would go upstairs and speak to someone in the office. I've complained before if I haven't been out enough. I tell the staff off." Relatives told us they did not have any complaints. One relative said, "I don't have any concerns at all" and another added, "If I am not happy with anything, I will make myself heard. I will not hold back. Whenever I visit, it's always random times and days and I am very pleased overall."

People were supported to make their own decisions about how they wanted to be supported at the end of their lives. People had a care plan specific to their end of life wishes, which took account of their culture and religion and included how they wanted their funerals to be conducted. For example, one person who used the service had chosen which hymn they wanted, and what songs to be played. These decisions were regularly reviewed, and people had signed to indicate they agreed with what had been recorded.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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.

The registered manager had been in post since November 2016 and had worked for the company since 2011 as a deputy manager. They held a relevant management qualification in Health and Social Care and had a nursing background. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and conferences.

The registered manager and area manager carried out regular audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included accidents and incidents, medicines and health and safety. Where issues were identified/found, an action plan was completed with timescale, date of completion and signature. In addition, the provider undertook six monthly quality assurance visits. These were thorough and followed the CQC's regulations. The last visit on 17 April 2018 identified that not all staff had received regular supervisions. We saw evidence that immediate action had been taken and staff supervision was up to date. The registered manager told us, "They are very strict. That's how we learn."

The registered manager told us they were well supported by their line manager. They said, "I feel well supported. We also have regular managers meetings where we share information with other managers."

People were complimentary about the registered manager and the senior team and told us they thought the service was well run and organised. Their comments included, "I like the management", "Yes, I like the manager", "I like the staff. They are lovely" and "Yes they are ok." One relative added, "I am happy with the standard of communication with the manager and the provider" and another said, "I can't complain about the communication the staff have with me. The staff keep me informed all the time."

Staff told us they felt supported by the registered manager and enjoyed working for the service. Their comments included, "The manager is a good listener and gives us support. For example, I wanted to cut down my hours (due to personal circumstances). They are very good here. They have taken a lot of stress off me", "The support has been very good. [Registered manager] is helpful. If I want to do a course, she listens and tries to help me improve", "Every month we have staff meetings and voice any concerns. The manager listens. We have good teamwork here" and "It's all good here. Managers are fine. If we have a problem, we go to the manager and they listen."

Staff informed us they had regular meetings and records confirmed this. The items discussed included people's care needs, health and safety, safeguarding, staffing and environmental issues. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Each staff meeting also included a

discussion or training about a range of subjects, for example how to check a person's blood sugar level or updating staff about a particular policy. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions.

People were consulted about the care they received through satisfaction surveys. We viewed a range of these an saw they indicated that people were happy with the service. Where people had difficulties reading and completing the form, they were issued with a pictorial version of the questionnaire. Staff and relatives were also consulted and issued with quality assurance questionnaires to obtain their views of the service and their feedback showed an overall satisfaction. Relatives' comments included, "The support received has been good. My relative is happy with the staff and they keep us informed at all times" and "I always find the staff very obliging. They always look out for the residents who always look happy."

External professionals were also consulted and we saw evidence that they thought the service was good and well-led. The external professionals we spoke with were complimentary about the management and the staff. Their comments included, "I have never experienced any issues regarding staff, they are all professional and follow advice that I convey and always act in the best interest of the service users. I believe the services users are safe and the management is very organised", "[Registered manager] is an excellent manager and always keeps everyone informed and updated. I have not had any concerns in the past and continue to have a positive working relationship with the team" and "I would support that they meet all of areas in their caring practice. I do not have any concerns about this provision."